

Care at Home Group Ltd

# Care at Home Group Warrington

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Care at Home Group Warrington is a domiciliary care service that provides personal care to people in the community. The service provides support to older people, people who misuse drugs and/or alcohol, people with physical disabilities, sensory impairments, dementia, and younger adults. At the time of our inspection there were 92 people using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. All people using the service at the time of inspection received personal care.

### People's experience of using this service and what we found

People were supported with effective and responsive care in a well-led service. There were some people who were not always happy with the times of their care, however they were happy with the care workers supporting them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People using the service were supported with access to other health professionals to ensure any emerging health needs were responded to quickly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 May 2021). That inspection was to follow up breaches of regulations in relation to staffing, good governance, and safe care and treatment. At that inspection we found the provider was no longer in breach of those regulations. There was also a breach of Regulation 11 (Need for consent) which was not inspected at that time from the inspection of 16 December 2020. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 11.

### Why we inspected

At our last inspection the rating for the service remained requires improvement. We carried out this inspection to check if the service had improved. This report only covers our findings in relation to the key questions of effective, responsive, and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care at Home Group Warrington on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and phone calls to engage with people using the service, relatives, and staff as part of this performance review and assessment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Care at Home Group Warrington

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 February 2023 and ended on 3 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 7 people's care records, 9 staff files, and a variety of records relating to the management of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as calls to enable us to engage with people using the service, their relatives, and staff, and electronic file sharing to enable us to review documentation.

We talked with 10 relatives and 1 person using the service about their experience of care with the service. We spoke with the registered manager, a case manager, a senior care worker, a call handler, and 7 care workers.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Our last rating for this key question was requires improvement (published 16 December 2020). At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At our inspection in November 2020 (published 16 December 2020) the provider had failed to ensure the service was working within the principles of the MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked whether the service was working within the principles of the MCA. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff confirmed they had training in the MCA and could demonstrate the principles in interview.
- People told us they made decisions regarding their care and had consented to their care plan.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives told us sometimes their care workers were late or early and they didn't always get a phone call to let them know. The registered manager was working with staff to improve this. People told us even though this happened the care workers worked well when they did arrive.
- People had an initial assessment prior to service starting so people and their relatives could discuss what care they wanted. These choices were entered on the electronic software, so staff knew what was expected of them. The plans identified essential tasks for visits and the office could monitor staff performance remotely.
- A healthcare professional told us, "I have done some joint visits with the agency and found them to be caring and professional and person-centred."

Staff support: induction, training, skills and experience

- New staff were recruited and provided inductions and shadow training with experienced members of staff. This ensured staff knew how to perform the tasks required.
- The registered manager maintained records of staff training and monitored this. This training included checks to ensure staff were competent. Most staff were in date with required training.
- The provider struggled to recruit care staff, like other care providers, and targeted this with rewarding and retaining existing staff with increases to pay and a rewards points programme.

Supporting people to eat and drink enough to maintain a balanced diet

- Sometimes communication between care workers and the relatives was not good and people did not get food or drinks prepared by staff, but by their relative. This had been notified to staff and reminders were sent out to all staff to reinforce the importance of completing all tasks, so it didn't happen again.
- People identified their dietary requirements at their initial assessment. This included allergies, preferences, dislikes, meal planning and shopping responsibility. At meal calls people were asked what they would like to eat, and staff supported this.
- A relative told us, "The care at home team always make [relative] a flask to ensure he has a drink during the day. I honestly could not rate them highly enough."

Staff working with other agencies to provide consistent, effective, timely care

- We contacted other professionals who told us the management team work very well with others, they responded quickly and effectively when there are changes with clients by supporting them to notify relevant professionals to gain assistance.
- One healthcare professional told us, "I have found them to be excellent communicators, thorough and dedicated to doing the best in what was and is very difficult circumstances. Their care and support has improved our confidence that there is a holistic approach to caring for a [person] with very complex health needs."

Supporting people to live healthier lives, access healthcare services and support

- There was a staff newsletter and electronic communication platform where the registered manager promoted health information, such as pneumonia, heart attacks, winter warmth, etc. The newsletter also included good practices for staff to be on the lookout for with their clients and who to alert for help if concerns are noted. This newsletter promoted spending full call times with clients and acknowledged outstanding staff.
- One health professional told us, "[Staff] informed me that one of my patients had a lump in her breast which the care worker noted. I went out the same day and agreed that there was an issue and the GP also went the same day. This lady already has a hospital appointment arranged to investigate this lump." This showed us that the added focus of the management team on care topics meant that staff could respond well for the safety of their client.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence the service met people's needs.

Our last rating for this key question was requires improvement (published 26 June 2019). At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service used electronic care planning, so all staff and managers were looking at the same information and could access relevant information for each client. This provided people's tasks for each call so care workers could tick them off as completed.
- All staff we talked with understood clients having choice and control. One relative told us, "They do respond with regard to [family member]'s wishes but at the same time they encourage [family member]." Another relative said, "They will do anything you ask; they are so very good. They do everything for [family member] and it doesn't feel that it's in a condescending manner."

Meeting people's communication needs

Since 2016 all organisations providing publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their care workers, get information in a way they can understand it. It also says people should get the support they need in relation to communication.

- The registered manager identified if people needed support to communicate. During inspection staff were working with one client to help them obtain communication aids to help them hear better, as some tones were difficult for them to hear.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported some individuals with social engagement when contracted by the local authority. Staff arrived, asked the person what they would like to do, and then went on to engage in their chosen activity in the local community and this was recorded on the electronic system.
- Some relatives told us that sometimes staff left early if all tasks were done instead of staying the full call time. The registered manager was aware of this and was working for this to improve, giving staff recognition and rewards for full call time performance.

Improving care quality in response to complaints or concerns

- One relative told us they made a complaint to the registered manager, who responded and made things right. Other relatives told us they didn't make complaints, as when they raised any concerns or queries the registered manager and office staff worked quickly to make things right.
- Some family members told us they were frustrated by not getting call times at the times they wanted

them. The registered manager knew this was a problem and was working to recruit more staff.

- Clients, relatives, and staff had been surveyed to find out how they found the service and what or where improvements could be made. The registered manager then reflected on this and created actions for improvement.
- The registered manager kept a log of all complaints and compliments which included lessons learned and how to improve the service.

#### End of life care and support

- The service supported some people on end of life care. The electronic care plan was updated when the person's needs changed, and any changes were notified to the office for quick action.
- There were many compliments recorded by relatives of clients who had passed on.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was able to communicate and demonstrate her passion for good care. There was good evidence of established systems in place promoting a positive culture within the staff team.
- Every staff member interviewed was committed to the care of the clients they saw on their calls. All staff told us they felt if there were any concerns at all they would call the office and it would be handled quickly. Staff could speak of people's likes and dislikes and were positive about the work they did.
- When we asked a staff member about staff morale, they told us, "Wonderful people. You have an atmosphere that encourages you to ask questions."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager performed their responsibilities under the duty of candour when incidents occurred. She shared what duty of candour meant with all staff in a newsletter to encourage them to speak up when things went wrong, apologise, and work to make things better.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager held a brief meeting each weekday with office staff to identify any challenges and plan how to respond to them.
- There were many checks performed to ensure quality performance. Where quality was not where the registered manager wanted it to be, there was evidence of actions to improve.
- All staff interviewed were clear regarding the regulatory requirements of performing their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service supported people with various conditions and characteristics. These were captured in the electronic care plans so staff could promote the client's preferences and needs.
- The registered manager provided information to staff regarding clients' conditions and any equality characteristics to ensure all staff had a basic understanding of the topic.
- There were some staff from other cultures and backgrounds supported to work and be included within the service. The staff we interviewed from all backgrounds felt they were included.
- There were days where staff were encouraged to support activities to benefit charities such as the

Alzheimer's Society and Breast Cancer Now to increase awareness and encourage engagement with these organisations to better support their clients with these conditions.

- The registered manager sought people's views and used their feedback to improve the service. One relative told us her family member was very religious and did not want male care workers attending her. The relative raised this with the office, and she was now supported with female only staff.
- Clients, relatives, and staff were provided with an annual survey to provide constructive criticism and allow the team to work together to improve in future. We saw the registered manager had reflected on the comments and had worked out a plan to improve the service.

#### Continuous learning and improving care

- The provider's quality manager visited the service quarterly to check the quality of the service. We saw a copy of the action plan from this to ensure the service continued to improve.
- When clients had new needs or conditions there was guidance and information given to relevant staff to understand these new needs.
- The registered manager was transparent during the inspection and was confident she would address any shortcomings quickly and learn from them and most of the relatives we talked to agreed this was the case.

#### Working in partnership with others

- External professionals were complimentary of support provided by this service. They found the service very engaged and proactive when it came to supporting people with emerging needs.
- At the time of inspection, the registered manager was working with the occupational therapist to support a client to regain mobility they had lost. This involved the potential of removing restrictions to current mobility and supporting them to safely manage the risk and regain some independence.