

Care at Home Group Ltd

# Cheshire East Care at Home Group

## Inspection report

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Date of inspection visit:

27 November 2020

30 November 2020

01 December 2020

03 December 2020

Date of publication:

12 January 2021

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Cheshire East Care at Home Group provides care and support to people in their own homes across the Cheshire area. Not everyone who used the service received personal care. 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. At the time of the inspection there were 38 people receiving personal care.

### People's experience of using the service

Staff did not always have access to relevant information and guidance in order to safely manage risks to people, placing them at potential risk of harm. Several people did not have risk assessments or care plans in place, to provide staff with guidance about their care needs.

Recruitment procedures were not effective as some staff had started working prior to suitable checks being carried out. We were not assured all staff had the relevant skills, knowledge and experience to carry out their role safely and effectively. Staff inductions were not robust enough. Staff had not been provided with regular supervisions or spot checks to check their competencies.

Appropriate procedures had not always been followed to ensure any safeguarding concerns were reported as per local procedures. Staff had not always followed procedures to ensure medicines were administered safely.

Audits had not been carried out on a regular basis to ensure effective oversight and monitoring of the service. Robust systems were not in place to ensure learning occurred when things went wrong. There were widespread, significant shortfalls in the way the service was led which had resulted in multiple breaches of regulation.

Staffing levels were sufficient, people told us familiar carers usually visited at the expected time. The provider was recruiting new staff and agency staff had been used in some cases. Staff told us that rotas could be better organised, which was being reviewed.

Staff were aware of infection control practices in relation to the latest COVID-19 government guidance for the use of Personal Protective Equipment (PPE) to keep people and staff safe.

Whilst staff generally sought consent from people, they were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The systems in the service did not always support this practice. We have made a recommendation about the Mental Capacity Act within the report.

Overall people were satisfied with the care and support they received. People told us that staff treated them

well and were kind in their approach. However, they were not always fully engaged to express their views of the care.

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

This service was registered with us on 30/03/2020 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about overall care quality and recruitment concerns.

We have found evidence that the provider needs to make improvements. The provider took some actions following the inspection to mitigate risks.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified five breaches of regulation in relation to safe care and treatment, staffing, safeguarding, fit and proper persons and good governance.

You can see what action we have asked the provider to take at the end of this full report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this time frame. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# Cheshire East Care at Home Group

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an 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.

#### Notice of inspection

We gave 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and also make arrangements to speak with people, relatives and staff by telephone after our site visit. This helped minimise the time we spent in face to face contact with the manager, staff and people who used the service.

Inspection activity started on 27 November 2020 and ended on 4 December 2020. We visited the office location on 27 November 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information

about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people who used the service and three family members about their experience of the care provided. We spoke with seven members of staff including, care staff, the registered manager and the operations director.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff files in relation to recruitment, training and staff supervision. We also looked at quality monitoring records relating to the management of the service, such as policies and audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

- Staff were not recruited safely. Recruitment checks were not always conducted in line with legal requirements or the provider's policy.
- Disclosure and Barring Service checks (DBS) were not always in place or appropriate risk assessments carried out as legally required. A DBS helps to prevent unsuitable people from working with vulnerable groups by checking police records and barred lists.
- There were further gaps in background checks, including appropriate references being in place and the consideration of employees' health needs.

The provider had failed to operate effective recruitment procedures to comply with legal requirements. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Electronic call monitoring records were unreliable as staff did not always log in and out of calls. Therefore, carer visits were not being monitored in an effective way.
- People told us care staff generally arrived as expected. Their comments included, "They come at roughly the same time on each visit" and "We haven't had anybody that hasn't turned up at all, but sometimes they are a bit late".
- There were sufficient staff to meet the needs of people currently using the service, but staff sickness levels had impacted on the service. Staff told us they did not always have adequate travelling time; extra calls were often squeezed in and some felt rotas were not well organised.
- Staff were being recruited as a priority, some were in the recruitment pipeline awaiting checks. Agency staff had been used in the previous week to fill some gaps on the rota. The scheduling of rotas was in the process of being reviewed.

### Systems and processes to safeguard people from the risk of abuse

- Staff had not robustly followed procedures to protect people from the risk of abuse and harm.
- During the inspection we identified two concerns which should have been reported under local procedures which had not been. There was no record or audit trail of the actions considered or taken by staff in response to these concerns. These have now been reported and further enquiries are being made.
- There was a policy in place and staff had some understanding of how to recognise and respond to concerns around abuse and safeguarding. However, the provider could not demonstrate all staff had been adequately trained in safeguarding.

The provider had failed to operate effective systems to prevent the abuse of service users. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Using medicines safely

- Staff did not always have access to relevant information and guidance in order to safely manage risks to people, placing them at potential risk of harm.
- Several people did not have risk assessments or care plans in place. The registered manager informed us former staff had not implemented these in a timely way. Staff commented, "We used to have care plans, but when taking on new clients they have no care plans, it's quite embarrassing when you have to ask what they need."
- Staff did not have appropriate guidance to safely manage moving and handling risks. One staff member told us they were unable to use a piece of equipment in a person's property as they had not been trained. There was no moving and handling assessment available to guide the staff for this person.
- Staff had not always followed procedures to ensure medicines were administered as prescribed or reported concerns about potential administration errors.
- Electronic medication records (eMAR) had recently been introduced, some further learning was required around staff understanding and recording on the system.
- Staff had been given medicines training but had not always had suitable checks to ensure they were competent to administer medicines. The provider said they had introduced a new competency assessment to be rolled out which was more robust.
- Several people did not have medication risk assessments in place as per policy. The registered manager confirmed these were being carried out as a priority.
- Guidance to staff around "as and when required" medicines needed to be more specific.

We found no evidence that people had come to harm, however the provider had failed to ensure the safe management of individual risks and medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Robust systems were not in place to ensure learning occurred when things went wrong.
- There were procedures for staff to record accident or incidents, however, we found examples of accidents which had not been reported.
- Staff did not fully understand how to record accidents or incidents using the electronic app in place. As a result, the registered manager and provider were unable to analyse them and look at ways to prevent them occurring in the future.
- Following a safeguarding enquiry, follow up actions had been recommended by the local authority. However, there was no record of these recommendations being carried out.

The provider had failed to ensure robust systems were in place to monitor and review accidents and incidents. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) when visiting people. People confirmed that staff wore PPE and washed their hands during visits.
- Infection control training had been provided to staff on their induction.
- The provider had sent updates to staff about procedures via a newsletter and messages through the app.



- A risk assessment had been undertaken in relation to the impact of COVID -19. However, individual assessments had not been carried out to consider and reduce any impact to staff who may be disproportionately at risk of COVID-19. The provider advised such assessments were available but had not been carried out at this location and this would be addressed.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We were not assured all staff had the relevant skills, knowledge and experience to carry out their role safely and effectively. Staff inductions were not robust enough.
- Systems to monitor staff training and ensure training was completed and up to date were not effective. There was no clear overview of where staff had progressed to with their inductions.
- Staff views varied, whilst some felt supported, others said their induction had been brief and they had not had enough time to shadow more experienced staff to build confidence. They told us. "They just put me on my own the following day, I felt a bit stressed as I didn't know the clients" and "I had about one day's training, because of Covid the office was shut, I had one shadowing shift and some double up calls, I'm new to care."
- The provider was unable to demonstrate all staff had received appropriate supervision, direct observations or were assured of their competency. There were gaps and inconsistencies in the records.
- The provider told us induction training had probably been diluted and face to face meetings restricted due to the restrictions in place during the COVID-19 pandemic. They assured us training would be reviewed, and new systems implemented to ensure the induction process, training and supervisions followed best practice.

The provider had failed to ensure all staff had the right skill, knowledge and experience to carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Assessments and care plans had not been undertaken for several people who used the service. Those required had now been identified by the registered manager, who assured us these would be implemented.
- Where assessments had been completed these included information about environmental risks and health needs.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink enough where required. Where care plans were in place, they included information about people's nutritional needs.
- Where necessary, staff supported people to access health care and support.

- The registered manager told us they worked closely with health professionals such as specialist nurses who provided training as required.
- Emergency support sheets were in place for people, to provide important information to health staff in an emergency.

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 Act requires that, 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. We checked whether the service was working within the principles of the MCA.

- Staff had some understanding of the MCA and told us they supported people to make decisions about their care.
- Where appropriate people had signed consent within their care plans to receive care and support.
- Where it was unclear whether people had capacity to make their own decision the provider had processes in place to enable capacity assessments and best interest decisions to be made.
- Where a capacity assessment had been completed, records were unclear about the decision to be made and the assessment process had not been robustly followed.

We recommend the provider follows the current MCA guidance to ensure capacity assessments and best interest decisions are completed in line with the act.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- In some cases, care plans had been discussed with people. However, not everyone had been involved in decisions around their care. Several care plans were not in place and had not been implemented in partnership with people and their families.
- Reviews to enable people to express their views about their care were overdue in some cases.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said staff were caring and treated them with respect. They told us, staff were "Very friendly, and ask if they can do anything else for me" and "Yes, they are respectful".
- Overall, people were treated well by staff. Comments included, "It is very good (the service). We have been very lucky." One person explained how staff understood their relative, they said "Yes they are kind, (name) gets a bit wary when being hoisted and they have a sing song to put her at her ease."
- Staff spoken with understood the importance of treating people with dignity and respect. One told us this was discussed within their induction and commented "You should inform people what you are doing, keep them involved - respect and keep them in the loop."
- The provider had an Equality and Diversity policy in place. Care plans included information to take into consideration people's diverse needs. These had recently been updated to include information about people's needs around their sexuality.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement This meant people's needs were not always met.

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

- Where care plans were in place these included some person-centred information and some helpful guidance about specific health conditions.
- Overall care was provided in a way which gave people choice and control. Comments included, " They understand me very well indeed" and "Sometimes (the carer) pre-empted what I was going to ask them to do." However, one relative felt staffing issues occasionally impacted on this. They said, "We accept that due to staff shortages, we sometimes have to have a male carer, it is just I think (Name), would feel much more comfortable with a female carer."
- Staff were familiar with the people they supported and understood their individual needs, although unexpected changes to rotas meant this wasn't always the case. One carer told us, "Most of the time I have the same clients - I know them, sometimes I'm not familiar - this morning I went to somewhere new, his wife introduced me to him."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered within their care plans.
- The registered manager understood and followed the AIS. They told us information could be made available in different formats if required for example, items in larger print.

Improving care quality in response to complaints or concerns

- The registered manager could not always evidence that learning had been applied to practice and used to drive improvement following a complaint being made. Records relating to complaints were not sufficiently robust to demonstrate actions had been taken.
- People who used the service, and relatives knew how to make a complaint and there was a complaints policy and procedure in place.
- People could contact the office if they had any concerns and told us they would generally get an appropriate response.

End of life care and support.

- End of life care plans were in place and included information about people's preferences and wishes.
- The registered manager told us they worked closely with the district nurses who provided training as

required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Delivery of high-quality care was not always assured by the leadership, and governance in place. This was evidenced by the concerns identified and the multiple breaches of regulation found.
- We acknowledge that the COVID-19 pandemic has posed challenges and unique circumstances to providers, which had impacted on aspects of monitoring, such as spot checks and meetings. However, we found that the governance and monitoring systems in place were not effective. Systems were not robust enough; audits and checks did not identify all of the issues we found at this inspection.
- The provider's governance systems had failed to identify shortfalls in recruitment procedures and to ensure staff were adequately trained and supervised.
- The registered manager had not ensured systems were fully implemented and staff followed policy and procedure effectively
- Systems were not in place to ensure learning occurred when things went wrong. Accidents and incident had not been recorded effectively.
- The provider's electronic call monitoring system was unreliable and had not provided effective oversight of carers visits. We saw examples where according to the records staff were in two places at once. The provider planned to undertake a further audit against other records to assess this.
- There was a registered manager in place and small office team. Office staff were often required to support with the delivery of care, due to staffing issues and therefore unable to carry out certain tasks.
- There had been an interim manager in place whilst the registered manager had undertaken another role within the organisation and staff sickness had also been an issue. We were advised these issues had impacted on aspects of the service. The registered manager had now returned to manage the day to day running of the service.
- The provider acknowledged there had been gaps in quality monitoring and assured us that an action plan would be implemented to make improvements.

The provider had failed to implement robust and effective governance systems which had resulted widespread, significant shortfalls in the way the service was led. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During our inspection we found three incidents which the provider had not notified us about, as legally required. These were safeguarding concerns and had been dealt with by the local authority through appropriate procedures. The provider and registered manager confirmed this had been an oversight and would ensure notifications were submitted in future.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they could refer to managers for support. However, some felt the service was not well organised.
- The registered manager planned to introduce meetings through video calls with staff, to promote better communication and provide guidance.
- A quarterly survey was sent out to staff to gather their views, the latest topic was around engagement.
- People told us they had been visited or contacted by the manager at some stage.
- Some quality monitoring calls had been made to seek feedback from people about the care provided. However, these had not been undertaken consistently.
- The provider worked in partnership with health professionals when required.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure the safe management of individual risks and medicines.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had failed to operate effective systems to prevent the abuse of service users
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to operate effective recruitment procedures to comply with legal requirements
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not always received adequate training and supervision to carry out their role safely and effectively.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to implement robust and effective governance systems which had resulted widespread, significant shortfalls in the way the service was led.</p>

### **The enforcement action we took:**

Warning Notice for Regulation 17; Good Governance