

Care at Home Group Ltd

# Cheshire East Care at Home Group

## Inspection report

Suite 7 Charter House  
Charter Way  
Macclesfield  
SK10 2NG

Tel: 01625900985

Date of inspection visit:

08 April 2021

09 April 2021

12 April 2021

16 April 2021

19 April 2021

Date of publication:

19 May 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# 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 29 people receiving personal care.

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

Overall people were satisfied with the support they received. Some people told us there had been an improvement to the consistency of care calls, whilst others felt this could be improved further.

The provider had made improvements in relation to the areas of concern we found at our last inspection, including medicines management, staff training, safeguarding and regulatory requirements. However, further improvements were required in relation to records relating to medication and The Mental Capacity Act (MCA) records. Quality monitoring processes needed to be fully embedded.

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. However, there remained some gaps in staff knowledge.

We have made a further recommendation about following MCA guidance.

There was ongoing work to ensure people received a consistent staff team. The provider had introduced a new electronic care management system (app) to monitor care visits, which provided more reliability than the previous one in place.

Following the last inspection, the provider had arranged safeguarding training for all staff. Records were more robust, demonstrating that safeguarding concerns had been reported appropriately through relevant procedures.

The provider had reviewed systems to ensure safer recruitment procedures were being followed.

Improvements had been made to the administration of medicines, however we found some recording issues and further staff training was being planned.

Infection control training had been provided to staff and changes to government guidance were considered and implemented. Staff had access to appropriate PPE.

Improvements had been made since the last inspection in relation to staff training, supervision and support.

The governance systems in place were more robust. There had been a management restructure and several new roles had been recruited to. However, whilst there had been improvements in the provider's governance systems, these needed to be developed further and fully implemented.

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 inadequate (published 12 January 2021). There were multiple breaches of regulation, including safe care and treatment, safeguarding service users, ensuring fit and proper person are employed, staffing and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 7 January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. 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 Cheshire East Care at Home Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# 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 one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave short notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and arrange to speak with people, relatives and staff by telephone. 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 6 April 2021 and ended on 23 April 2021. We visited the office location on 9 April 2021

#### What we did before 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 seven people who used the service about their experience of the care provided. We also spoke with 10 members of staff including, care staff, the registered manager, the regional manager, the head of training and quality and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and several medication records. We looked at four 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

### Staffing and recruitment

At our last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had reviewed systems to ensure safer recruitment procedures were being followed.
- Staff training had been undertaken to ensure staff fully understood the requirements around recruitment checks and processes. A new role had been implemented to focus on recruitment.
- The provider had introduced a new care management app to monitor care visits, which provided more reliability than the previous one. This provided better oversight, for example there would be an immediate alert if a call had not taken place as planned. There had been no recent missed calls.
- People and staff had noticed an improvement in the rotas and call timings. One person commented, "As far as I'm concerned my carers go above and beyond, I have a regular carer now, I can't fault him." Others raised some ongoing issues with the timings of calls and the consistency of staff.
- There was ongoing work to ensure people received a consistent staff team. There had been some staff absences which had impacted on this and new staff were in the recruitment pipeline. The registered manager was taking action to make improvements where concerns had been raised about the timings of calls.

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

At our last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Improvements had been made to support staff to follow procedures to protect people from the risk of abuse and harm.

- Following the last inspection, the provider had arranged safeguarding training for all staff, this had been carried out by the local authority.
- Staff could explain how they would recognise abuse and the process for reporting incidents. A member of staff said, "I know who I would report to, I'd go to my line manager and then the local authority if nothing was done."
- Records were more robust, demonstrating that safeguarding concerns had been reported appropriately through relevant procedures.

#### Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Staff now had access to relevant information and guidance in order to safely manage any risks to people.
- The management team had focused on the implementation and review of care plans and risk assessments. The new regional manager had undertaken audits and was supporting staff to ensure the information was thorough and person centred.
- Since the last inspection action had been taken ensure medicines were managed more safely. The new care management app also provided electronic medication records (eMAR). These provided clearer records such as in relation to the application of topical creams and alerts in case medicines had not administered correctly.
- Guidance to staff around "As and when required" medicines had now been implemented.
- Staff had undertaken medicines refresher training and suitable checks were now being carried out more robustly to ensure they were competent to administer medicines.
- Medication risk assessments had been implemented for each person. However, further work was needed to ensure they were all sufficiently detailed and individualised. The management team acted to address this straight away.
- More regular auditing of medication records was being carried out. However, we noted two recording errors on the eMARs. These had not resulted in any harm and medicines had been administered correctly. The provider's auditing systems had not identified these errors.
- During the inspection the provider confirmed that a new senior role would be created. Part of their role would be the auditing of medicines. Further medication training was being arranged with the regional manager in relation to the areas identified.

#### Learning lessons when things go wrong

At our last inspection, 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems for recording and reviewing any accidents or incidents were now more robust. Any accident or



incidents had been recorded and staff told us they knew how to raise any concerns.

- The registered manager has identified where further improvements could be made to the records, which would confirm that action identified to reduce any risks had been completed.
- Systems to review incidents, accidents and safeguarding concerns had been strengthened. The management team had introduced a monthly review of any safeguarding concerns, accidents or incidents to consider any lessons learnt.

#### Preventing and controlling infection

- Personal protection equipment (PPE) was available to staff and used in line with government guidance. A person told us "Oh yes, they've always got PPE on."
- Infection control training had been provided to staff and changes to government guidance were considered and implemented.
- A risk assessment had been undertaken in relation to the impact of COVID -19. Regular staff testing was being undertaken.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- Improvements had been made since the last inspection in relation to staff training, supervision and support.
- The provider had created a new role of head of quality, governance and training. They had devised a new training programme, which was starting to be rolled out to staff.
- The management team had focused on staff supervision sessions and field observations, which were now being carried out more regularly. They had clearer oversight of staff inductions and training via eLearning. Staff were being supported to complete the Care Certificate and undertake refresher training. This process needed to be fully completed and embedded.
- Aspects of training needed further work, including support around the use of the new care management app and a few remaining staff were yet to complete a medication competency and/or moving and handling competency check.
- Overall staff felt well supported with training and guidance. Some felt further training would be useful in certain areas. They told us, "I've had a one to one session a month ago and I've had three observations in the field - that's improved" and "The training has been really good, it's now on line, you can keep things up to date. The Manager will chase if not completed, they are on top of it."

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

At our last inspection we recommended the provider followed the current MCA guidance to ensure capacity assessments and best interest decisions are completed in line with the act. The provider had made some improvements, however further improvements were required.

- Staff supported people to make decisions about their care. Where appropriate people had signed their care plans, to consent to receiving care and support.
- Staff had been provided with new workbooks in relation to the MCA to support their understanding and knowledge.
- The provider had processes in place to enable capacity assessments and best interest decisions to be made, however these had not always been recorded correctly and there remained some gaps in staff knowledge around these.
- A new member of the management team had been trained to carry out MCA training and confirmed further training would be planned with staff in this area.

We further recommend the provider ensures appropriate governance, oversight and support is in place, to ensure staff follow MCA guidance in line with the act.

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

- There had been a focus on ensuring all assessments and care plans had been implemented for each person.
- The new care management app provided staff with information about the support people required. However, information for some people was not fully inputted. The registered manager confirmed during the inspection that information within the app had now been fully inputted.
- Where assessments had been completed this included information about environmental risks and health needs. There was useful information about the people's health conditions and their potential impact.

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. Care plans included information about people's nutritional needs.
- Emergency hospital plans were being put in place for people, to provide important information to health staff in an emergency.
- We saw positive feedback from a health care professional about the support the service had provided to a person. Another person was complimentary about how staff had supported them appropriately to undertake exercises.
- Staff were more confident to liaise and work with other professionals to provide effective care. We saw communication had taken place with GPs and district nurses where required.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection, 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider had reviewed the governance systems in place and had taken action to make them more robust. They had devised an action plan and implemented a new care management app, which enabled them to monitor the service more effectively.
- There had been a management restructure and several new management roles had been recruited to.
- Improvements made meant the registered manager and other office-based staff, did not need to provide direct care to people as often, this meant they were now able to focus on other aspects of the service.
- The management team had worked hard since the last inspection and demonstrated they were dedicated to learning and improving care.
- Audits were now being carried out regularly in several areas and the regional manager planned to undertake a full quality audit of the location.
- During the inspection we found some areas for further improvement, for example aspects of medication recording, the quality of risk assessments, MCA assessments and staff competency checks. The provider and management team acted on these areas straight away. However, this highlighted that whilst there had been improvements in the provider's governance systems, these needed to be developed further and fully implemented.

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

- Prior to the inspection two statutory notifications had been submitted to CQC as legally required, there had been a delay in receiving these.
- The regional manager was providing further support to staff in relation to when to submit statutory

notifications. There was new monitoring in place to ensure notifications were submitted as required in future.

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

- Staff reported improvements to the communication within the service. They told us office staff were much more accessible and felt the registered manager was supportive. They commented, "There has been more training and plenty of meetings, the new regional managers are really supportive, they have given us more guidance and tips on how to do things" and "For the past month or so it's been brilliant working for them."
- Quality monitoring calls had increased to gather people's views on the service. People's feedback indicated that the management team had been in contact with them. One person told us how the registered manager had "really listened" to their feedback and effectively acted on it.
- However, we also received feedback that people did not always feel informed if there were changes or delays to the time of their calls. The registered manager informed us this was an area they were aware of and working on.
- The staff team had been working with staff from the provider's other locations to share learning and knowledge. A team had been created across the organisation to undertake monitoring and audits.
- A survey was due to be sent out to people and staff to gather further feedback.
- Staff continued to work in partnership with health professionals when required. Staff told us they felt clearer and more confident to follow procedures and liaise with others when needed.