

Care Choice North West Limited

# Pier House

## Inspection report

Pier House  
Hallgate  
Wigan  
WN3 4AL

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This announced inspection was undertaken on Thursday 25 May 2017. The inspection was announced to ensure it could be facilitated on that day by the registered manager. This was the first comprehensive inspection we had undertaken at this service.

Pier House is a domiciliary care agency which provides personal care to people in their own homes. The service is run by Care Choice North West Ltd. The service is located in Hallgate, Wigan which is close to the town centre. At the time of the inspection, there were approximately 58 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people we spoke with told us they felt safe. The staff we spoke with had a good understanding about safeguarding and whistleblowing procedures and told us they wouldn't hesitate to report concerns.

We looked at how medication was handled at one of the houses we visited. We found Medication Administration Records (MARs) were signed by staff when medication had been administered. People who used the service also told us they received their medication as part of their care package and told us they always received it on time.

We found there were sufficient staff to care for people safely, although several relatives told us there had previously been issues with late visits. In these instances, we were told the provider had taken appropriate action to rectify these concerns. Staff spoken with didn't raise any concerns about staffing numbers within the service and said their rotas were well managed.

Staff were recruited safely, with appropriate checks undertaken before they began working with people who used the service. This included ensuring Disclosure Barring Service/Criminal Records Bureau (DBS/CRB) checks were undertaken and references from previous employers sought.

The staff we spoke with told us they had access to sufficient training and supervision as part of their ongoing development. Staff said they felt supervision was an important part of their job role where they could discuss different aspects of their work.

Staff provided support to people to eat and drink as necessary. This included assistance with food preparation and ensuring people were left with something to drink when their call had finished.

The people we spoke and their relatives with told us they were happy with the care provided by the service. People told us staff treated them with dignity and respect and promoted their independence as much as

possible.

Each person who used the service had a care plan in place and we saw a copy was kept in the person's home and at the office. The care plans provided an overview of each person's care needs and were updated when things changed. The people we spoke with also said an initial assessment was undertaken, when they first started using the service. This enabled the service to understand the level of care people needed.

The service sent satisfaction questionnaires to people, asking for their comments about the service. This enabled the service to continually improve based on feedback from people and anything that could be changed.

There was a complaint procedure in place, enabling people to state if they were unhappy with the service. The people we spoke with were aware of how to make a complaint where necessary. The service also collated positive compliments that had been made based on people's experiences.

People who used the service and staff told us they felt the service was well managed. Staff told us they felt well supported and would feel comfortable raising and discussing concerns.

We saw there were systems in place to monitor the quality of service provided. This was done in the form of audits, spot checks and observations of staff undertaking their work. Staff also had access to policies and procedures if they needed to seek guidance in a particular area.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The people we spoke with told us they felt safe as a result of the care they received.

Staff were recruited safely, with appropriate checks undertaken.

The service had carried out risk assessments in people's houses to help keep people safe.

### Is the service effective?

Good ●

The service was effective.

We found staff had received training in core topics and staff told us they felt supported to undertake their work.

Staff told us they received supervision as part of their on-going development.

People told us staff sought consent before providing care.

### Is the service caring?

Good ●

The service was caring.

The people we spoke with told us they were happy with the care and support provided by staff.

People told us they were treated with dignity and respect and were allowed privacy at the times they needed it.

People said they were offered choice by staff, who promoted their independence where possible.

### Is the service responsive?

Good ●

The service was responsive.

We saw initial assessments were completed when people first started using the service, with appropriate care plans

implemented thereafter.

There was a complaints procedure in place, allowing people to state if they were unhappy with the service.

The service had sent satisfaction surveys, seeking people's views about the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service conducted spot checks and observations of staff undertaking their work.

People who used the service and staff told us they felt the service was well-led.

We saw team meetings and management meetings were undertaken to discuss work and concerns.

# Pier House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out on Thursday 25 May 2017. The inspection was announced to ensure our inspection could be facilitated on that day by the registered manager. The inspection team consisted of an adult social care inspector from the Care Quality Commission (CQC) and an expert by experience who spoke with people who used the service and their relatives via telephone. An expert by experience is someone who has personal experience of caring for older people who may be living with dementia.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any safeguarding or whistleblowing information we had received, previous inspection reports and any complaints about the service. We liaised with stakeholders who had involvement with the service. This included the Quality Performance team based at Wigan Council. This helped us determine if there might be any specific areas to focus on during the inspection.

At the time of the inspection the service provided care and support to approximately 58 people in the Wigan area. As part of the inspection we spoke with the registered manager, the care coordinator, nine people who used the service, five relatives and six care staff. We attempted to contact another five members of staff via telephone, however were unable to speak with them at that time due to their work commitments. This was to seek feedback about the service provided from a range of different people and help inform our inspection judgements.

During the inspection we viewed four care plans, five staff personnel files, policies and procedures and other documentation relating to the running of the service, such as satisfaction surveys, complaints, spot checks/observations and audits. We also visited one person at their home address to look at how their medication was handled and review their care plan and communication log.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe as a result of the care they received. The relatives of people we spoke with also felt the service was safe. One person said to us, "I trust them with my life, they're just great." Another second person also said, "I feel so safe and secure with them." A third person added, "As a result of the care I am receiving I feel safe."

During the inspection we also spoke with five relatives of people who used the service. They also told us they felt the service was safe and had never needed to raise any concerns. One relative said, "I really feel that Mum's completely safe with them." Another relative said, "My family member is absolutely safe with them."

We found there were systems in place to safeguard people from abuse. This included having a policy and procedure in place, informing staff how to report concerns. The registered manager maintained a log of all safeguarding concerns and these provided details about the incident and that they had been appropriately referred through to Wigan Safeguarding team. The staff we spoke with told us they had received safeguarding training and knew about the signs and symptoms of potential abuse. One member of staff said, "An example of physical abuse could be unexplained bruising. Financial abuse would be if staff were taking advantage of a person's money without them knowing. I would report anything like that straight to management." Another member of staff said, "Marks and bruising or if people were left without food in their fridge could be signs of abuse. We have a policy and procedure to follow and I would look at this if I needed to."

People were protected against the risks of abuse because the service had a robust recruitment system in place. Appropriate checks were carried out before staff began working at the service to ensure they were suitable to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file we looked at contained application forms, Criminal Records Bureau/Disclosure Barring Service (CRB/DBS) checks, interview questions/responses, contracts of employment, application forms and pre-employment medical questionnaires. There was also evidence of references being sought from previous employers. These had been obtained before staff started working for the service and evidenced to us staff had been recruited safely.

We found there were sufficient staff to care for people safely, with staff rotas in use which we reviewed during the inspection. The service used the 'Quick plan' call monitoring system which enabled staff at the office to check that staff were completing calls as required and in the event of a missed visit occurring, could then respond accordingly. This registered manager told us this was monitored by both themselves and care coordinators during day. We checked a sample of people's call records and saw they were logged on the system as required when completed. Staff were each given a mobile phone which enabled them to scan a bar code in people's care plans which either logged them in or out on the call monitoring system to record that the call had been completed. If a member of staff failed to sign in, then the office would be alerted immediately. The system connected through to the on-call system after 5pm so that staff could be alerted if there were problems with any late/missed visits.

The relatives we spoke with told us that although their family members hadn't experienced any missed visits, staff were sometimes late and running behind. The relatives we spoke with said they felt the service took appropriate action if this ever occurred. One relative said, "In the main, they're always on time, give or take 10 minutes. If something's happened and they've got really delayed, the office always let us know." A relative also said, "We've had a couple of late appointments at the start but things have been sorted out now." A third relative added, "Timings weren't great initially but they're on track now." Some of the other people who used the service told us they never had any problems with call timings. One person said, "They're always pretty much on time." Another person said, "They always arrive on time." A third person added, "They're never late."

Staff spoken with didn't raise any concerns about staffing numbers within the service. One member of staff told us, "I feel there are enough staff. There seems to be plenty and they are always taking new ones on." Another member of staff said, "I think there are loads of staff. Obviously there is sickness but absence seems to be well covered." A third member of staff told us, "Yes there are enough. There has just been a big recruitment drive and that has been a Godsend since we have taken on additional work. They seem to be good with staff retention."

We found people had risk assessments in place to keep them safe within their own home. These covered areas such as eating and drinking, grooming/washing, showering/bathing, mobility and transfers and undressing. We saw there were control measures in place if risks had been identified which would help to keep people safe.

A record of all accidents and incidents was maintained, with an overall analysis completed to monitor any trends or re-occurring issues. This provided information about the incident, injury, treatment given and actions taken. Personal Emergency Evacuation Plan (PEEP) information was also available in care plans, providing staff and emergency services with guidance about how people needed to leave the building in events such as a fire.

We looked at how medication was handled at one of the houses we visited. The registered manager told us medication was usually delivered to people's house by the local pharmacist or collected by either staff, people using the service or their family. We found Medication Administration Records (MARs) were signed by staff when medication had been administered, with no omissions noted. The training matrix identified that staff had received training in the administration of medication, with an appropriate policy and procedure also in place.

People who used the service also told us they received their medication as part of their care package and told us they always received it on time. One person said, "My medication's in blister packs and they get it out for me and give it me each time." Another person said, "I can self-medicate but they do issue it to me. I take my medication four times per day and most of it is time critical. They always turn up on time and they're very accurate with my meds, I would notice if it's wrong." A relative also commented, "They always check that Mum's taken her medication."

There were appropriate procedures in place with regards to cleanliness and infection control, with people telling us staff always wore Personal Protective Equipment (PPE) when delivering personal care. We saw that items such as gloves and aprons were stored in the office, with a record also maintained so that the manager could ensure staff were regularly replenishing their supplies and using them as necessary when delivering personal care.



# Is the service effective?

## Our findings

The people we spoke with told us staff were good at their jobs and felt they provided effective care. One person said, "They always do everything that's in my care plan but they also ask if there's anything else they can do for me." Another person said, "They'll do anything for me even like getting some milk or posting my letters." A relative also commented, "The Carers really are very good and always seem to go the extra mile with Mum."

There was an induction programme in place, which staff were expected to complete when they first began working for the service. An induction is intended to provide staff with the skills and knowledge to undertake their role effectively. The induction covered areas such as code of conduct, confidentiality, forthcoming training, safeguarding, health and safety, complaints, whistleblowing and infection control. The staff we spoke with said they completed the induction when they first started working for the service. One member of staff said, "All of my mandatory training was provided. The induction was sufficient I feel and I was asked to provide references and apply for a DBS." Another member of staff said, "The induction taught me about the company, training plans and an overview of all service users I would be caring for. It gave me a good overview of working for the company."

The staff we spoke with told us they received sufficient training and support in order to undertake their work to a high standard. We reviewed the training matrix and saw staff had received training in areas such as moving and handling, safeguarding, medication, food safety, first aid and infection control. At the time of the inspection the registered manager told us all staff were signed up to do National Vocational Qualifications(NVQ's), ranging from level two up to level five. The registered manager was also a certified 'Train the trainer' meaning they were qualified to deliver training sessions to staff as needed. One member of staff said, "They keep on top of training very well and it's really informative. They are proper sessions as well and not entirely on the computer." Another member of staff added, "They are good with training here. I like to extend my skills and knowledge where possible and the manager has now arranged for me to do my NVQ level five."

We found staff received supervision as part of their on-going development, which the registered manager said was every six weeks, although we noted some had fallen behind since the taking on of additional staff from other care services in the area under Transfer of Undertakings Protection of Employment(TUPE) regulations. The manager said this had been due to taking on additional work, but would ensure these sessions took place moving forwards. Staff supervision enables managers to speak with staff about their work in a confidential setting and discuss how things are progressing to date. We looked at a sample of these records and saw these provided a focus on positive comments received, service user issues, health and safety, concerns/issues, reliability, time keeping and changes since the previous meeting. One member of staff said, "I have had a few supervisions since starting and they seem to be every few months." Another member of staff said, "They are a good chance to talk about concerns and I find them useful to have. I started in February and have already had a couple."

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. The registered manager said there was nobody using the service that was currently subject to a Deprivation of Liberty Safeguards (DoLS). We saw people's capacity was taken into account as part of the initial assessment and care planning process. The staff we spoke with said they would work towards people's best interests as necessary and would report any concerns about a person's capacity to the manager.

We looked at how staff sought consent from people using the service. We noted people had signed consent forms stating their care plan had been developed with them and that they were in agreement with the content. The people we spoke with told us before receiving care and support staff always asked them for their consent. Staff were also able to describe how they sought consent from people before delivering care such as checking if people wanted to be supported with their personal care.

We looked at how people were supported to maintain good nutrition and hydration. We saw that if this was part of a person's care package, an eating and drinking care plan was in place. This was an area that was also covered as part of the initial assessment process to enable staff to establish the support people required. The registered manager told us they did not currently support anybody that was nutritionally compromised or had experienced weight loss. The people we spoke with told us staff helped them prepare lunch or an evening meal, although this was usually done by putting a meal into the oven or microwave rather than making a meal from the start. The people we spoke with said staff did not need to help them eat or drink. One person said, "They prepare my meals for me three times a day by getting something out of the freezer and popping it in the oven. It's always my choice of what I want, and the meals are really good." Another person said, "The staff warm my meal up for me and offer me a choice. They make me a jug of tea before they leave as well."

# Is the service caring?

## Our findings

Pier House is a domiciliary care agency, which means service user's care is delivered in people's own home. During the inspection we were unable to observe the care being delivered and therefore have made our judgement based on the information provided by the people we spoke with and their experience of the care received.

The people who used the service told us they were happy with the care and support they received from staff at Pier House. One person said to us, "It's alright so far. They see to my needs and make me my meals. I would say they provide good care to me. All of the staff are alright. They seem to be kind and caring people." Another person said, "They're all brilliant, I can't fault any of them. All the girls are top class, they're very good." Another person said, "They're all brilliant. Very helpful, chatty and friendly. We have a laugh, there's never a dull moment."

As part of the inspection we also spoke with five relatives and asked them about the care provided to their family members. One relative said to us, "The majority of the girls are brilliant and really lovely. Three or four particularly are very professional and good ambassadors for the company. They go the extra mile, they're very personable, relaxed and they know it's about me. They always use their initiative about what needs doing without having to be told all the time." Another relative said, "The care that [my relative] receives is absolutely fantastic." Another told us, "When they were caring for Dad, the staff really went beyond their duties. They went to the hospital with him in the ambulance, stayed with him and made sure he still got his medication on time."

We asked people who used the service if they felt they were treated with dignity and respect by staff who cared for them. When speaking with staff, they were also able to describe how they ensure people were treated well when providing care. One person said, "They're always very respectful when they're showering or washing me. They really put me at ease." Another person said, "I have a full body wash and they're very respectful and conscious about how I feel." A third person added, "They come to wash me and I feel very comfortable with them. I don't feel embarrassed with these girls. They're always mindful of how I'm feeling and always very respectful." A member of staff told us, "I'll cover people up where needed when giving personal care, such as a towel over their bottom half if I am assisting to wash. I will make sure doors and curtains are closed as well."

The people we spoke with said their independence was promoted by staff. One person said, "When the staff are assisting me, they give me the opportunity to do a bit for myself as well." A member of staff also told us, "I'll offer people small choices around food and drink and let them choose rather than just putting it in front of them." Another member of staff said, "I will get people involved as much as possible. For example if I am cooking a meal for someone, I will try and get them in the kitchen with me."

Private and confidential records relating to people's care and support were securely maintained in lockable offices. People we spoke with told us they had a copy of their care plan given to them which they kept in their home. Staff were able to demonstrate that they were aware of the need to protect people's private and

personal information. This helped ensure that people's personal information was treated confidentially and respected.

The service did not provide end of life care directly but, where applicable, could continue to provide a domiciliary service in support of other relevant professionals such as district nurses, who may be involved in supporting a person at this end stage of life. At the time of the inspection the service was not supporting anyone who was in receipt of end of life care.

A service user guide was given to people who used the service. This included the service's statement of purpose, explanation of care delivery, financial information and complaints procedure.

## Is the service responsive?

### Our findings

The people we spoke with and their relatives told us they felt the service was responsive to their needs. One person said, "If they're concerned about anything, little blisters or anything, they contact the district nurse for me and arrange for her to visit me." Another person said, "They always do other things as well if I want them to and are responsive to what I want." A relative added, "The care was excellent. They really turned things around for us. They listened to us and actioned all the plans for Dad's care."

We saw that before people's care package commenced, the service carried out an assessment of people's needs. This was usually done when receiving a referral from the local authority, which would then be followed up by the service conducting an assessment in people's own homes. This covered call timings, communication, mobility, eating and drinking, personal hygiene and any associated risks. The initial assessment would allow staff to establish what people's care needs were and how staff needed to care for them.

People also had individual care plans in place which were compiled once initial assessments were undertaken. These were kept in the office and also at people's houses. During the inspection we looked at four care plans which provided full details of how many visits people needed each day, the duration, what staff needed to do and the outcomes that were to be achieved. For example, in one care plan we looked at there was information for staff about to correctly use the hoist following on from the training received and how ensure people's bedding was changed in line with infection control procedures. This ensured staff had necessary guidance about people's care to refer to.

The care plans we looked at also contained 'My journey so far' documents and provided staff with details about people such as family life, education and things of enjoyment. This would ensure staff had personal details about people to help them deliver person centred care based on people's choices and preferences. A relative commented, "The management have popped in a couple of times to see how things are going and to update the care plan. They're great and the office staff are always very obliging when we ask to change visit times to fit in with hospital appointments."

We looked at the most recent satisfaction surveys sent to people who used the service. We saw people were asked for their views and opinions about staff understanding their care needs, feeling comfortable and safe, if staff arrived on time, if they were informed about changes, if staff worked well together and if they felt involved in their care. Once the surveys had been returned, an overall analysis of the feedback was then created. We looked at the analysis and saw a response had been provided against any positive/negative comments and any follow up actions the service needed to take in response.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care and set out how complaints were recorded, investigated and responded to. The people we spoke were aware of the complaints process and how they would report concerns. One person said, "I've never needed to complain, no concerns at all. I'll never change providers now." Another person added, "I've no problems at all with the service."

The service also collated compliments made by people who used the service, expressing their satisfaction with the service they received. We looked at a sample of these, with comments including; 'I just wanted to thank you and all of the staff for the support for my Dad whilst I was on holiday' and 'From the outset, the kindness and patience from all of the staff helped my Mum and Dad a great deal. All the staff went above and beyond to help and were extremely caring' and 'I would like to say a big thank you to all of the staff. The experience has been excellent'.

People who used the service were supported to access the local community and with activities as necessary. Staff told us about several people who they had supported to visit charity shops, trampoline parks and trips to Blackpool where they stayed over in a hotel. One person enjoyed going to a local pub for fish and chips and were escorted by a member of staff.

# Is the service well-led?

## Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In addition to the registered manager, the service also employed 'Care-coordinators' who, alongside the registered manager monitored the work of care staff and were responsible for tasks such as initial assessments, spot checks and observations. The coordinators then reported directly to the registered manager. This staffing structure ensured there were clear lines of accountability within the service.

Pier House is part of the ethical framework at Wigan Council. They had won the contract for the Standish area and had taken on lots of new staff who transferred under Transfer of Undertakings Protection of Employment(TUPE). This meant that the council would offer packages of care to these services before contacting other providers in the area.

The staff we spoke with told they enjoyed their work and that Pier House was good to work for. Staff also felt there was a good culture within the service. One member of staff said, "I find them great to work for. They are very person centred and great with personal circumstances around my childcare arrangements." Another member of staff said, "They are brilliant to work for. Nothing is too big of a task for them and they help their staff as much as possible." A third member of staff added, "They are really good to work for. It seems like a very good environment to work in."

People who used the service and their relatives spoke positively about the management within the service. Some of the comments we received included, "It's a belting service, I've really settled down into it. I was a bit worried about it at first but there was no need" and "You can always get in touch with them and they respond right away," and "They have a good emergency plan in place for filling gaps in cover and we've never been let down by them."

The staff we spoke with felt the service was well – led and managed. One member of staff said, "It's fantastic and I can't say I've ever had any issues. The manager is so supportive and really looks after the staff." Another member of staff said, "I find management to be good. If ever you have any problems you can go to them and things get followed up." A third member of staff said, "I feel the service is well-managed and we have all worked well together since we have taken on all of the additional packages."

We found there were systems in place to monitor the quality of service within people's homes. We saw the manager produced a monthly compliance report, with the most recent one being done in April 2017. This focussed on areas such as policies and procedures, staff recruitment files, spot checks and observations, supervision/appraisal, staff meetings, on call arrangement and the call monitoring system. This provided the opportunity for management to have oversight of good practice or potential shortfalls within the service and take necessary action.

There were also spot checks and observations of staff undertaking their work. We looked at a sample of these records and saw these provided a focus on communication skills, friendliness, tasks being completed, appearance, knowledge and record keeping. This provided the opportunity for managers to see how staff worked and offer suggestion as to how things could be improved in order to monitor the quality of service. A member of staff told us, "These take place quite often. We are assessed about how we are doing the job and giving medication. The service user is around as well and it's a chance to get feedback from them as well."

The staff told us that team meetings took place regularly and allow for information to be cascaded and for staff to discuss their work and concerns. We noted some of the agenda items discussed included new mobile phones for staff, wages updates, service user guides, call monitoring, use of key safes, updates from within the service and new members of staff. One member of staff said, "They have been quite frequent. Things get acted upon and I feel staff can speak openly."

There were various policies and procedures in place at the service. These covered equality and diversity, complaints, health and safety, medication, confidentiality, whistleblowing and safeguarding. Staff told us these were covered during induction and were available to look at if they needed to seek advice.

The registered manager submitted notifications to CQC as required where there had been allegations of abuse, serious injuries or expected/unexpected deaths. This was in line with legal requirements and demonstrated a transparency about incidents which had occurred within the service.

The registered manager told us of several links the service had made within the local community and examples of partnership working. One of these was a service called 'Bridging the Gap'. This was a service working closely with people experiencing addiction and substance misuse who were based in close proximity to the Pier House head office. The registered manager was using this as training opportunities for staff. The service had also been working closely with Unison who were working towards a more ethical approach for care staff in relation to increased travel expenses and mileage claims.