Care at Home Group Ltd

Care at Home Group St Helens

Inspection report

Units 3 & 4 Waterside Court
St Helens Technology Campus
St. Helens
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Tel: 01744371006

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09 December 2020

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Care at Home Group St Helens provides care and support to people in their own homes across the St Helens, Knowsley and Widnes areas. 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 65 people using the service.

People's experience of using the service and what we found
Staff told us they felt additional pressures due to not always being given enough time to travel between people's calls. This often resulted in them attending calls later than agreed. They also told us staff absence resulted in their rotas being changed at the last minute and being given calls out of their usual areas. People and family members told us, on-the-whole, staff arrived on time and stayed the agreed amount of time.

We have made a recommendation regarding this.

Risks to people, including those related to COVID-19, and the environment had been assessed and in most cases management plans were in place for staff to follow. However, staff told us they did not always have access to relevant information where new packages of care had commenced.

Staff received training and guidance in relation to infection prevention and control and followed current national guidance when using personal protective equipment. However, we could not always be assured that robust measures were in place to prevent the wider spread of infection in the event that a person tested positive for COVID-19.

People's needs had been assessed and, in most cases, plans were in place for staff to follow and provide effective care. However, staff told us in some cases information about people's care and support needs was not available and electronic devices lacked relevant information.

We have made a recommendation regarding this.

Systems were in place to monitor the quality and safety of the service. However, they had not identified the issues we found relating to travel time and lack of information regarding people's care and support needs, including risk management.

Records indicated staff received training relevant to their role. Staff provided mixed feedback regarding the quality of the training and induction process and how confident they felt carrying out their role. The provider was in the process of reviewing their training and induction programmes.

Positive feedback was received from people about the care they received. Staff treated people with respect

and made them feel at ease. People told us they mostly received care from consistent staff who knew them well.

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.

The manager acknowledged and celebrated the hard work, dedication and personal achievements of staff and organised various events throughout the year to encourage engagement from people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection
This service was registered with us on 7 April 2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

Follow-up
We will continue to monitor information we receive about the service until we 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?

Requires Improvement

This service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

This service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

This service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

This service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

This service was not always well-led.

Details are in our well-led findings below.

Care at Home Group St Helens

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
This inspection was carried out by two inspectors.

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

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 announced the inspection visit 48 hours' before it took place. This was because we needed to give time to prepare in advance for our visit due to the COVID-19 pandemic.

Inspection activity started on 9 December 2020 and ended on 18 December 2020. We visited the office location on 9 December 2020.

What we did before the inspection
We sought feedback from the local authority and professionals who work with the service. We had not asked the provider to complete the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used other information we had received about the service to plan our inspection.

During the inspection
We spoke with the manager and provider and reviewed a range of records. This included five people's care records and multiple medication records. We looked at the recruitment files for six staff employed since the service was first registered with CQC.

After the inspection site visit
Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be sent to us and reviewed these following the inspection visit.

We spoke over the telephone with six people who used the service and seven family members about their experiences of the care provided. We also spoke with six members of care staff.

Requires Improvement

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 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

● Staff told us they did not always get enough time to travel between calls, this resulted in them being late. Their comments included; "I am a walker and I only get five minutes to travel between calls. Sometimes it can take 20-30 minutes to get to my next one" and "We don't get enough time to travel between calls. This means I am late; sometimes only by about 5-10 minutes but this adds up throughout the day and by the last few calls I can be an hour or two later than I should be."

● We received mixed views from people and family members about call times. Some told us they did not have set agreed times and were happy with this. Others told us staff were sometimes later than agreed.

● Staff told us recent sickness, absence and staff leaving had resulted in additional pressures placed upon them. For example, staff told us their rotas were often changed at the last minute and included calls outside of their usual area. One staff member told us; "I usually cover one area. I don't drive but they gave me a call at the last minute that is about a 20 minute drive away."

We recommend the provider review their systems for organising and allocating call times in line with government guidance.

● Safe recruitment processes were in place. A range of checks were completed on new applicants to make sure they were suitable for the role.

Assessing risk, safety monitoring and management; Using medicines safely

● Individual risks to people and their environment were assessed and appropriately managed. However, some staff told us risk management plans were not always available in people's homes. One staff member told us; "When we take on new clients, care plans are not always available straight away and our phones don't always have the information we need."

● People told us they felt safe with staff and family members felt risk was managed safely. Comments included; "Oh yes, definitely safe with them [staff]," "Yes, they [staff] look after him. If they think he's unsteady on his feet, they won't shower him" and "Yes [relative] feels safe. She has a Zimmer and they [staff] help her get up and they do it safely."

● Where people needed support with their medicines this was clearly recorded in their care plan, including guidance for the use of 'as required' medicines.

● The service had recently implemented the use of electronic medicine administration records (eMARs). Staff told us these were easier to follow and helped ensure medicines were administered when needed.

● EMARs reviewed during inspection showed evidence that medicines were administered at the right times. However, some staff, people and family members told us late calls sometimes affected this.

Preventing and controlling infection

● There were systems in place to prevent the wider spread of infection, particularly COVID-19. However, staff told us shortages in staffing levels sometimes resulted in them being requested to carry out calls outside of their usual local authority areas. This could increase the potential for infections such as COVID-19 to be spread wider.

● Staff told us they received adequate training and guidance in relation to infection prevention and control, particularly in response to the COVID-19 pandemic.

● People and family members told us staff wore the correct personal protective equipment (PPE).

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● Systems were place for the recording and review of safeguarding concerns. Appropriate investigations were completed by the manager and action was taken to address concerns where required.

● Staff knew how to identify abuse and who to report any safeguarding concerns to. Staff told us they were confident issues would be dealt with by the manager.

● Where accidents or incidents occurred in people's homes, these were recorded by staff on their electronic devices. Incidents were reviewed by the manager to look for patterns or trends. Action was taken to prevent incidents occurring in the future.

● Staff knew how to respond to accidents or incidents safely and told us they felt supported by office staff when incidents occurred.

Requires Improvement

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed, however staff did not always have access to care plans about how to meet people's assessed need.
● Some staff told information regarding people's care and support needs was not always available. Comments included; "It's mostly when we have taken on new clients [people], we don't have care plans in their homes and the app doesn't give us any information" and "I went out to a new client [person] and there was no care plan in his home. I didn't know anything about what he needed. I had to ask him."
● People's oral health needs were assessed and where support with oral care was needed, it was clearly recorded in their care plan.

We recommend the provider review their care planning and assessment processes.

Staff support: induction, training, skills and experience
● Records provided by the manager indicated that staff had received training appropriate for their role. However, mixed feedback was received from staff regarding the quality of training provided.
● Some staff felt the training and induction they received was brief and did not provide the level of detail they needed to carry out their role confidently. Other's felt training was detailed and informative and spoke highly of the internal trainer.
● People and family members told us they felt older, more experienced staff knew what they were doing. One family member told us "They do everything exactly right". However, some felt the newer and younger carers lacked some knowledge and confidence in their role. One person told us "Some of the younger ones maybe need a bit more confidence". A family member told us "Think a lot of staff are either new or in-experienced and a little unsure of things at first."
● The provider was in the process of reviewing their training and induction programmes to ensure all staff received adequate training and felt confident in their role.
● Staff received regular one-to-one supervision and told us they were given the opportunity to discuss their role and any areas for development.

Supporting people to eat and drink enough to maintain a balanced diet
● Where people needed support with their meals, this was clearly recorded in their care plans.
● People and family members told us staff prepared meals when needed and made sure drinks and snacks were available before leaving.
● Risks related to people's food and drink intake, such as diabetes, were assessed and management plans

in place for staff to follow to keep people safe.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where it was required, people were supported to access external health and social care professionals to meet their needs.
- Family members told us staff were quick to identify issues or changes in health needs and contacted health professionals when needed. Comments included; "They [staff] contact health professionals for us and have even suggested careline" and "They [staff] contact us and advise us to get a GP. They are quick to do this if my mum isn't well."

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.

- Consent for care was obtained in line with the principles of the MCA.
- People told us, and family members agreed, they were given choice and control over how their care was delivered.
- Staff had knowledge of the MCA and how this should be used when providing care and support to people.

Good

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and family members told us staff attending were mostly consistent and that regular staff knew people well. One person told us; "Yes they seem to know me well. They do what I need them to." One family member told us; "[Staff name] is fabulous and knows mum really well."
- People told us they had developed positive relationships with staff who attended regularly. Comments included "I mostly get the same carers. I have a good relationship with them. We have a laugh and a joke" and "As soon as they come, we have a chat and a good laugh."
- Staff treated people with kindness and compassion and understood their individual needs and preferences. People and family members told us; "They [staff] tell me what they are doing. They always put me at ease" and "Mum has dementia and they are very considerate and understanding with her."

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their dignity; they treated them with respect and made them feel comfortable when providing personal care. Comments included; "They [staff] respect me. They never make me feel embarrassed," "They [staff] show me respect and understand me" and "They [staff] always put me at ease."
- Staff supported people to maintain their independence. One family member told us; "They [staff] respect that mum likes to do as much as she can for herself. They encourage this but are close by to help if needed."
- Staff understood the importance of keeping information about people's care and support private and confidential.

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

- People were given the opportunity to share their views about the care they received through regular reviews and chats with office staff. One person told us; "I get a call every now and then and they ask me how things are going."
- Where appropriate, family members were involved in decisions about their relative's care and given opportunities to share their views.
- The manager told us due to the COVID-19 pandemic, face-to-face reviews had been reduced and that most were completed over the phone to reduce risk to people.

Good

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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care that was person-centred and based on their needs and choices. Care plans that were in place included information about people's social history, likes and dislikes to allow staff to get to know them before providing support.
- Staff were responsive to people's needs. They provided office staff and family members with updates where people's needs changed.
- People and family members told us they were involved in the care planning process and received the care and support they needed.
- Staff completed daily records about the care people received. These were regularly reviewed by the manager to check for any potential changes in people's needs.
- Short-term care plans had been implemented for people receiving end of life care. Relevant information and guidance was in place for staff to follow in order to provide person-centred care.

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.

- The service recorded and shared information relating to people's communication needs. Care records provided guidance for staff on how to effectively communicate with people who were identified as having communications needs or difficulties.
- The manager was aware of the need to ensure that information was made available to people in a way they would understand, such as large print for those with a sight impairment, should they require it.

Improving care quality in response to complaints or concerns

- People and family members told us they knew who to contact if they had any concerns. Those that had reported concerns told us they had been dealt with in a timely manner.
- The manager maintained a record of complaints received from people and family members and any quality concerns raised by the local authority. Those recorded had been dealt with appropriately.

Requires Improvement

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 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.

Continuous learning and improving care

- Systems were in place to monitor the quality and safety of the service however, these were not always effective and capturing and acting upon the views of staff, people and family members. This related to issues around travel time, short notice changes to staff rotas and lack of care plans in place.
- Audits and checks were completed in areas such as medication administration and daily logs. Where issues were found, clear action was taken to address them and ensure improvements were made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was also the provider's group operational manager. This meant they were responsible for overseeing other services within the provider group.
- The registered manager was supported with the day-to-day running of the service a manager who was in the process of completing their registration with CQC and a team of office staff.
- Staff told us they felt well supported by the manager and office staff and knew who to contact should they have any concerns. However, they felt the limited time between calls, short notice changes made to their rotas and lack of information about people's care and support needs resulted in additional pressures.
- 'Case managers' were responsible for organising and overseeing the day-to-day running of calls for the areas covered by the service.
- The provider notified CQC of events as required by regulation. They were aware of their legal responsibilities and the importance of investigating incidents and events that may occur as well as complying with duty of candour responsibilities.

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

- The manager aimed to promote a culture that was person-centred and inclusive.
- People spoke positively about the service they received. Comments included; "They [staff] are all very good indeed, no complaints," "Happy with the service and the carers. No complaints. They do everything exactly right" and "Can't find any fault with them [staff]."
- Staff were regularly recognised for their hard work, dedication and success through e-mails, newsletters and social media posts.
- The service had supported staff to access additional learning and education which had resulted in qualifications being achieved.

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 felt regularly involved and updated through meetings, e-mails and social media.
- The manager had organised various events throughout the year to encourage engagement and involvement of staff and people using the service. For example, competitions to celebrate specific holidays and fundraisers for various charities.
- Regular recruitment and open days had been organised prior to the COVID-19 pandemic.
- The service worked with other agencies and organisations to ensure good outcomes for people.