

Cheshire Home Care Solutions Limited

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Inspection report

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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

About the service: Cheshire Home Care Solutions Limited is a domiciliary care agency supporting people who are living in their own homes. At the time of the inspection 21 people were receiving support from the service.

People's experience of using this service:

The registered manager monitored and assessed the overall quality of service. Although quality assurance systems and processes were in place, audits and checks could be further improved to strengthen this area of care.

We recommend that quality assurance processes are further reviewed.

People were encouraged to share their thoughts, views and opinions about the provision of care being provided and areas of improvement that needed to be addressed.

People's level of risk was assessed from the outset; risk was safely managed and staff were familiar with the care and support people required.

People were protected from the risk of abuse. The registered manager had safeguarding and whistleblowing procedures in place. Staff told us how and why they would report their concerns and the importance of keeping people safe.

Medication procedures were safely in place. All staff had completed medication training and the registered manager was in the process of assessing competency levels of the staff team. Staff had access to the medication policies and procedures and medication practices were routinely audited.

An infection control policy and procedure was in place. Staff had access to personal protective equipment (PPE) and understood the importance of complying with infection prevention control measures.

We received positive feedback about the continuity of care people received. People told us they received care and support from regular staff who were familiar with their support needs.

Safe recruitment procedures were in place. The appropriate pre-employment checks were carried out and people received care and support from staff who were deemed suitable to work in an adult social care environment.

Staff were supported with training, learning and development opportunities. Training was up to date and staff received regular supervision and annual appraisals.

The registered provider complied with the principles the Mental Capacity Act (MCA) 2005. Staff understood

and respected people's right to make their own decisions where possible and encouraged people to make decisions about the care they received.

People received high-quality, person-centred care from staff who were kind, compassionate and respectful. People were supported to remain as independent as possible and were encouraged to make decisions about the care and support they received.

A person-centred approach to care was evident. Staff were familiar with people's likes, wishes and preferences. We received positive feedback about the quality of care people received.

There was an up to date complaints policy in place; people were familiar with the complaints process and told us they would feel confident raising any concerns they may have.

Rating at last inspection: This was the first inspection since the registered provider had registered with The Care Quality Commission (CQC) in February 2018

Why we inspected: This was a planned inspection as part of CQCs inspection schedule.

Follow up: We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Cheshire Home Care Solutions Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care 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:

Cheshire Home Care Solutions Limited is a domiciliary care agency, providing personal care and support to people living in their own homes.

The service had a manager registered with CQC. 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 the service 48 hours' notice of the inspection visit. This is because it is a small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in the office when we visited.

What we did:

Our planning considered all the information we held about the service. This information included notifications the provider had sent us, to notify us about incidents such as safeguarding concerns, complaints and accidents. A notification is information about important events which the service is required

to send us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This information formed part of our inspection planning document.

During the inspection, we spoke with six people who were receiving support and four relatives. We also spoke with the registered manager and three members of staff.

We also checked four care records of people who were being supported, recruitment records for four members of staff and other records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People's level of risk was appropriately assessed from the outset. People told us they felt safe receiving care from staff. Comments included, "Yes, I feel absolutely safe. They [staff] usually turn up on time. No missed calls. They are brilliant", "I feel very safe with them [staff]. I always see the same carers" and "Safe? Oh, gosh yes. I feel totally safe."
- Initial assessments were thoroughly completed prior to the package of care being agreed. This enabled the registered manager to assess if the correct level of support could be provided.
- Care plans and risk assessments were completed; although it was identified that some of the risk assessments needed to contain tailored information rather than generic information. For instance, one person's risk assessment did not contain specific details about 'eating and drinking' support the person required.
- Risk assessments we checked included, personal care, moving and handling, meals, social activities, household tasks and falls.
- The registered manager ensured that an 'environment' risk assessment was completed. This contained information in relation to internal and external risks that needed to be taken into consideration.
- Risk assessments were regularly reviewed and the management of risk was closely monitored to ensure people's safety was not compromised.

Systems and processes

- An up-to-date safeguarding and whistleblowing policy was in place.
- Staff had access to all policies and procedures and understood the importance of keeping people safe. One member of staff told us, "I am aware of all the procedures and where to get guidance if I need it."
- Staff were supported with safeguarding training.
- The registered manager kept a record of all safeguarding incidents and how they were responded to.

Staffing and recruitment

- Recruitment procedures were safely in place. All relevant pre-employment checks were carried out, suitable references were obtained and all candidates were subject to Disclosure and Barring Service (DBS) checks; such checks ensured that they were suitable to work with vulnerable adults.
- Comments we received about staffing levels included, "They [staff] always turn up on time, or let me know if they are going to be late", "They [staff] are very reliable" and "My carer is lovely. Always on time."
- Appropriate numbers of suitably qualified and trained staff were employed to meet people's individual needs and keep them safe. One person told us, "Yes, I am safe. Absolutely. I have a good set of carers."
- People were supported by staff that knew them well. Staff had developed a good understanding of their needs and how people expected their support to be provided. One person said, "They [staff] understand me, and are careful. They are totally excellent. I cannot fault them."

Using medicines safely

- Medication management procedures were safely in place.
- Staff received medication training; at the time of the inspection staff competency levels were also being checked. One relative told us, "[Person] often sees the same people [staff]. And they supervise meds well."
- Medication policies and procedures as well as good practice guidance were available for staff to refer to.
- Medication administration records (MARs) were in place and were being appropriately completed by trained staff.
- Regular medication audits were being completed to ensure medication practices were being safely carried out.

Preventing and controlling infection

- Infection control procedures were safely in place; staff received personal protective equipment (PPE) such as gloves and hand gels.
- There was an up to date Health and Safety policy in place; this contained infection prevention control procedure that staff needed to comply with.

Learning lessons when things go wrong

- There was an 'accident/incident' reporting policy in place and staff were familiar with the reporting procedure that needed to be followed.
- The registered manager regularly reviewed any accident/incidents that had taken place to identify if risks needed to be further mitigated.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems and processes were in place to assess, monitor and review people's needs and wishes in line with legislation and best practice. One person told us, "Yes, they understand me very well. They always seem to follow the guidelines."
- People were fully involved in the assessment and planning of their care and were encouraged to make choices about the care they required.
- People told us they were involved in regular reviews of their care plans and staff were very familiar with their needs, wishes and preferences. Comments we received, included "They [staff] definitely understand me. I would not be able to manage without them. I could not wish for better, they are like family. I always see the same people."

Staff skills, knowledge and experience

- People told us they received care and support from staff who were well trained. One person told us, "They [staff] are well trained."
- Staff had the right knowledge, skills and experience to meet people's needs effectively.
- All staff received a full induction into their role and told us they were provided with training they needed to fully meet people's needs. They had undertaken shadow shifts with experienced members of staff. One person confirmed, "If new carers come, they are always shadow for a while so they know what to do."
- Staff told us they were well supported and received training, learning and development opportunities. Staff told us, "We're given a lot of training, on-line training is always accessible and we can request more training when we need it" and "We've got access to support as and when we need it."

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

- People received 'eating and drinking' support in line with their personal preferences and dietary needs. Care records contained information such as, 'Staff to prepare meals of [persons] choice' and 'Breakfast consists of porridge and a cup of tea no sugar.'
- Staff were familiar with people's individual dietary requirements and provided us with clear examples of some of the support people required.
- Clear guidance for staff was incorporated within people's care. For instance, we saw that one person needed specific support with 'soft, bite sized portions of food.'

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

- Care records indicated that people received a holistic level of care and support from Cheshire Home Care staff but also a variety of different healthcare professionals.
- People received support from local GPs, social workers, occupational therapists, chiropodists and district

nurses.

- People told us that staff were familiar with their support needs but they also acted promptly when they needed further medical assistance. One relative told us, "They [staff] understand [persons] needs absolutely. One carer is 5 star. I have been impressed by all the staff."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty in community services must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of the inspection, everyone receiving support had the capacity to make decisions around the care and support they required.
- People were not unlawfully being restricted; people received care and support based on their needs and wishes.
- Care records indicated that consent to had been obtained by people who were receiving support and were involved in the day to day decisions that were in relation to their support needs. Care records contained information such as, 'I verbalise all of my wishes' and 'I would like my care team to keep me totally involved in my care and ask me what I want.'
- People we spoke to confirmed that all carers sought consent before carrying out any personal care.
- Staff described the importance of seeking a person's consent before providing care and support. One member of staff said, "It's about listening, giving people choices, taking on board what they [person] wants and their opinions."
- At the time of the inspection, the registered manager confirmed that all staff had been booked onto MCA training.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We received positive comments about the kind and caring nature of staff. Comments included, "It has been a wonderful experience. It has changed [persons] life. They [staff] are amazing. We are thrilled. They go above and beyond", "They [staff] are very kind. I could not praise them more" and "They are very considerate. They look after me very well."
- People told us they received support from regular staff that knew them well. Staff told us that people received good continuity of care.
- People told us staff had a good understanding of their needs, wishes and preferences. One person told us, "I look forward to seeing them. If there is anything I want, they do it; they help me to be independent."
- When we asked people if they felt staff were considerate and supportive comments we received included, "All of them [staff] have been absolutely kind and considerate" and "I could not ask for anyone nicer. They are lovely."

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

- People told us they were encouraged to share their thoughts, views and suggestions and they felt listened to.
- People told us they were involved in decisions that needed to be made in relation to the care they received.
- Regular reviews were completed; people had the opportunity to express if aspects of their care and support needed to be changed.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.
- Care plans described people's level of independence and how staff needed to support and promote this.
- People's personal information was stored securely at the registered address and protected in line with General Data Protection Regulations (GDPR).
- People were offered choice and supported and encouraged to make decisions.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care

- Care records contained information in relation to the tailored level of care people required. For instance, we reviewed care records that contained information such as, 'I would like my hair washing every other day' and 'Please prepare my breakfast, cup of tea and fresh water, 'breakfast consists of porridge and a cup of tea no sugar.'
- Care records contained a document called 'What's important to me.' Staff told us that they were able to develop specific knowledge and understanding about the person they provided support to. For instance, staff knew that one person liked to talk about cooking and baking and another person liked to read books and the newspaper.
- Staff completed a daily record sheets that confirmed the correct level of support was being provided.
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information could be provided on request.
- Care records contained a 'My support plan' document; this contained important information about people's ability to communicate and verbalise their needs and wishes. For instance, one person's 'my support plan' stated, 'I verbalise all of my wishes, I have a good understanding of what is being said to me, I have good hearing.'

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure in place. People told us they knew how to raise a concern and felt confident that their concerns would be listened to and responded to. One person said, "I have never complained, but I am confident that they would take concerns seriously."
- At the time of the inspection no complaints were being responded to.
- Complaints that had been submitted were investigated and responded to in line with the complaints policy.

End of life care and support

- At the time of our inspection, nobody was being supported with 'end of life' care.
- The registered manager confirmed that 'end of life' training was being sourced. The training would equip staff with the necessary skills and qualities to provide the expected level of care and support.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems and processes were in place; however further reviews of care plans and risk assessments would strengthen this area of care being provided.

We recommend that the registered provider reviews their care record audit process.

- The registered manager and staff understood their responsibilities for ensuring that people were protected from harm and risks were quickly identified appropriately managed.
- Risks to people's health and safety was monitored and staff effectively responded to any concerns that presented.
- The registered manager ensured that quality performance was managed; staff received 'spot checks' to ensure the delivery of care was safe, effective, compassionate and high-quality.
- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008.
- The registered provider had a variety of up to date policies and procedures in place. Staff explained the importance of complying with different policies and where they could be accessed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received high-quality, person-centred care. This was evident from the positive feedback we received. People told us, "I have no concerns. I am completely satisfied", "It's a brilliant company" and "They [staff] are brilliant. Very good. I am very impressed with this care company."
- The staff and management team were committed to delivering care and support that was tailored around people's individual needs; this helped to improve their overall quality of life.
- Staff confirmed that the registered manager was committed and dedicated to providing high-quality care. Staff members told us, "It's very good quality of care" and "There's been big improvements, [manager] is very approachable and responsive, nothing is too much trouble."
- Staff and the registered manager developed positive relationships with the people they supported as well as their relatives. One relative told us, "The manager is very approachable. She sorts any problems. Even if I text at night, she responds. The communications is very good. I am very pleased with them."

Engaging and involving people using the service, the public and staff; Working in partnership with others

- There were clear processes and systems in place to obtain the views and opinions of people receiving

support. Quality questionnaires were circulated and reviews were taking place as a measure of obtaining feedback about the quality and safety of care people received.

- Feedback we reviewed from quality questionnaires that had been submitted included, 'My carers are so lovely, they always arrive with a smile', 'Personally I couldn't wish for better' and 'Top class [care].'
- Staff told us they felt supported by the registered manager and could go to her 'over anything.' Comments we received included, "The [manager] is really approachable and supportive", "It's a small company but very good company" and "We're more like a family than anything else."
- Staff regularly attended team meetings and felt 'involved' in the provision of care people received.

Continuous learning and improving care

- Audits and checks helped to identify areas of improvement and we saw actions were being completed.
- Accident and incidents were monitored; the registered manager maintained a good level of oversight and was committed to reducing risk.
- The registered manager was committed to developing the service and improving the provision of care that people received.
- Quality assurance and monitoring visits had taken place by the Local Authority. Areas of development were identified; at the time of the inspection we could see that all actions had been followed up on and completed.