

Cheshire Homecare Services 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

The inspection took place on 19 and 20 February, 2018 and was announced.

Cheshire Homecare Services Ltd is a large domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection the registered provider was providing support to 101 people.

At the last inspection, which took place in August, 2015 the service was 'Good'.

At this inspection we found the service remained 'Good' and continued to meet all of the essential standards.

There was a registered manager at the time of the inspection. 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.

During this inspection we reviewed care plans and risk assessments. Care plans were detailed, consistent and contained up to date information. Risk assessments were regularly reviewed and were updated accordingly.

Medication management systems were in place. Medication was only administered by staff who had received the appropriate training. Regular medication audits were taking place and people received all medication which was prescribed to them.

The registered provider operated within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People who were receiving support from the registered provider provided 'consent' to receive care and support and were not being unlawfully restricted.

Recruitment processes were safely and effectively managed. The necessary recruitment checks had been completed, suitable references had been sought and Disclosure and Barring System checks (DBS) were in place for all staff.

Staff training, learning and development opportunities were reviewed during the inspection. Staff expressed that they were supported in their roles and had completed the necessary training in order to effectively carry out their roles.

We reviewed how people's nutrition and hydration was supported. Staff were familiar with people's preferences and people's likes and dislikes were well known amongst the staff team.

There was a formal complaints policy in place. At the time of the inspection there were no complaints being investigated.

We reviewed 'Safeguarding' and 'whistleblowing' procedures that the registered provider had in place. Staff explained their understanding of what 'safeguarding' and 'whistleblowing' meant and the actions they would take if they were presented with any concerns.

People and relatives we spoke with during the inspection all provided us with positive feedback about the quality and standard of care being provided.

Health and safety processes and procedures were reviewed. Audit tools and checks were regularly being completed and the standard and quality of care was being monitored and regularly assessed.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

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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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 and 20 February and was announced.

The inspection team consisted of two adult social care inspectors 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.

Before the inspection visit we reviewed the information which was held about Cheshire Homecare services Ltd. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were receiving care. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is information we require providers to send us at least once annually to give us key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered provider, four members of staff, two people who were receiving care and five relatives.

During the inspection we also spent time reviewing specific records and documents. These included four

care records of people who were receiving care, five staff personnel files, recruitment practices, staff training records, medication administration records and audits, complaints, accidents and incidents, policies and procedures and other records relating to the management of the service.

Is the service safe?

Our findings

People continued to receive safe care. We received positive feedback from people and relatives we spoke with during the inspection. Comments we received from people included "They [staff] always help, I feel very safe", "They [staff] know me very well, they're very supportive, they're marvellous" and "Yes I always feel safe with my carer, we have a good relationship." One relative also expressed "Yes [relative] feels very safe with the carers. [Relative] has come on leaps and bounds since we have the service."

We found that care records contained up to date and relevant information in relation to people's support needs and risks. Care plans and risk assessments were regularly reviewed and updated accordingly. During the inspection the registered manager informed us that they were in the process of developing new and improved care plan paperwork.

Medication was safely managed. Medication was only administered by staff who had received the relevant medication training and had their competency assessed. Regular medication audits were completed although some areas of the medication audit needed to be developed. The registered manager agreed and was responsive to our feedback.

We reviewed five staff personnel files during the inspection. We found that recruitment was safely and effectively managed. Application forms had been appropriately completed, there was evidence of employment histories, confirmation of identification was evidenced, suitable references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. DBS checks ensure that staff who are employed to care and support people are suitable to work within a health and social care setting.

We reviewed staffing levels throughout the inspection. People we spoke with expressed that there was enough staff to provide the support which was required and staff told us that the staffing levels were 'well managed.'

'Safeguarding' and 'whistleblowing' policies were in place. Staff had received the necessary safeguarding training and they could explain how they would report any concerns This meant that people were protected from the risk of abuse.

The registered provider had Infection control measures in place. There was an up to date infection control policy in place that staff were complying with. Staff were provided with the necessary personal protective equipment (PPE) such as disposal gloves, hand gel and a 're-breathe' mask (mouth to mouth mask which can be safely used and prevents infection)

A range of different health and safety risk assessments were reviewed during the inspection. These included mobile hoist/ sling risk assessments, moving and handling and environmental risk assessments. This meant that the registered provider had the necessary safety assessments in place which ensured that people were receiving the safe and correct level of care required.

Is the service effective?

Our findings

People continued to receive effective care. People expressed "They're [staff] wonderful", "They [staff] often listen to me and help me", "I get full choice, they're always asking me" and "They are very professional." Relatives also commented "They are very well trained and versed in what they need to know", "Yes they do the right things for [relative] and "Very efficient."

The Mental Capacity Act (MCA) 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 make 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 interest and legally authorised under the MCA. People who were being supported all provided their consent, people were not unlawfully being restricted and where and when possible family members were involved in 'best interest' decisions.

Staff received regular supervisions and annual appraisals. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. One member of staff said "We get lots of training, we're really supported."

Effective communication systems were in place. Staff expressed that they received regular weekly updates about the people being supported. The weekly update was circulated amongst the staff team and contained significant information about the person's health and well-being as well as any risks which needed to be managed.

People were receiving a holistic level of safe care and support which could help with their overall quality of life. We saw evidence of external healthcare appointments being made and the appropriate referrals were taking place

We reviewed how people's nutrition and hydration needs were assessed and supported. Records contained people's preferences and staff were familiar with people's likes and dislikes. One care record stated "[Person] likes porridge or marmalade sandwiches and a banana." One person expressed "There's full choice....they [staff] get meals ready."

Is the service caring?

Our findings

People continued to receive a good level of care. Comments we received from people who were receiving care included "They [staff] are very kind and caring", "They're wonderful, there's lots of dignity and respect provided", "Yes carers always make sure that I am ok" and "Yes they always check how I like things done." One relative expressed "Yes they are very helpful and caring."

People and relatives we spoke with told us that staff provided support in a dignified and respectful manner. Staff offered people choices and encouraged them to remain as independent as possible.

People's records and confidential information was securely stored at the registered address. The registered address is the address which has been registered with the CQC. Sensitive information was protected and was not unnecessarily being shared with others.

Equality and diversity support needs were assessed from the outset. We saw evidence of how people's support needs were taking into account, care plans were individually tailored and staff were familiar with the needs of each person who was being supported.

At the time of the inspection there was nobody being supported by a local advocate. Advocacy support could be provided to people who had no family or friends to represent them and decisions which may need to be made in their best interests.

A 'welcome pack' was provided to each person who was receiving support from the outset. The 'welcome pack' contained information about the care and support people should expect to receive. There was also a 'service user' checklist which confirmed that different processes had been discussed with the person such as care plans, training provided, medication information, support visits provided and the on-call system (emergency on-call provision which was in place 24 hours per day).

Is the service responsive?

Our findings

People continued to receive responsive care and support. People and relatives we spoke with during the inspection all expressed that the staff were familiar with the support which needed to be provided. People expressed that they were familiar with their care plans and reviews regularly took place. One person stated "Everything is written in the care book, staff fill this in every time they visit."

Care plans were tailored to the individual and provided staff with detailed information about the person's health and support needs. Information we reviewed included "[Person] likes to sit in the garden and loves the sunshine", "Enjoys watching television and reading daily newspapers", "Enjoys reading about history" and "[Person] is very interested in history and politics."

We reviewed a document called 'Personal Profile'. Care records contained this template which contained personalised information about the person being supported. For example, one personal profile stated 'I enjoy watching and reading' and 'I'm funny, friendly and kind'.

There was an up to date formal complaints policy in place at the time of the inspection. People were made aware of how to make a complaint if they needed to and the different ways to make a complaint. At the time of the inspection there were no complaints being investigated.

People we spoke with expressed that they were supported with social activities if they needed to be supported with this area of care. One person expressed "[Carer] takes me out every other Tuesday; we've found a café I like to go to. We go to all kinds of different places, I'm always asked where I would like to go, [carer] says to me it's your day out."

We asked the registered provider if 'End of Life' care was supported to people receiving care and support. We were informed that there was nobody being supported with 'end of life' care at the time of the inspection. End of Life' care is provided in a specialist way in an environment which can accommodate people who are at the end stages of life.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. The registered manager had been in post since October, 2010 and was aware of their regulatory responsibilities. The rating from the previous inspection for the home was displayed.

All staff, relatives and people spoken with provided positive comments about the quality and standard of care being provided. Positive comments we received about the registered manager included "I enjoy my job, if there's any problems I always talk to the manager, [manager] is approachable" and "It's well managed, we all work well together."

Staff meetings were regularly taking place. Evidence of discussions included care plans and risk assessments, on-call provision, health and well-being, referrals, staffing levels/vacancies, medication management and external healthcare correspondence.

Audits and checks were regularly completed. The registered provider completed 'staff monitoring forms' which focused on staff punctuality, uniform, personal hygiene, knowledge of care plans and communication skills. 'Service user' monitoring forms were also completed. These forms focused on provision of care being provided, punctuality of staff, professionalism of staff and any other concerns people needed to discuss.

'During the inspection we reviewed a range of different policies and procedures which the registered provider had in place. Some of the policies we reviewed included confidentiality and data protection, compliments and complaints, health and safety, manual handling, safeguarding, medication and person centred care planning.

The registered provider also had a 'Business Contingency Plan' in place. This contained relevant information and guidance for staff to follow in the event of an emergency situation.