

South Cheshire Senior Care Limited

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Inspection report

1st Floor Offices, Unit 3
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Tel: 01270611555

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

South Cheshire Senior Care is a domiciliary care agency that supports people to live in their own homes. They are a franchise within the National Home Instead group. The agency provides home care services within Nantwich, Whitchurch, Crewe and Alsager area to people who may be living with dementia, a learning disability or autistic spectrum disorder, a physical disability, sensory impairment or mental health needs. 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. There were 49 people supported with personal care at the time of the inspection.

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

Right Support:

The provider had followed safe recruitment practices and all staff had received an induction and undertaken shadow shifts. Staff had the necessary skills and knowledge to meet people's individual needs.

People were supported with their medicines if required, by trained and competent staff. Care plans held enough information for support staff to meet people's individual needs.

People were supported to maintain their health and wellbeing where possible. Staff worked closely with health and social care professionals to meet people's needs.

Risks to people's safety were assessed and monitored and people had individual risk assessments in place.

People had their communication needs assessed. Staff understood individual communication styles. Information could be made available in accessible formats, such as, large print, easy read and pictorial.

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.

Right Care:

People described how staff respected their privacy and dignity and also promoted their independence. People told us staff were kind and caring.

Staff wore PPE (Personal protective equipment) in accordance with good practice guidelines and ample supplies were available. Staff had received training in infection prevention and control.

Staff had a good understanding of how to protect people from poor care and abuse. They described the actions they would take to keep people safe and were confident any concerns raised would be promptly acted upon.

People and their relatives had been involved in the development of their person-centred care plans. Care plans were personalised and included information of people's routines, life history, healthcare needs and preferences.

Right Culture:

The provider and registered manager had developed a positive culture. People supported, relatives and staff all spoke positively about the service.

People and their relatives participated in the review of their care plans and the support they received.

A governance system was in place that included audits of all key areas of the service. This information was used to develop the service.

Staff spoke positively about the registered manager and office team. They told us they felt well supported.

Staff demonstrated a desire to make a positive difference to people's lives through the support they offered. Staff spent time speaking to people and getting to know them.

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

Rating at last inspection

This service was registered with us on 22 October 2020 and this is the first inspection under this new provider.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

South Cheshire Senior Care Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 January 2023 and ended on 20 January 2023. We visited the location's

office/service on 4 January 2023 and 20 January 2023.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited 4 people and 1 relative in their homes that used the service and spoke to 8 relatives by telephone about their experience of the care provided. We spoke with the registered manager, provider and 6 support staff. We reviewed a range of records. This included 3 people's care records. We looked at 4 staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 since the service was registered with this new provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- People were protected from the risk of harm and abuse. There was a safeguarding policy and procedures accessible to all staff.
- People told us they felt safe with the staff that supported them. Their comments included, "My relative is absolutely safe with their carers [Staff].", "Staff always prompt [Name] to lock their front door as they leave." and "I feel [Name] is definitely safe as she has regular staff which is important to her due to her condition, so regular staff makes a difference."
- Staff had received safeguarding and whistleblowing training and understood how to identify and raise concerns. One staff member told us; "I feel confident to raise any concerns in relation to people's safety and know the manager would act promptly."
- Staff knew how to report incidents and complete appropriate records. Accidents and incidents were recorded in care records.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place which covered a variety of risks and their care plans detailed how staff could reduce risks for people. These were reviewed regularly and updated when people's needs changed.
- Staff had been trained and assessed as competent to use equipment. For example; when moving and handling people. Clear moving and handling plans were in place for staff to follow.
- The provider had a business continuity plan in place to ensure people would continue to receive safe and effective care in emergency situations.

Staffing and recruitment

- The provider had effective systems in place that ensured staff were recruited safely. Staff records included all required information; to evidence their suitability to work with people at the service. This included DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they had regular staff supporting them. They said new staff were always introduced ahead of working with them. Comments from people included, "I have had the same carer [Staff] for 13 years and I trust them 100%.", "There are no continuity issues as we have the same carers [Staff]." and "They always offer a choice of carer [Staff] and introduce them before they start. They choose carers [Staff] that have similar interests to me."
- The office staff monitored staff arriving and leaving people's homes as there was a live electronic

monitoring system in place. Comments from relatives included, "My relative has one-hour support in the morning and one in the evening. They always get an hour, the full hour." and "As I don't live locally I can see the records that show the times of the calls and see the required tasks have been completed along with any additional information."

Using medicines safely

- There were systems in place for the safe management of medicines. The staff had access to medicines policies and good practice guidance.
- Staff had received training in the administration of medicines and had their competency regularly checked. Comments from relatives included, "Medicines are managed by carers [Staff] and this works well." and, "Staff always offer a choice of drink for [Name] to have when taking their tablets [Medicine]."
- Staff recorded the administration of medicines electronically and this information was monitored and audited.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. The management team checked staff were using PPE appropriately during spot checks they conducted. Adequate PPE supplies were available.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

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 since the service was registered with this new provider. This key question has been rated good. This meant 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

- People were involved in the assessment of their needs and development of their care plans. Relatives and health and social care professionals were included when needed.
- Staff had an electronic system where care plans and daily records were stored. This meant the management team had clear oversight and staff had access to the most up to date information on the support people required.
- People's protected characteristics were recorded to ensure the service could meet their individual lifestyle choices.

Staff support: induction, training, skills and experience

- Staff had all completed an induction at the start of their employment.
- Training was a mix of e-learning and classroom sessions. Comments from staff included; "Training is really good. When I requested some specific training in relation to a person I support, it was immediately made available to me." and "I had an induction, undertook shadow shifts and completed enough training for me to do me role."
- Staff received regular supervision and told us they felt well supported. The management team completed regular spot checks while staff were working to monitor good practice. They also sought feedback from people supported about the service at these visits.

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

- People who needed support with their eating and drinking, had clear guidance in place for staff to follow.
- Staff supported people with preparing their meals and drinks. They gave people choices and respected the decisions they made.
- People spoke positively about the support they received. Comments included, "My carer [Staff] always asks what I would like to eat and is very hygienic and very neat." and "All the carers [Staff] are very competent, offer choice and they know [Relatives Name] very well including their likes and dislikes."

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

- Staff understood when to escalate concerns in relation to people's health to an appropriate professional. For example, if a person was unwell, had skin integrity issues or required equipment for moving around.
- People's care plans included information about their health needs and which professionals were involved in their care.

- Staff recorded information about people's care needs and any concerns within daily notes. Staff could access this information to ensure they provided prompt effective and care.

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 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 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.

- Staff received training in MCA. Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty.
- People's consent to care and treatment was obtained and recorded in the care records.
- The registered manager knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.

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 since the service was registered with this new provider. 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

- The registered manager and staff team consistently put people first. People were supported by a regular staff team. People and relatives told us, "This is the best service, they are brilliant, I'm lucky to have them.", "It's their [Staff] caring attitude that's special. They do go by what my relative's wishes are." and "I have a very, very nice lady [Staff] that visits regularly. She understands me and my needs. She does things as I like them to be done."
- All the people we spoke with praised staff for the way they were treated. They valued staff spending time to understand them and enjoyed their conversations.
- Staff comments included, "I believe by visiting people regularly I am able to build a good rapport. It's important to treat people as individual and to understand their values." and "All the people I visit are lovely, however they are all very different. It's important I treat person as an individual. I spend time getting to know them and this this element of my role."

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

- People and their relatives were involved in decisions about the care they received. For example, one person had expressed a preference for the gender of their carers [Staff] for personal care. A relative told us that [Name's] preference had always been respected.
- People's care plans contained sufficient detail for staff to understand their routines and included promoting independence and offering choice wherever possible.
- The positive relationships people had developed with their regular staff had helped to ensure they were confident in expressing their views and making their own decisions.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with privacy and dignity. Comments we received included, "They [Staff] constantly say what they are doing and follow up with the action. It's all done with dignity and with [Name's] permission. They always give [Name] choices which is perfect for [Name].", "[Name] requires support with their continence needs and carers [Staff] always manage this sensitively ensuring [Names] dignity is respected." and "Carers [Staff] always support me to be as independent as possible but step in when I need it. For example, I cannot wash or dry my feet anymore, so they do this."
- People and their relatives described ways that independence was promoted. Comments included, "[Staff Name] has spent time getting to know me and is supporting me to transition to my own home. I am getting more independent with [Staff names] support and understanding." and "[Staff] encourage [Name's] independence. I actively encourage them to let [Name] make them a cup of tea and to greet them at the

door. It's important to let them do what they can while they can."

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 since the service was registered with this new provider. 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

- People and their relatives were involved in the development of their care plans. Care plans were person centred, reviewed regularly and updated when any needs changed.
- Care plans and risk assessments included detail about people's choices and provided staff with enough guidance about how to support people safely.
- Staff told us they knew the people they supported well. They were able to give details about how the people they supported liked their care and support to be delivered. Staff also confirmed care records contained information they required to assist people safely.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed prior to them receiving a service. This information was documented in their care plan to ensure staff had enough information on how best to communicate with people. Staff knew people well and understood how each person communicated.
- The registered manager told us that documents could be made available for people in different formats including, pictorial, languages other than English and in large print.

Improving care quality in response to complaints or concerns

- The provider had a system in place for the recording and monitoring of complaints.
- People and their relatives knew how to raise a complaint. Their comments included, "I have never had to raise a concern in the last 13 years, I would contact the manager if I needed to.", "When I have raised concerns the manager has always responded promptly and addressed my concerns." and "We are asked regularly if everything is okay and if there are any concerns. This is by telephone, during spot checks of staff and also in reviews of [Name's] support."

End of life care and support

- The provider had an end of life care policy in place. Staff received training on how to support someone at the end of their life.
- Care plans setting out people's end of life wishes were put in place when a person was nearing the end of

their life.

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 since the service was registered with this new provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received personalised care from caring staff who had the knowledge and skills to carry out their roles and responsibilities. Comments from people included, "[Staff Name] is exceptional, I trust her 100%. She is really well trained and work professionally within the company rules." and "All staff are brilliant, they involve me fully, offer me choice and never let me down."
- People and relatives told us the service was well-led and described the registered manager and management team as open, honest and approachable. They told us, "When I need to make changes to [Names] support they always try to accommodate and are flexible. I value this." and "They go the extra mile and their flexibility is impressive."
- The culture of the service was open and transparent. The registered manager promoted person-centred care within the staff team, and staff described how they were supported by the registered manager both professionally and personally. Staff comments included, "I respect the manager and they are very accessible.", "The manager looks after our well being and I have a manageable workload." and "The manager and office team are all approachable and supportive."

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 understood the duty of candour requirements and ensured information was shared with the relevant organisations when concerns were identified
- Statutory notifications had been submitted to CQC in line with requirements.

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

- The service had a governance system in place as they were part of a large, national franchise organisation and managers received regular support and information from them on their legal and regulatory requirements.
- Audits and monitoring arrangements were in place for a range of areas including, care plans, daily records and medicines.
- The registered manager, staff and office team understood their roles. Staff were proud to work for the service. Staff comments included, "I love working here and feel proud of the work I do." and "I would recommend this as a place to work or as a service to support a relative."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff attended regular team meetings and were supported through individual supervision.
- People were regularly asked for their views about the service they received. This was through regular review meetings and through telephone calls. The registered manager told us the management team regularly attended care visits where they had the opportunity to speak with people and their families face to face to ensure they were happy with the service they received.

Continuous learning and improving care

- Monitoring systems in place included unannounced spot checks of staff to help ensure they were upholding the provider's values of good quality care. Staff were then given feedback on what they did well and any areas to be improved upon.

Working in partnership with others

- The service worked in partnership with other organisations including social services and healthcare professionals that included GP practices, and district nurses.
- Records showed staff contacted health and social care professionals promptly and care plans held the appropriate contact details.