

Mrs Mary Bilborough

Cheshire Supported Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cheshire Supported Service is a domiciliary care service that provides care and support to 12 people living in their own homes.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

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

The service was not always well-led. Although they took appropriate action following our discussions, the registered provider had not ensured that safe recruitment and quality assurance procedures had been established. Some staff had not undertaken training relevant to their roles.

People told us they felt safe when receiving care and support. Staff were aware of measures to take to prevent and control the spread of infection. There was a procedure to record and monitor any accidents/incidents which may occur, none had occurred in the last twelve months. People who required support to take their medicines had received them as prescribed.

Staff were deployed in dedicated teams. This meant that people were supported by consistent staff who knew them well, allowing relationships to develop. People spoke positively about staff and the care they received, they said, "I feel very fortunate they are looking after me" and "I am very satisfied with the service."

People were treated with kindness, respect and without discrimination. Staff supported people to maintain their independence and people were involved in decisions about their care.

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.

Staff, people using the service and relatives spoke positively about the support they received from the registered provider.

Why we inspected

This service was registered with us on 10/10/18 and this is the first comprehensive inspection. We have found evidence that the provider needs to make improvement, please see the safe, responsive and well-led sections of this full report. The provider has taken actions to mitigate the risk to people by ensuring that pre-employment checks were made.

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

Enforcement

We have identified breaches in relation to safe recruitment, safeguarding people from abuse and good governance. You can see what action we have told the provider to take at the end of this report.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Cheshire Supported Service

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

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 houses and flats.

Notice of inspection

We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 7 November 2019 and ended on 12 November 2019. We visited the office location on 8 and 11 November 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with the registered provider and three support staff.

We reviewed a range of records. This included four people's care records, medication records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

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

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

- Safe recruitment procedures were not followed. Although there was a clear policy in place to ensure that only suitable staff were employed it had not been followed by the provider.
- We discussed our concerns with the provider and, although they took action to obtain information that had been missing, there was no evidence of established procedures for safe recruitment of staff.

The registered provider failed to establish and operate effectively procedures for recruitment of staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were not fully protected from abuse. The manager had not ensured that all staff had received training about how to protect people from abuse.
- However, staff had access to policies which provided guidance and during our conversations demonstrated an awareness of the type of concerns they would raise, who they would report them to and confirmed they would have no hesitation in doing so.
- We discussed this with the provider during our initial visit and on our return, although some progress had been made, the majority of staff had still not completed safeguarding training.

The registered provider failed to ensure that staff had received safeguarding training relevant to their role. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- All of the people we spoke with told us they felt safe with the support they received. They said, "Very safe, watchful and quick to tell me if I'm not wearing my alarm button"; "They are good at keeping me safe in my own home" and "Trust is everything."

Using medicines safely

- Most people using the service managed their own medicines. Although we found no evidence of harm, staff administering medicines to those requiring support had not always received training and/or had their competency to do so checked.
- Following our discussions with the provider they took action and evidenced that, with the exception of staff on leave, staff tasked with administering medicines had completed training and their competency had been checked. Those outstanding would be carried out when staff returned from leave.

- Records reviewed evidenced that people supported to take their medicines had received them as prescribed and feedback from people using the service and a relative also confirmed this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were completed to mitigate risks associated with individuals.
- There was a system in place to record and review accidents/incidents although none had occurred in the last 12 months.
- Should an accident/incident occur, all completed records would be overseen by the provider to identify any measures needed to mitigate the risk of recurrence.

Preventing and controlling infection

- Staff were provided with appropriate personal protective equipment (gloves, aprons, hand sanitizer etc.) to prevent and control the spread of infection and demonstrated a clear understanding of when this equipment was required.

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 rating for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff shadowed the provider on visits to the people they would be supporting to receive a practical induction until they were sufficiently skilled to carry out their role independently and to the required standard.
- Although there were no records to evidence the induction period, staff told us they had felt fully prepared for their roles. They had received guidance and support as to the individual requirements of the people they would be supporting until they felt confident in their role. Comments included "This can be for as long as needed, to make sure you feel confident" and "If you are feeling unsure [name] is brilliant."
- Staff had access to a wide range of training and during our conversations were knowledgeable about the various topics. However, the training matrix provided evidenced that not all staff had fully completed the training and the provider had not followed this up.
- People and their relatives spoke positively about the skills of the staff supporting them and did not raise any concerns. A relative told us staff were, "Very good, no problems."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- An assessment of people's needs was carried out before they received a service.
- People and relatives spoke positively about the care and support they received and the difference it had made to their lives. Relatives told us, "They are really good" and "It has limited his falls and helped him to feel more confident in his own home." People using the service said, "I feel very fortunate they are looking after me"; "I am very satisfied with the service" and staff were "Good at keeping me secure in my own home."
- People told us they never felt rushed by staff, their calls were never missed, and they were always informed if a support worker had been delayed. One person told us, "[Calls] never missed, I have a good relationship with them all."
- Some people received support to prepare meals to help them maintain a balanced diet.

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.

- The provider demonstrated an understanding of the need to consider people's mental capacity in terms of making specific decisions and that any made on their behalf should be made in their best interests.
- People confirmed staff sought their consent before providing care.
- Although people consented to all elements of the care they received at the point it was delivered, there was no evidence they had consented to their overall support plan. We discussed this with the provider who advised they were to ensure this was recorded within the support plan for all people receiving a service and that it would be regularly reviewed.

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

- The manager worked with Age UK to assess and plan effective care.
- People using the service were supported by family to access healthcare services. Staff were aware of people's healthcare needs and liaised with family as and when necessary.

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 were treated with kindness. They said staff were, "Caring, kind, they listen, and I look forward to them coming they are more like friends now"; "[Name] speaks to you so respectfully"; "Always caring and considerate to me" and it was a "Stroke of genius finding this service. They are brilliant, go above and beyond in what they do." These positive views were echoed by family members who told us. "[Relative] is settled, he is attached to the carers. He is happy."
- Staff spoke with genuine affection for the people they supported and their determination to make a difference. They said, "It's the quality of care that really matters. It's a vocation, we care a lot about them"; "I treat them like I would treat my mum" and "I love how they are always happy to see me and that they are well looked after."
- People were treated fairly and without discrimination and characteristics protected by legislation were respected.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. They said, "They [staff] got me to go downstairs which helps me to be self-sufficient"; "They [staff] encourage me to do things myself and do things slowly" and "Letting me do what I can for myself without asking for support."
- A family member told us the support provided had given them peace of mind that their relative was, "Safe and happy living in their own home."
- Staff were aware of the need to protect people's privacy and people told us their privacy was respected.

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

- People had been involved in decisions about their care. A daily communication book was completed which provided an opportunity for people and/or their relatives to express their views about the service on an ongoing basis.

Is the service responsive?

Our findings

Responsive – This meant 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 Requires Improvement. This meant there was a risk that people's needs would not always be met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a support plan developed from the initial assessment of their needs. Changes to people's needs were communicated to staff verbally. However, the provider had not ensured that support plans were kept up to date and available in people's homes. Although we found no evidence of harm, this left people at risk of receiving care that did not meet their needs. We have commented further on this in the well-led section of this report.
- Care delivery was person-centred, and people had choice and control over the care they received. Staff knew people well including their likes, dislikes and preferences. One person told us that when they were staying away from home staff, "Popped in to see me to maintain contact, I wouldn't want to lose them."
- People were allocated a specific team of staff to support them. This meant that people were supported by consistent staff who knew them well and relationships were quick to develop.
- People had flexibility with their call times to meet their changing needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with family and friends.
- Some of the visits which took place were for company and to prevent social isolation.
- One person told us they were happy with the care they received adding, "I have a good relationship with them all. Loneliness has affected me deeply over recent years."

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to manage and respond to complaints.
- People told us they knew who to speak with if they had any concerns and felt able to do so.
- Records noted one concern had been recorded which had been dealt with promptly by the provider.

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.

- There was a policy in place to demonstrate how the provider would meet this standard.
- Sensory impairments were assessed and incorporated into support plans.

End of life care and support

- There was no-one receiving end of life care and support at the time of the inspection. The provider told us it was their intention to include end of life care in their overall training programme.

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.

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 provider had not established effective systems to assess and monitor the quality of the service. There were no audits in place to identify the concerns and breaches of regulation identified during this inspection.
- The provider failed to ensure that safe recruitment procedures were followed, training had been undertaken as required, support plans were kept up to date and could not provide evidence of staff induction.
- The provider did not have a business continuity/emergency plan in place. This meant there was no contingency arrangements in place to provide a service in the event of an emergency.

The registered provider failed to establish and operate effectively systems to assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008.

In acknowledging the shortfalls identified during this inspection the provider confirmed their intention to recruit a staff member to take over their daily call responsibilities. This would enable them to focus on the operational side of the business to make the necessary improvements and ensure adequate managerial oversight.

Continuous learning and improving care; 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 provider reflected on the concerns highlighted during this inspection and was keen to implement the necessary improvements. They explained they were actively involved in day to day care delivery. They acknowledged this had not allowed them to pay sufficient attention to the operational side of the business which links to the requirements of their registration with CQC and therefore would be making changes as noted above.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively and told us they felt well supported by the provider. They said, "Yes, I feel very supported. You can always ask [name] if you are not sure. She doesn't wait she will ask how you are and if you need anything"; "She [manager] doesn't make me feel stupid when I ask questions. She is very passionate, she's just got it" and "[Name] is very caring."

- People and relatives spoke positively about the provider, staff and the care they received. Comments included, "They have a very personal approach which [relative] likes"; "[Provider] is delightful" and "They [staff/manager] are all wonderful."

Working in partnership with others

- The provider links with Age UK who signpost people requiring care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered provider failed to ensure that staff had received safeguarding training relevant to their role. |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to establish and operate effectively systems to assess and monitor the quality of the service. |
| Regulated activity | Regulation |
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider failed to establish and operate effectively procedures for recruitment of staff. |