

Bridget and Philip Meehan

Quality Care of Cheadle

Inspection report

142 Shaw Heath
Shaw heath
Stockport
Greater Manchester
SK2 6QS

Tel: 01614804893

Date of inspection visit:
29 June 2023

Date of publication:
24 July 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Quality Care of Cheadle is a homecare agency providing personal care to older people and people with physical disabilities. At the time of our inspection there were 27 people receiving a regulated activity from the service. 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. Where they do, we also consider any wider social care provided.

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

People felt safe and were supported by consistent carers who had been suitably recruited. Risks were assessed and mitigated as much as possible, and staff followed processes to reduce risk of infection. Medicines were suitably managed, and records maintained.

Systems of oversight were in place and the management team were committed to ensuring the quality of care people received was good. People spoke positively about the culture of the service and felt able to raise concerns. We have made a recommendation about system for oversight of the quality and safety of the service.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability.

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

Rating at last inspection

The last rating for this service was good (published 26 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Quality

Care of Cheadle on our website at www.cqc.org.uk

Recommendation

We have made a recommendation that the service review good practice guidance in relation to systems of oversight of the quality and safety of the service including in relation to training provided to staff.

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 well-led?

Good

The service was well-led.

Details are in our well-led findings below

Quality Care of Cheadle

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 completed by one inspector.

Service and service type

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

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. They were supported by other members of the management team.

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 30 June 2023 and ended on 4 July 2023. We visited the location's office on 30 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 information gathered as part of a monitoring activity that took place on 18 May 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and members of the management team. We reviewed a number of records including 3 people's care plans and daily records, 2 staff members recruitment files, rotas, policies and systems for governance.

We spoke with 5 people and their families, to understand their experiences of receiving support. We obtained feedback from 3 members of staff who worked at the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 and families told us they felt safe with staff. People were confident that staff would provide the right support and take action to keep them safe. One person told us, "The [staff] are great."
- The management team were responsive to concerns raised and took steps to investigate any incidents. Where concerns required external input, suitable referrals were made, and the provider worked with the local authority. Any lessons learnt were shared with staff in supervision and regular meetings.

Assessing risk, safety monitoring and management

- People had assessments of needs and risk including individual and environmental risk. Records showed the service was taking suitable action to mitigate risk and involving external services for advice, such as the fire service, when needed. Care plans did not always reflect all action the service had taken to manage and mitigate risk and the process of transferring records from paper care plans to an electronic care planning system was ongoing.
- People and families felt that changes in need and risk were managed well. One relative told us, "They are good at making referrals where needed, or making suggestions about things that might help."

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 Mental Capacity Act (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.

- We found the service was working within the principles of the MCA. At the time of the inspection no legal authorisations were required to deprive a person of their liberty.

Staffing and recruitment

- People were supported by a consistent staff team who knew them well. One family member told us, "The staff are lovely. We see the same faces. They know [family member] very well and they respond well to them."
- Suitable recruitment processes were being followed and checks were being made of staff's character with

previous employers and with the disclosure and barring service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. Where concerns were raised these were followed up although records did not always robustly demonstrate this.

- People and families told us staff were kind, competent and knew their needs and how to support them. Staff told us they felt well supported and had access to a variety of training. The training matrix indicated some areas of training could be enhanced to reflect best practice guidance and we discussed this further with the management team.

Using medicines safely

- Where people required support to take their medicines, systems for recording and oversight were in place. People had records of medicine administration, which indicated people were receiving consistent support to take their medicines.

- Information about people's medicine support needs was available within care records and information was updated when medicines changed. We discussed with the management team areas where details could be added to enhance the robustness of records, as part of the transfer of care records from paper to an electronic recording system.

Preventing and controlling infection

- Staff completed training in infection prevention and control and understood what action to take in response to infections. The management team completed spot checks with staff to ensure the correct procedures were being followed in all aspects of a person's care.

- People and families were positive about how staff supported them in their homes. One person told us, "They always leave it [my home] nice."

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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

- People and families felt the service was open and transparent and took action needed in response to concerns. One relative told us, "The office staff are very helpful. Anything gets addressed quickly. I don't have any concerns and I'm really pleased with the service."
- The management team kept a record of complaints. Where appropriate these were investigated and responded to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team were committed to improving the service where possible. A recent survey had been completed with people who use the service and action taken to address areas identified for improvement. The feedback we received from people and families indicated that these had been remedied appropriately.
- The management team worked well together, and succession planning was in place to allow the current registered manager to step back and develop other members of the management team. The management team were keen to grow and develop the service with a focus on person-centred care.
- The management team had a range of systems for oversight and checks of the service. Records of accidents, incidents and falls were maintained and reviewed to ensure themes and trends were identified. These were discussed in team meetings. We discussed other areas where the service may want to introduce quality assurance checks to ensure a robust set of audits are in place, with the management team.
- Staff accessed a variety of training, but this did not always reflect current guidance around training for care staff. We discussed with the management team best practice guidance around training for care staff.

We recommend the provide review good practice guidance to ensure robust oversight and safe effective and good quality care is provided.

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

- People and families felt that communication worked well. One family member told us, "There were some initial teething problems and they worked with us to address these. Now there are no problems, and they keep us up to date on what is happening with [family member]."

- People and families spoke positively about the care they received and told us they felt involved in decisions around care given. One relative told us, "I couldn't be happier. [Family member] has lots of needs but staff are very patient and try lots of different ways to help them make decisions."
- Staff spoke positively about the culture of the service and told us they felt very well supported. One staff member told us, "It feels very much like a family. The management team are very responsive."

Working in partnership with others

- The management team and provider actively engaged with local organisations and initiatives which included various community groups and activities. This included an allotment group and community group to reduce social isolation.
- People told us staff worked closely with other care professionals to meet their needs. One relative told us, "Staff will make referrals and keep us up to date on anything that may change. I think they know [family member] well so can see if they are not themselves."