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Quality Care of Cheadle

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

This was an announced inspection which took place on 15th and 22nd January 2018. The inspection was announced to ensure that the registered manager or another responsible person would be available to assist with the inspection visit.

We last inspected the service in December 2016 when we rated the service as requires improvement. At that time we found the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance.

Following that inspection we asked the provider to complete an action plan to show what they would do to improve the key questions of safe care and treatment and good governance to at least good. At this inspection we found that improvements had been made and the requirement actions had all been met.

At our last inspection we found the service did not have accurate recording systems in place for medicines given to people from pre-filled dosette boxes. At this inspection we found systems were in place to record this and it was now clear what medicines had been given to people. We also found people's care records had guidance for care workers on when to give 'as required' PRN medicines.

We also previously identified the registered provider was not carrying out regular audits of care plans and medication records. At this inspection we found these records were now being audited periodically and risks identified were mitigated.

Quality Care of Cheadle is registered with the Care Quality Commission (CQC) to provide personal care and support to people living in their own home. At the time of our inspection 70 people were using the service and being supported in meeting their care needs.

Not everyone using Quality Care Of Cheadle received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. 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.

People who used the service and their relatives had a positive view of the service. People we spoke with told us they felt well cared for and that staff were well trained and dedicated. Comments we received included; "I think the carers are marvellous." Others told us; "They are amazing, really good." And "They do their very best. I can't say more than that."

Care workers were aware of their responsibilities to protect people from abuse and knew what to do if they had any concerns to help ensure people were kept safe. People who used the service and their relatives said they felt safe and well looked after.

People told us they felt involved in planning their care and support and that their choices and preferences were respected. People told us they felt they were encouraged to remain as independent as possible.

The service runs a friendship group and allotment with the aim of reducing isolation for the community as a whole rather than just their service users. At the time of our inspection the service was applying for funding to allow them to expand the friendship group to more locations.

The service had good relationships with the local authority and other agencies and we found they were keen to develop their service in conjunction with other organisations. They had previously taken part in a pilot scheme with the local authority and had suggested different ways of working together.

People using the service and care workers told us they felt supported by management. They told us they would feel comfortable raising any concerns and were confident their concerns would be dealt with appropriately.

The provider was displaying the ratings from their last CQC inspection in line with regulations.

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. People told us they felt safe and systems were in place to protect people from abuse.

The administration of medicines had been improved since our last inspection and met national guidelines.

People received care in an un-hurried way and did not feel rushed.

Is the service effective?

Good

The service was effective. People told us they felt involved in their care and their choices were respected.

People's needs were well documented and kept under review.

People told us care workers were well trained. The training was updated regularly and care workers told us they found the training useful which helped them to meet people's needs effectively.

Is the service caring?

Good

The service was caring. People told us they looked forward to the care workers visiting.

People were encouraged to remain as independent as possible.

Care workers and office staff were careful to protect the confidentiality of service users.

Is the service responsive?

Good

The service was responsive. People told us they felt the care they received was personal to them and the care workers knew them well.

The service encouraged people to build friendships and maintain links with their local community through their Socially Yours group and by signposting people to other community groups.

People told us they felt the office staff were professional and approachable and would deal with any issues appropriately.

Is the service well-led?

Good

The service was well-led. The manager saw the service as part of the wider community and engaged with other organisations to learn and share best practice.

Service users, their families and care workers had confidence in the office staff to deal with any issues they had.

The manager was keen to explore new ways of working to improve the care people received.

Quality Care of Cheadle

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 15 and 22 January 2018 and both days were announced. The inspection team consisted of one adult social care inspector and one 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. The provider was given notice before our visit and we advised them of our plans to carry out a comprehensive inspection of the service. This is because the location provides a domiciliary care service and we needed to be sure that the Registered Manager or another senior member of staff would be in the office to provide information we would require as part of the inspection process.

Prior to the inspection, we asked the provider to complete 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 improvements they plan to make. This was completed and returned by the provider in line with the requested timescales. We also contacted the local authority, the local authority safeguarding team and Healthwatch to seek their views about the service. The feedback from these agencies was positive.

We also considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about.

As part of the inspection we spoke with nine people who used the service, three relatives of people using the service, two care workers, the registered manager, the office manager and the Community Development Officer employed by the service.

We also reviewed a sample of people's medicine records, four care files, three staff recruitment records, staff training and development records, records relating to how the service was being managed such as records for safety audits and a sample of the services operational policies and procedures. We also reviewed feedback from service users and their relatives about the service being provided.

Good

Is the service safe?

Our findings

At our last inspection in December 2016 we found that people may have been at risk of not receiving their medication as prescribed as the service did not have a recording system in place to detail the medicines administered to people from pre-filled dosette boxes. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. At this inspection we found improvements had been made and the medicine administration records (MAR) detailed each medicine the person had been prescribed. This meant it was now clear which medicines a person had taken and risks associated with medicines records were mitigated.

At our last inspection we also found there were no protocols in place for staff to identify when medicines that had been prescribed to be given 'as required' (PRN) should be given. At this inspection we found that this information was recorded and available to care workers. Having a protocol in place provides guidelines for staff to ensure these medicines are administered safely.

We asked people who used the service whether they felt safe. One person told us; "I feel very safe with all the carers. There are two or three different ones who come but they are all very careful and make sure I'm safe before they move me." One service user's relative told us; "[My relative] is very safe with the carer. I have absolutely no worries at all about safety.

We looked at how the agency protected people from the risk of abuse. We saw safeguarding policies and procedures were in place as well as a whistle blowing procedure for staff to report unsafe or poor practice. We saw records confirming care workers and office staff had undergone Safeguarding Vulnerable Adults training and that this training was updated annually. Care workers we spoke with understood the importance of protecting people from abuse and knew the process to follow. One care worker we spoke to said; "I wouldn't hesitate to speak to [the manager] whether it was about a service user or another care worker."

The manager told us that when concerns are raised they are either referred immediately to the local authority Safeguarding team or if the concern is minor it is recorded on a harm level log and these are discussed with the local authority every three months.

Staff were issued with a staff handbook containing the policies and procedures they need to follow to promote the safety and protection of people. A care worker we spoke with told us that when a policy or procedure changed then they attended a training session on the new process to follow. The manager told us that all care workers signed a confidentiality agreement before they started work. The care workers' records we looked at all contained the signed form.

Service user and care worker records were stored in locked cabinets in the office and computer records were held in a password protected system. This helped to ensure that confidentiality was maintained.

We looked at people's care records which contained risk assessments. These included risks to the person

from their home and environment and a medication risk assessment assessing the level of support the person would need to safely take their medicines. A personal risk assessment included details of any support the person may need with eating or drinking and any assistance they may need to move and the person's risk of falls. The manager told us these risk assessments were reviewed on a rolling basis at least annually or sooner if the needs of the person had changed. The assessments we looked at had been updated regularly.

The manager told us that a part of the risk assessment process was to allow people to take calculated risks rather than to restrict people's choices. We looked at a person's care record where it was recorded to encourage the person to keep mobile as their long term aim was to be able to attend church on their own. A care worker we spoke to told us; "We agree little goals with [the service user]."

The manager explained that another part of the assessment process was to try to match the service user with appropriate care workers. They said; "We try to people match the care workers to the service users. We see their temperament and have in mind the care workers that will best suit." This helped to make sure staff characteristics were suitably matched to be effective in responding to people's individual needs.

We examined recruitment files for three care workers. Records showed that appropriate checks were being made before people started work. Checks had been made with the Disclosure and Barring Service (DBS) before the care worker was allowed to work unsupervised. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure only suitable applicants are offered work with the agency.

The manager explained that part of the care workers' conditions of employment was that they should inform the service if there were any changes to their circumstances that may affect their DBS record and in addition to this the service were renewing the oldest DBS checks to ensure the workers remained suitable to work with vulnerable people.

The induction programme for care workers is linked to the Care Certificate which is a set of minimum standards that should be covered as part of a new care worker's induction.

We saw records showing that care worker competencies were assessed in both classroom and on the job situations. The manager explained; "We have to know whether the care worker can demonstrate they can do the job in practice rather than a classroom." One training record we looked at said; "[Care worker] interacted well with [service user] and family." showing that the care workers' demeanour was assessed in addition to their practical skills.

Training in Equality and Diversity, Medication and Infection Control had been provided by NCFE, a nationally recognised awarding body for qualifications.

Care workers we spoke with told us they didn't feel rushed and had manageable rotas. One care worker we spoke with told us; "I spend the full time with [the service users] you can't rush them. If they need something else doing I will do it. You can't run out on people." Another care worker told us; "I'm not pressured to pick up more calls." A relative of a service user told us; "They don't clock watch even though they're busy and that's important so people don't feel rushed." A service user told us; "I think mainly they are all well trained and know what they are doing."

We asked service users whether they felt supported with their medication. One person we spoke with told

us; "They sort out my tablets for me. I take them myself but they read out what it is and check that the dose is right and then they write it down in the book and make sure I've got a drink of water to take them with."

We found the service managed people's medicines safely and people received support with their medicines as required.

The service had an infection control policy giving care workers guidance on preventing, detecting and controlling the spread of infection. In addition training records showed that all staff had completed infection control training. Staff we spoke with confirmed they had access to disposable gloves, aprons and other protective equipment. This showed that the service provided appropriate equipment for staff to minimise the risk of cross infection.

Where the service managed people's finances, receipts were kept and transactions recorded on a financial transaction form. The receipts and the form were audited monthly to ensure people's money was safely managed.

Good

Is the service effective?

Our findings

We asked people if their choices had been considered when their care had been planned. One person we spoke with told us; "They do what I choose." Another person said; "I've got a care plan but I don't bother with it, the care workers look at it but they always ask me." Care workers we spoke to told us; "We have enough information in the care plans."

The registered manager told us that cultural, religious and personal preferences were included in the care planning process. We saw records showing care workers underwent equality and diversity training as part of their induction and also had refresher training. We saw a care plan that recorded a person's preferences and said; "[Service user] wants control over who acts as a support worker for them." This meant that the person had been consulted about the care provided to them.

Adjustments were made for both service users and care workers with communication needs in line with the Equality Act (2010). The Community Engagement Officer explained that information was available in large print or printed on higher contrast paper or audio recording if required. She said; "Each person is considered individually." This meant the provider adopted a person centred approach for all the people they cared for and worked for them.

The service used an electronic call monitoring system which was monitored to ensure that people were receiving visits when they expected them and also that care workers had arrived safely.

We asked people using the service and their relatives whether they felt the care workers had the necessary skills to meet their needs. One person using the service told us; "They're excellent, very professional. I think they are absolutely brilliant." A relative told us; "They see to all of [my relative's] care without a problem."

Care workers we spoke with told us; "The training is great. It's really helpful." Another care worker told us; "We do it in small groups and there's time to ask questions." The manager told us they had run training courses in the evening for care workers who weren't available during the day. Following the classroom training the care workers' skills are assessed as they give care to people and they are given a retention of learning form to check how effective the training was.

At the time of our inspection the service was starting to provide some training to care workers online which would allow them to complete the training using a smart phone. We saw a computer in the training area which could be used by care workers who didn't have access to, or didn't want to use a smart phone or didn't have a computer at home. The Community Development Officer told us; "The care workers can log into the training from anywhere and can go back through it is they want to repeat a section. We can run reports to see who has completed the training and who hasn't."

Training records were kept on a computer system which indicated when care workers were due for refresher training allowing the training to be scheduled to ensure the care workers' training is current and up to date. We saw training records demonstrating that care workers' training was up to date.

We asked care workers if they felt supported in their role. One care worker we spoke to said; "The support from the office is the best thing. I've always been supported it's one of the reasons I've stayed." The registered manager told us care worker meetings were held every two months to keep them informed about developments in the service. One care worker commented; "They're good. It's all to do with what we're doing and new rules and regulations so we're kept up to date with changes."

Care plans we reviewed included an assessment of any support the person would need to eat or drink. One care plan we saw said; "Ask [service user] what they would like for tea, there will be many choices in the freezer. Heat the meal of [service user's] choice, they will need encouragement to eat healthy meals." Another care plan said; "Make all meals of [service user's] choice. [Service user] can eat their food but will please cut it into small pieces." Offering people choice and control over their daily lives is a key aspect of maintaining a person's dignity and life skills. Service users we spoke with confirmed they were given support to eat and drink if they needed it. One relative we spoke to confirmed; "[My relative] does forget to eat and drink unless somebody is with them and the carers are really careful to make sure they do eat. They leave them cold drinks between visiting times and note down whether they have had them or not." This meant people were supported to eat and drink sufficient amounts to meet their dietary needs.

We saw daily care records detailing which meals had been prepared for service users so care workers could suggest something different the next day.

We found the service worked well with other organisations to ensure people received the care and support they needed. One person told us how the service had helped them liaise with other organisations in order for them to get a treatment not available to them in their local area. Referrals to, and visits by other healthcare professional such as district nurses were recorded in the person's care plan. This showed people received additional support to meet their care and treatment needs when identified and required.

The service encouraged people to lead healthier lives through a social group they run called "Socially Yours". The group arranges a friendship group every week at which they provide food for the people there to prepare and eat a healthy meal. The group is open to both services users and the wider community. "Socially Yours" also has a wheelchair accessible allotment which people can go to and help work on the allotment or just go and watch. The Community Development Officer employed by the service told us; "We want to use it as a community thing. If you want to help with the allotment or just come along and watch you're welcome." This showed the provider was committed to maintaining links with the community to enhance people's lives through the provision of meaningful activities and opportunities.

We asked people who used the service whether their consent was always obtained. One person told us; "They never do anything without asking me if it's alright even though they do the same things nearly every time they come." Another person we spoke to told us; "They always have a chat with [my relative] and explain what they need to do."

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 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 interests and legally authorised under the MCA.

The service acted in the spirit of the Mental Capacity Act by involving service users and, where appropriate, the person who knew the service user best when agreeing care plans. We saw a care plan which had been

drawn up involving the service user and their partner and contained information about how the service user would be able to communicate their consent. Care workers we spoke with understood the need to obtain consent and gave us examples of how they gained consent from different people. Discussions with the registered manager and staff showed they had a good understanding of the MCA and issues relating to consent. This meant there were suitable arrangements in place to obtain, and act in accordance with consent from people. At the time of our inspection the manager was introducing a new capacity assessment for all service users to strengthen their consent protocols.

Good

Is the service caring?

Our findings

We asked people who used the service and their relatives whether they felt they were treated with kindness and compassion. One person told us; "My carer needs some kind of award. She is just brilliant. When I have a shower, she is really gentle and dries me well. I feel right fresh and clean." Another person said; "The carers really goes the extra mile all the time. I look forward to seeing them. It's nice to have somebody to talk to."

People told us care workers communicated well with service users. One relative said; "[My relative] can't really talk very well but they let the care workers know whether they want something by doing a thumbs up or down and the care workers understand them." Another relative we spoke with told us; "[My relative] always has a bit of a laugh with the carers. You can tell they are really dedicated to their job." A care worker told us; "We encourage the people to communicate as much as they can." Another care worker said; "When I go to [service user] I speak to her niece and daughter as they are very involved in her care."

In the front of each person's care record there was a sheet containing details about the person's life and why they were receiving care. Care workers we spoke with said these were helpful when they first met the service users. One care worker said; "The best part of the job is getting to know the service users." A life history helps staff to find out about people's interests that might encourage meaningful conversations, social interaction and communication.

We found the service supported people to be involved in their care and remain as independent as possible. A service user we spoke with told us; "I try to do as much as I can for myself to try and be a bit independent but it's good to know they're there if I need them." Another service user said; "I try to be as independent as I can and I think they encourage that. They get my dinner ready but they don't do everything. They're very patient and let me prepare as much of my dinner as I can. I like that." The care plans we reviewed emphasised that people using the service should be encouraged to participate in their care rather than the care workers doing everything for them.

People told us that the care workers were polite and respectful. A service user we spoke with told us; "I like how respectful they are. They have to do some unpleasant things, like putting cream on me but they always keep me as covered as they can and make sure the curtains are closed. They do their best to make me feel comfortable about what they are doing."

Care workers were aware of the need to protect service users' confidentiality. They received training on confidentiality as part of their inductions and signed a confidentiality agreement. Care workers we spoke with demonstrated an understanding of the importance of protecting people's confidentiality. Service user and care worker records were stored in locked cabinets in the office and computer records were held in a password protected system. This helped to ensure that confidentiality was maintained.

Good

Is the service responsive?

Our findings

We asked service users whether they received care that matched their needs. One person told us; "They came and talked to us about the care plan. They've made it very clear that if we find we need more support they can come and review things with us at any time." Another person told us; "When we first started with them, they came and went through everything I need. They made a few recommendations for me to think about and they said that if anything changes (in what support is needed) they will come and talk to me about it."

The care records we looked at contained detailed assessments of people's needs and preferences. Inside the cover of the care plan a sheet summarised what care the person was receiving along with details of why they needed the care and how they preferred the care to be given. This helped the care worker to know what was important to the person when delivering their care and support. We saw a care record where an extra visit had been put in by the service to allow the person to remain out of bed for longer.

The Community Development Officer explained the "Socially Yours" group was set up to encourage people to remain part of their local community. They told us; "We noticed people were a bit flat in January so we hired a room and thought let's get them together for a cup of tea." At the time of our inspection the group had held a range of activities with talks from health professionals and chair based exercise to promote people's health and reduce social isolation. The group had also linked into local schools where people attending the group would visit the schools for events like Remembrance Day and children from the schools would attend the "Socially Yours" events. Suggestions for future events were encouraged from the participants.

The service used an electronic call monitoring system to ensure that care workers had arrived safely and people had received their visits on time. The manager told us that since our last inspection the IT system they use had been upgraded so people on call had access to people's electronic records including their care plans and risk assessments so if any incidents happened out of office hours the same information was available.

The service has a complaints policy based on United Kingdom Homecare Association (UKHCA) guidance. The UKHCA is the professional association of home care providers. We asked people whether they knew how to make a complaint and would feel comfortable doing so. One service user told us; "If I was worried about anything I would have no problem in ringing them. I think the communication from them is really good. I must say though that I've got no complaints at all. They are all superb"

We looked at the complaints received by the service. They were well documented and included complaints made by care workers on behalf of service users. The complaints records also included the service's response and the lessons learned from the complaint. They also detailed actions taken as a result of the complaint. Records also showed that the service had checked with the person making the complaint that they were satisfied with the outcome.

At the time of our inspection no people were receiving end of life care. The registered manager told us that when people required end of life care the service would always contact the person's general practitioner and the district nurse services to support and advise them when necessary. Care workers received training in end of life care during their induction and through updated training. This training provided staff with the necessary skills and knowledge should they be required to support people who were nearing the end of their life.

Good

Is the service well-led?

Our findings

We spoke to staff about the service. They told us; "The support from the office is the best thing. We've always been supported, it's one of the reasons I've stayed." Another care worker said; "It's a good company. I'm really happy." The manager told us that staff were told when they started that the office staff were there to support them and would always be happy to discuss problems with them. The manager gave us examples of how care workers had been helped or signposted to other support agencies. She told us; "We want the care workers to feel supported and know they can come to us for help. If we can help them we will."

The management team were committed to providing a friendly, professional service and care workers we spoke to confirmed that these values were demonstrated.

We found the service to be keen to engage with both other professionals and the community as a whole. An employee of the local authority told us how the service was keen to innovate and had been involved in a recent project to pilot an outcome based service. They told us this was a positive experience for both the local authority and the service and may help the local authority in future commissioning. The manager told us they were proposing another pilot with the council for a dedicated team to help people be discharged from hospital.

Members of the management team had also attended a focus group to discuss how people's medication could be better managed across the different health and social care services they may use.

Regular care worker meetings were held at which quality and other issues relating to the service were discussed and care workers were encouraged to raise things they would like to discuss. We saw minutes of recent meetings where new staff were welcomed and staff were informed that care workers had been shortlisted for care awards presented by the local authority. Care workers we spoke with told us they found the care worker meetings useful to keep up to date with things going on in the service.

Staff were also given well-being sheets as another method of letting the management know how they were feeling if they didn't want to speak face to face. The sheets were also given to service users so their well-being could be monitored.

The manager explained that a recent vacancy in the office had been advertised internally to staff and that the manager had brought in an external human resource company to do the recruitment to ensure the appointment was fair and transparent.

We saw newsletters sent to service users that included information about the service and the "Socially Yours" group. Information about other activities and events going on in the area such as computer training, activities at the local football club and other friendship groups were also included in the newsletter.

The service had a registered manager. 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. The registered manager understood their role and their responsibility to notify CQC and other organisations about certain events relating to the service.

We found the manager was keen to learn from others and regularly attended provider meetings held by the local authority and also met with other Registered Managers in the area where they discussed their services and looked how they could improve.

We saw evidence of detailed medication audits where any issues were identified and trends explored. In addition we saw people's care plans were reviewed regularly. One person' care plan that we looked at had been changed three times within a week due to the person's changing needs.

At the time of our inspection the service was also undergoing an assessment for International Standards for Organisation (ISO) accreditation. ISO is a widely recognised quality management certification. This quality management system would assist the provider to demonstrate their ability to consistently provide a service that meets people's needs and regulatory requirements.