Chester Healthcare Limited

Chester Healthcare Ltd T/A Jane Lewis Health and Social Care

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 29, 31st October and 1st November 2018. The registered provider was given 48 hours' notice of the inspection, to ensure that the registered manager or other responsible person would be available to assist with the inspection visit as well as giving notice to people who used the service that we would like to speak with them. This was the first comprehensive rated inspection of the service following their registration with the Care Quality Commission.

Chester Healthcare Ltd T/A Jane Lewis Health and Social Care is registered with the Care Quality Commission (CQC) for personal care and nursing care. The service is located in Crewe close to local amenities and to local transport links. At the time of the inspection the service supported 5 people in their own homes.

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.

We received positive comments from people who used the service, relatives and staff. Most of the relatives we spoke with told us they felt safe in the care of the staff who worked for the service. They felt the staff were well mannered and respectful to them.

Staff were aware of their responsibilities in keeping people safe and had received training in safeguarding adults.

Staff responsible for supporting people with their medicines had received training to ensure they had the competency and skills required.

There were sufficient staff to complete the scheduled visits for each person. The service had a monitoring system that checked the promptness of staff visits and could take action, if staff were running late for any reason.

Staff were recruited following a safe and robust process to make sure they were suitable to work with vulnerable people.

Staff were given appropriate support through a programme of training and on-going supervision, and appraisal. Staff were positive about the training provided to them which gave them the skills and knowledge they needed to do their job.

Support plans for people receiving support contained up to date, detailed information about their care

needs, including risk assessments and action plans. Staff were knowledgeable about the needs of the people they supported.

The complaints procedure was available to everyone and appropriately managed.

The registered provider and registered manager used a variety of methods to assess and monitor the quality of the service. They carried out a lot of checks to all aspects of the service to make sure that each part of the service was operating appropriately.

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.

The recruitment processes in place were robust to ensure only suitable staff were employed by the service.

Staff were trained in medicine administration and regularly had their competency checked by senior staff.

Risk assessments were developed around the needs of each person and provided information to help reduce risks.

Is the service effective?

Good

The service was effective.

Support plans were regularly reviewed and monitored to help maintain people's health and needs.

Staff completed regular training to help them understand and meet the needs of the people they supported.

Staff told us they felt well supported by the management team and were provided with regular support and appraisal.

Is the service caring?

Good

The service was caring.

People told us they knew the staff well and that they were always respectful and caring towards them.

People receiving support and their relatives told us that staff respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Support plans were detailed and provided guidance for staff on how people wanted to be supported. Staff had a good understanding of people's needs.

The provider had a complaints policy and processes were in place to record any complaints received.

Is the service well-led?

Good

The service was well-led.

At the time of this inspection the manager was registered with the Care Quality Commission (CQC). Staff told us they were supported by the registered manager.

Feedback was regularly sought from people being supported and their families. The quality of the service was regularly monitored by the registered manager and by the registered provider.

Chester Healthcare Ltd T/A Jane Lewis Health and Social Care

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 checked 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.

This inspection of Chester Healthcare took place on the on 29, 31st October and 1st November 2018 and was announced. In line with our current methodology for inspecting domiciliary care agencies this inspection was announced two days prior to our visit to ensure the registered manager or other responsible person would be available to assist with the inspection.

The inspection team consisted of one adult social care inspectors. One inspector telephoned people who used the service and their relatives to gain their views and opinions about the service being provided.

Before the inspection, we reviewed the information we held on the service. This included checking if we had received any notifications. A notification is information about important events such as accidents or incidents, which the provider is required to send to us by law. We also invited the local authority and stakeholders to provide us with any information they held about the service. The provider completed 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.

At the time of this inspection the registered manager confirmed 5 people were receiving support from the service. We used a number of different methods to help us understand the experiences of people who used

the service. We spoke with the registered manager, the regional support manager, five support staff, one person receiving support and three relatives speaking on behalf of their family members. We also received feedback from four healthcare professionals and one contracting officer for a local authority. This gave us a wide insight into their views across all areas of the service.

We also reviewed a range of records about people's care and how the service was managed. These included, support records for four people to see if their records were accurate and reflected their needs. We reviewed four staff recruitment files, staff duty rotas, staff training and supervision records, minutes of meetings, staffing rotas, complaint and safeguarding records and records in relation to the management of the service.

Good

Is the service safe?

Our findings

Relatives and people receiving support were happy with the service and told us, "I always get a call if someone is late" and "Everything is ok the staff ring me up if there's a problem."

Staff were positive about the management and support around making sure people were safe. We looked at how the service protected people from the risk of abuse. It was organised and well managed and showed evidence of steps taken to keep people safe. The safeguarding policies detailed types of abuse, how to recognise them and what action to take. There was a whistleblowing procedure for staff to report signs of poor practice if they were concerned which includes a whistleblowing helpline. Staff had undergone regular safeguarding training and were able to demonstrate knowledge of different types of abuse and how they would look out for potential signs of abuse. Staff told us they felt comfortable to raise concerns and that they wouldn't hesitate to use the whistleblowing policy if they deemed this necessary to keep people safe. One staff member had been supported with their reports of concerns of a safeguarding nature. Records showed safeguard procedures had been followed to protect and support vulnerable adults.

People that received support and staff files were kept in locked cabinets and computer systems were password protected to ensure confidentiality of records. Support files for each person were well managed and provided risk assessments that showed good management of people's needs to help keep them comfortable and safe. Risk assessments detailed various risks to each person, including for example their home environment, moving and handling and medications.

Recruitment records for staff showed that appropriate checks were being made before people commenced employment. These checks helped to make sure that only appropriate people were employed and that people were not put at risk. Checks had been made using the disclosure and barring service (DBS). 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. One staff member told us "I was quite surprised the interview was really thorough and very in depth, I had to demonstrate I understood the Mental Capacity Act and mental health legislation."

Regular training was provided for all staff to give them the necessary skills to safely support each person. Training included topics such as moving and handling and medications.

During this inspection we looked to see if there was sufficient staff employed to meet the needs of people being supported. The service operated computerised applications that helped office staff to safely manage the staffing levels to meet everyone's care packages. The application helped office staff to track calls and identify if there were any issues.

The service had an infection control policy which detailed the requirements for detecting, preventing and controlling the spread of infection. Risks assessments we looked at demonstrated the need for staff to wear appropriate personal protective equipment for example; gloves and aprons as needed. The office environment was clean and accessible for people with disabilities, the registered manager showed us all

necessary liability insurance and premises safety documents.

The service rented offices from a private landlord who carried out most of the health and safety checks for the building. During the inspection the registered manager advised they would review all necessary updated checks with the landlord to assess the safety and management of the office building.

Good

Is the service effective?

Our findings

Relatives and people being supported were positive about the service and shared various comments such as, "We have everything we need, we are very happy with the staff" and "The staff keep a file in my house it has a lot of information there including people we can contact."

Training records were well managed and detailed showing good management in keeping staff updated, skilled and expert in supporting people with their needs. The registered provider had developed a comprehensive training programme for all staff which was organised via their computer system. The system was able to monitor staff training to ensure essential training was completed each year. Staff confirmed that they had received a one-day induction and said it was good in helping them when they started working at the service to give them the confidence and skills to support people in the right way. They told us they received various types of training both face to face and by shadowing experienced staff to help them get to know people's needs.

We saw from individual staff records that they had received induction and training in core subjects necessary to their role, such as: Food hygiene, fire safety, safeguarding, health and safety, infection control, moving and handling and medications. The service also organised and offered specialised training covering topics such as epilepsy, brain injuries, mental health and end of life care. One staff member told us, "The training far surpassed my expectations and in working for the service, especially with the induction, they are very hot on training."

We saw evidence that staff received regular supervisions and medication competency checks which showed good evidence offering staff continual support and development. Formal observations and staff supervision helped support staff and give them the opportunity to talk about their personal development and review future training needs. One staff member was very positive and told us, "It's been brilliant here, it's the best company I have worked for because they are so supportive."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was done to ensure a person was not deprived of their liberty.

The service carried out an assessment of a person prior to a service being delivered. This meant that the service could show how they assessed each person to ensure they could meet all of their assessed needs. This included obtaining personal details about each person, and completing relevant risk assessments and taking into account what support they wanted. One relative told us the staff visited and asked their family member what they liked and didn't like when they carried out their initial assessments. Where possible the assessment included the person offered support and their relative or nominated person. We saw up to date

evidence of this in the support files we looked at .

In the sample of support files, we looked at during this inspection we saw that where possible that people being supported had signed their consent agreeing to their plans. These records showed that they had been consulted and involved in making decisions about their care package and that they had been happy to confirm their agreement to the support being provided. Staff we spoke with, showed good understanding of the importance of gaining consent from the people they were supporting. One staff member told us, "I always give the clients what they require and need before starting any care. I try to make suggestions but I am always led by them."

Some people needed support from the staff with preparing meals and snacks. We saw there were appropriate support plans which described how staff support people with their dietary needs and requests. People receiving support told us they were very happy with the staff support in helping them prepare snacks and light meals.

Good

Is the service caring?

Our findings

We were unable to observe care being carried out directly but people receiving support and their relatives told us the support received was very good and they were happy with the standard's and approach of all the staff. They offered various positive comments such as, "They are all are lovely" and "They are very caring."

Staff told us they usually supported the same people so they got to know them very well and how they liked things to be done. Most people confirmed they usually saw the same staff which helped the consistency and approach to their care package. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people's preferences about the way their personal care should be provided and how they liked to spend their time. Staff members told us, "During personal care, I make sure doors are closed and keep people covered. Privacy and dignity is covered in our training" and "I treat people like my own family."

One relative told us they felt that training should address specific communication needs. This was referred to the registered manager who took appropriate actions to discuss this feedback further.

The registered manager had developed various initiatives one was called 'WOW' awards for staff who they felt 'had gone the extra mile' and anyone could make a nomination. These awards helped everyone to recognise any examples of good practice by the staff and helped to highlight and share their own initiatives and actions. Some of the awards had been in recognising for example, 'For making one client feel at ease' and 'One staff members caring nature and patience was greatly appreciated by all healthcare professionals.'

The service and staff told us about the work they did within the community supporting local charities. Previous national appeals were also carried out in conjunction with the Salvation army and Jane Lewis for a Christmas toy appeal and support of fund raising for breast cancer.

The registered manager described the process of carrying out regular observational checks undertaken on staff. The checks helped them to check the competencies of staff and the qualities and standards provided, ensuring that staff respected people's privacy and dignity. Staff spoken with and evidence seen of the documented observational checks confirmed this was a regular process carried out by senior staff. Support staff were supportive of this process.

Information was present in people's care files about their individual likes and dislikes and how they wanted to receive their support. The support plans we saw demonstrated that people were involved in making decisions about the support they received. Most people we spoke with explained they felt involved in the support of their care and how they wanted it delivered by the service. Most people liked the stability of the same team of staff as they got to know them well and understood their individual ways of how they wanted to be supported. Personalised support files showed how the staff provided care and support based on people's personal preferences and helped staff better understand the individual.

We saw that staff had access to numerous policies and procedures for maintaining privacy, dignity and

confidentiality. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records that were in the office were stored securely to maintain people's confidentiality. The service's policy for equality and diversity was up to date for 2018 and promoted the principles of eliminating discrimination. Their policy was clear that if staff saw any type of discrimination exhibited towards a person being supported or a fellow worker that they should immediately report it to a senior manager.

Good

Is the service responsive?

Our findings

Most relatives told us the support provided to their family members was in line with their needs and preferences. They told us, "Were happy so far" and "They are good I'm happy with my care package."

People told us they knew who to contact if they wanted to make a complaint and felt certain that any issues raised would be listened to and action would be taken. They were confident they could speak to senior staff and the office staff to discuss anything. Most people told us they had no complaints. One relative felt they had some issues they felt needed to be addressed and agreed for us to share this with the registered manager. The registered manager agreed to organise a meeting to make sure they were able to listen to their feedback to help them determine what actions they needed to take in response.

We saw that where someone had raised a formal complaint, the provider had investigated the complaint, provided a response, issued apologies where appropriate and in some cases further updates made to care plans had been taken regarding the findings of the complaint. The service had received eight complaints in 2018 and we could see that these had been dealt with appropriately and as per the company's complaints policy. One record needed a signature to show it had been concluded. The registered manager advised it would be updated and gave a verbal update on how they had managed and concluded this complaint. Staff were knowledgeable about their complaints procedure and told us that they knew how to raise concerns and suggestions on behalf of the people they supported.

The service carried out an assessment of a person prior to a service being delivered. This meant that the service could show how they assessed each person to ensure they could meet all of their assessed needs. This included obtaining personal details about each person and completing relevant risk assessments and taking into account what support they wanted. One relative told us the staff visited and asked their family member what they liked and didn't like when they carried out their initial assessments. Where possible the assessment included the person offered support and their relative or nominated person. We saw up to date evidence of this in the support files we looked at.

People receiving support told us that their plans of care were regularly reviewed and kept up to date. They told us they had a file produced by the service with lots of information about the service and had various contact numbers and names to contact if needed. Managers and senior staff carried out regular reviews to people receiving support to get their feedback. We found that staff were able to clearly describe people's individual needs and they were knowledgeable of the support plans in place.

We noted that the service had a number of staff employed who were trained in British Sign Language to work with people to assist in their communication needs. Other staff were able to communicate via more basic sign language and from family members teaching them about their relative's needs. Staff were confident in identifying procedures they took in regard to any changes or queries needed with a person's care plan. They told us that if a person asked for their care plan to be changed or if they felt their needs had changed they would report this to senior staff who always provided support with their queries.

Care files were person centred, describing the needs of each person and how they wanted to receive their support. This helped the staff supporting each person to learn all about the person's needs, their history and what was important to them. We saw plans of care were in place covering topics such as: communication, nutrition, personal care and mobility. Care plans had been regularly reviewed to ensure they reflected people's current needs. We saw that the support plans were reviewed on a regular basis throughout the year and every time staff brought previous records to the office for storage. Senior staff audited the records to check the quality of care and record keeping. The support plans had been signed by people receiving their support or their next of kin to show they were involved and consented to their plan of care.

Staff discussed end of life care and described the care and support they provided to one person to help them remain comfortable at all times. Staff were aware of this person's care needs as well as their emotional needs. They told us, "I do this job because I care, I have passion to care and deliver the best standards of care I can give."

Good

Is the service well-led?

Our findings

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during the inspection. The registered provider and registered manager maintained good oversight of the service.

We received various positive comments about the management team and the staff were very positive about the registered manager. People being supported and their relatives told us, "The staff keep us up to date" , "The manager is very good, she keeps in touch with us" and "We have been pleasantly surprised, they have been amazing, the manager visits and listens and gets us what we want."

All of the staff we spoke with told us that they felt very well supported by the management team. They felt they could raise anything with the registered manager and providers. Staff told us they felt listened to by the management team. If staff were unable to attend staff meetings, they always had access to the minutes. In addition to the team meetings, updated memos, text messages and emails were also sent to them via their mobiles/phone systems. This meant that staff were kept up to date about relevant information. We saw that staff meetings were held regularly and staff had the opportunity to raise any issues.

Robust management systems in place meant that the management team had a clear management structure in place. The registered manager demonstrated a commitment and willingness to continually improve the quality of care delivered to the people they supported by keeping in regular contact with them.

The registered manager showed us results of a previous survey that was positive regarding their feedback about the service received. They were due to roll out further surveys to everyone in November 2018 to gather updates on people's feedback about the service. The organisation had also carried out a corporate feedback exercise in 2018 which covered all of their services. The results overall were very positive regarding the feedback gathered.

The service had an effective governance system to review information to identify any trends or areas to improve the service provided. We found there were detailed records kept for staff supervision, appraisal, staff training, accident and Incidents, medication and support file audits and staff files. The provider had detailed audits tools used to check the quality of the service which was managed by their regional manager and accessible at all times to senior managers. Spot checks and direct observations were carried out with staff on a regular basis to ensure that standards of care were maintained. We were able to view a sample of these and could see that they were carried out regularly and where issues were noted, staff attended additional training or action was taken in relation to their performance. Records and reports we examined were well constructed, organised and stored appropriately and kept securely locked.

The service had been award an external quality certificate from 'Investors in People' in 2017 and was

awarded a silver status award. This accreditation identified good practice within the service and stated, "A culture which had at its core a number of key values which people believe in and share which guide the way people go about delivering services."

The provider's records supplied to new people helped give them up to date information regarding the services they could expect. We saw an information booklet; a service user guide and a statement of purpose was available for people and included the company's philosophy of care. People receiving support and their relatives had clear information with easy to access contact details for the registered manager.

The staff had comprehensive policies and procedures that were continually updated at head office. The policies were extensive and included topics such as, Health and safety, equality and diversity and recruitment of staff.

Part of a registered manager's or registered provider's responsibility under their registration with the Care Quality Commission (CQC) is to have regard to, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered managers/registered provider's responsibility to notify us of certain events or information. We checked our records before the inspection and saw the service had submitted a small number of notifications to CQC.

The registered manager was open to all the feedback given throughout the inspection and immediately looked at improving the areas identified. They were constantly looking to improve the outcomes for people receiving a service.