

Cheshire & Staffordshire Homecare Ltd

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Inspection report

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Date of inspection visit:
23 November 2016

Date of publication:
05 January 2017

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

The inspection took place on 23 November 2016 and was announced.

Cheshire & Staffordshire Homecare Ltd is registered to provide personal care to people living in their own homes. There were 86 people using the service on the day of our inspection.

A registered manager was in post and was present during 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 provider had trained staff in how to protect people from harm and abuse. Staff knew how to recognise and report abuse to the provider. People knew how to make the provider aware of any concerns about their safety or wellbeing. The provider had assessed and managed the risks connected with people's individual care and support needs. They organised their staffing requirements to be able to meet these needs. People had the support they needed to take their prescribed medicines safely.

Staff had the skills and knowledge needed to meet people's individual care needs. They received effective induction, training and ongoing support from the provider. The provider understood and protected people's rights under the Mental Capacity Act 2005. People had the support they needed to prepare meals and eat and drink safely and comfortably. The provider had assessed any nutritional or dietary needs people had. Staff helped people to access healthcare services in the event that they were unwell or in pain.

Staff adopted a caring approach to their work with people. The provider encouraged and facilitated people's involvement in decision-making that affected them. People knew how to raise a complaint about the service, and felt comfortable doing so.

People received care and support that took into account their specific needs and preferences. Staff understood the importance of following people's care plans. The provider had developed procedures to ensure people's complaints were dealt with properly.

The provider promoted an open, ongoing dialogue with people, their relatives and the staff they employed. People and staff found the management team approachable and willing to listen. Staff felt well supported and were clear about what was expected of them. The registered manager understood the duties and responsibilities associated with their post. The provider made use of effective quality assurance systems to drive improvement within the service.

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.

Staff understood how to recognise and report abuse. The provider had assessed, and put plans in place to manage, the risks associated with people's care and support. The provider followed safe recruitment practices. People had the support they needed to take their medicines safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the necessary training and support to meet their needs. The provider protected people's rights under the Mental Capacity Act 2005. Staff gave people the support they needed to prepare their meals and eat and drink.

Is the service caring?

Good 

The service was caring.

Staff adopted a caring and compassionate approach to their work. People were involved in the assessment and planning of their care. Staff protected people's privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People received care and support that was tailored to their needs and preferences. People knew how to complain about the service and felt comfortable doing so.

Is the service well-led?

Good 

The service was well-led.

The provider promoted an inclusive culture within the service. The registered manager provided effective leadership and management of the service. The provider used to quality assurance systems to drive improvement in the service.

Cheshire & Staffordshire Homecare Ltd

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.

This inspection took place on 23 November 2016 and was announced. The provider was given 48 hours' notice, because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of one inspector.

Before the inspection, 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. We took this information into account during our inspection.

As part of our inspection, we looked at the information we held about the service. We asked representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the home manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection, we spoke with 17 people who used the service and 15 relatives. We also talked to eight members of staff, including care and support workers, the senior care support worker, the registered manager and the operations manager. We looked at three people's care plans, accident and incident forms, records of complaints, staff training records and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

People told us they felt safe in the presence of the staff who gave them care and support in their own homes. They explained that the friendly and caring approach of staff helped them to feel confident and at ease. One person said, "They (staff) always give me a lovely greeting, and they always introduce themselves if I haven't met them before." People's relatives also had confidence in staff, and their ability to protect their family members' safety and wellbeing. One relative explained, "I am confident in the knowledge [person's name] is safe with them."

People and their relatives knew how to raise any concerns with the provider about their safety or security. They had the contact numbers needed to reach the provider, and felt comfortable using these. One person explained, "There are people to contact in the booklet I have, if I'm worried about anything." We saw the provider confirmed people's understanding of how to raise any safety concerns, as part of their regular quality assurance review meetings with people.

The provider had given staff training in how to protect people from harm and abuse, from their induction onwards. The staff we spoke with understood the common safety hazards to look out for when caring for people in their own homes, such as trip hazards or faulty equipment. Staff told us they would immediately report any new hazards they encountered to the provider. They praised the prompt manner in which the management team acted on any such reports from staff. One staff member described how, following a report from staff, the provider had chased up a referral to the occupational therapist to obtain a person's much-needed mobility equipment.

The staff we spoke with recognised the different forms and potential signs of abuse. They told us they would not hesitate to report any mistreatment of the people they supported. One staff member said, "I'd report it (abuse) to the manager and, if there was no action, I'd go higher." Another staff member said, "They (management) expect us to report it (abuse) straight away." The provider had developed a formal procedure to ensure any abuse was reported to the relevant external authorities and thoroughly investigated. Our records showed they had previously made notifications in accordance with this procedure.

The provider met with people before their care started to assess the risks associated with their care and support. People could choose to have their relatives present at these meetings, if they wished. This assessment enabled the provider to put plans in place to minimise risks and protect people from harm. We saw these plans dealt with key aspects of keeping people safe, such as maintaining the security of their homes, helping them to move safely and preventing pressure sores. The provider arranged further meetings with people every three to four months, or sooner if needed, to review and update these plans. People felt that, whilst keeping them safe, staff also respected their need for independence and control over their lives.

The staff we spoke with were aware of people's risk assessments, and understood the need to follow these. They told us they had the up-to-date information they needed to keep both people and themselves safe. The provider had robust procedures in place to ensure any new information on risks was quickly shared with all relevant staff. A staff member explained, "The on-call person will contact you and the care plan will get

changed straight away."

If people were involved in any accidents or incidents, staff understood the need to record and report these events without delay. They told us the provider acted on these reports to keep people safe. On this subject, one staff member said, "There have been times when they (provider) have put into place emergency double-ups for people." A "double-up" is when a person is supported by two staff during a care call. We saw the provider used accident and incidents reports to identify any action needed, by themselves or other external agencies, to reduce the risk of reoccurrence. For example, one person had experienced a fall, resulting in the decision to increase the level of staff support they had each day.

People and their relatives told us they received a reliable service from the provider. Staff were generally punctual and missed calls were not an issue. One person said, "They (staff) are pretty much on time. If they are late, there is a good reason." The registered manager explained they did their best to notify people if staff were unavoidably running late. People confirmed they were normally kept up to date about any such delays in their calls. One person told us, "They (staff) ring me to let me know if they are going to be ten or fifteen minutes late."

The provider assessed and planned their staffing requirements based upon the total number of care hours provided and people's individual care and support needs. Trained office staff covered any unexpected staff absences to minimise the impact upon people's care and support. The provider carried out checks on all new staff to confirm they were suitable to work with people. These consisted of an enhanced Disclosure and Barring Service (DBS) check and the receipt of suitable employment references. The DBS helps employers to make safer recruitment decisions. The staff we spoke with confirmed these checks had been completed before they were allowed to start work for the provider. The provider had also developed formal disciplinary procedures to address any staff misconduct that may affect people's safety or wellbeing.

People and their relatives told us staff gave people the level of support they needed with their medicines. We saw the provider had put systems and procedures in place designed to ensure people received their medicines safely. People's care plans detailed the specific support they needed to take their prescribed medicines. When assisting with or administering people's medicines, staff kept up-to-date medicine records. The provider gave all care staff training in relation to the handling and administration of people's medicines. Staff competence in this area was checked on a regular basis, as part of the provider's unannounced spot checks with staff.

Is the service effective?

Our findings

People and their relatives felt staff had the necessary skills and knowledge to meet people's individual needs. One person told us, "The girls (staff) know what they're doing when they come, and they get on with it." Another person said, "They (staff) all seem very well-trained and professional."

The provider gave all new staff a structured induction to help them understand what was expected of them. During their induction, staff did classroom-based training. They also worked alongside more experienced colleagues and got to know the individual needs of the people they would be supporting. The provider's senior care support worker met with staff, at different stages of their induction, to assess their confidence levels and any additional support needs they may have. Staff told us their induction had prepared them well for their new job roles. One staff member said, "It was very good and very thorough. You were able to ask any questions you wanted and go back over things. They (management) said that, once you were out in the field, if you needed any additional training, they would come out and show you."

After completing their induction, staff participated in an ongoing programme of training, based upon annual refresher training. In planning staff training, the provider had considered both mandatory training requirements and people's specific care and support needs. Staff spoke positively about the training provided and felt it gave them what they needed to know. One staff member told us, "There is an awful lot of training put on. When I sit down and do it, I see that it's beneficial. It brings the key points to the front of my mind." Another staff member talked about the specific benefits of their dementia training. They explained to us, "When you're going in to support people with dementia, the training helps you see things from their perspective. You put yourself in their shoes." The provider kept up-to-date training records to help them keep on top of staff training needs.

In addition to their formal training, all staff had one-to-one meetings with their line manager on a three-monthly basis. These supervisions gave staff the opportunity to discuss any difficulties in their work, request additional training and obtain constructive feedback on their performance. The staff we spoke with felt their supervisions were beneficial. One staff member explained, "They're very good; we talk through everything." This person went on to say, "If there is any more training you want to do, they (management) will find you some." The management team also provided on-call support outside of office hours. This enabled staff to request any urgent advice needed, at any time. One staff member told us, "They (management) are always on the end of the phone."

We looked at how the provider protected people's rights under the Mental Capacity Act. The Mental Capacity Act (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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People and their relatives told us staff respected people's right to make their own decisions, and sought consent before carrying out care tasks. One person explained, "They (staff) don't tell me, they ask me." A relative said, "They always ask permission to do things and talk [person's name] through things." The registered manager and other staff we spoke with had a good understanding of people's rights under the MCA. The provider had given staff training to help them understand what the MCA meant in terms of their day-to-day work with people. One staff member told us, "You've got to assume people have mental capacity until it's proved otherwise. If there are signs someone can't make a decision, you need to get people involved and get them assessed." We saw evidence in people's care files that mental capacity assessments were being completed.

People and their relatives told us people had the level of support they needed with meal preparation, eating and drinking. Where staff prepared meals for people, people told us they got to choose what they wanted to eat. One person explained, "They (staff) always ask what I want to eat and are so helpful." We saw that people's food-related preferences were set out in their care files.

The provider carried out an assessment of people's individual nutritional and dietary needs. The registered manager explained that they sought specialist advice from the speech and language therapy team and dietician, whenever necessary, in assessing and meeting these needs. We spoke with one person who had specific dietary needs related to a current medical condition. They told us staff took their dietary needs into account when preparing food and drink for them. The provider monitored and recorded people's food and fluid intake to ensure they were getting enough to eat and drink. Where appropriate, staff gave people support to follow a healthy diet. One staff member described how they helped one person plan a more balanced weekly menu and shop for healthier items of food and drink.

People and their relatives told us staff played a positive role in monitoring people's health. They explained that staff helped people seek professional medical advice or attention if they were unwell. A relative said, "On Monday, there was an issue with the health of my relative. The carer was brilliant and called the GP straight away." A person described how, following a recent poor night's sleep, staff had encouraged them to talk to their GP. This had resulted in them getting the medical treatment they needed. We saw the provider had documented people's health needs in their care files. Staff told us they made reference to this information to obtain a clear picture of the support people needed with their health.

Is the service caring?

Our findings

People and their relatives told us staff took the time to get to know people well, and behaved towards them in a professional and caring manner. They used words such as "kind", "polite", "friendly" and "compassionate" when describing the staff team. One person told us, "As soon as they (staff) come in, they smile. They're like one of the family." Another person said, "They (staff) are always respectful, courteous and very kind. They always have time to chat and laugh. They are a really friendly bunch of girls." People felt staff showed their concern for them by going the extra mile. One person, who had recently been unwell, told us, "The carer came and stayed with me while I was waiting for the ambulance." Another person said, "They (staff) are happy to do the extras. They cleaned my kitchen floor yesterday; they just offered to do it."

The staff we spoke with talked about the people they supported with respect, affection and an awareness of their individual needs. They explained how they got to know people best by talking with them and their relatives. One staff member explained, "Good communication is always the way to go, and you will only get that from the person. The care plans only cover the basics." Staff described how they passed on what they learned about how people liked things done to their colleagues, so that they too could put this into practice.

People and their relatives felt involved in decisions about the care and support staff provided. They told us the provider met with them before their care started to discuss the kind of help they wanted and needed. This was followed by quarterly meetings with the provider to assess whether the care was still meeting their needs and expectations. One person explained, "When I first started, they (provider) visited me and asked me what I needed in respect of the support I needed. I have had several meetings since then to make sure everything was okay and whether any changes were needed." A relative praised the flexibility the provider had shown in arranging their family member's assessment and care review so that they too could be present.

People and their relatives felt staff respected people's privacy and dignity. They told us staff promoted people's independence, respected their wishes and asked for their consent before carrying out care tasks. One person said, "They (staff) don't tell me; they ask me." A relative told us, "They (staff) always ask permission to do things and talk [person's name] through things." Another relative explained, "[Person's name] loves being independent and has a routine about making their bed. They (staff) know how to support them being independent and [person's name] loves the quality time they have with the staff. This person went on to say, "They (staff) make [person's name] feel in control and respect their wishes completely."

The staff we spoke with understood the importance of treating people in a respectful and dignified manner. They gave us examples of how they put this into practice in their day-to-day work with people. This included talking people through care tasks, protecting their modesty during personal care and safeguarding their personal information. One staff member told us, "It's about listening to them (people), respecting their wishes, protecting their privacy and, basically, valuing them as individuals." Another staff member said, "You ask them (people) things; you always have to give them that choice. You don't assume you know what they want." The registered manager informed us that all staff received training in relation to dignity and respect

in care as part of their induction. The provider had also supported some staff to sign up as Dignity Champions, through the Dignity in Care campaign, to further promote people's rights.

Is the service responsive?

Our findings

People and their relatives felt the service staff provided was shaped around people's individual needs and wishes. On this subject, one person told us, "They (staff) will do anything I want." Another person said, "Once they get to know what you want, they (staff) will do it." The staff we spoke with understood the importance of providing person-centred care. One staff member told us, "You're there to do what's best for them (people), and not what's best for you."

As the provider involved people in the assessment and review of their care needs, and was readily available to speak to people, they felt able to contribute to care planning. People and their relatives told us the provider took their views and suggestions seriously and, where possible, acted on these.

We saw that people's care plans contained information about their preferences and expectations of the service provided. Staff told us they had the time to read, and worked in accordance with, these plans. One staff member said, "I always look at the care plans when I go in and have quick look at the logbook (care notes) for any notes from other carers." Another staff member explained, "They (care plans) are useful, and we tell the office if they need updating. You're given the information you need." The provider carried out regular unannounced spot checks with staff to confirm that they were consistently following the guidance in people's care plans. They reviewed and updated people's care plans on a regular basis. This ensured that the guidance provided to staff on how to meet people's needs was accurate and up-to-date.

People and their relatives knew how to raise a complaint, if they were unhappy with any aspect of the service provided, and felt comfortable doing so. One person told us, "If they (provider) did something I didn't like, I'd tell them." A relative said, "I'm quite happy to ring them up, if something's not right." The registered manager explained that they made people aware of how to make a complaint from the outset of their care. A relative confirmed, "We were also told about the complaints procedure and what we needed to do." We saw the provider checked people understood how to raise concerns during their regular quality assurance review meetings at people's homes.

People and their relatives were generally satisfied with the manner in which the provider had addressed and resolved any previous concerns raised. These included the provider's response to a medication error involving staff, and requests made by people to change carers. The provider had developed a procedure for handling formal complaints. We saw a recent complaint about the conduct of a staff member had been acted upon, and a written response sent to the complainant, in line with this procedure. Staff understood their role in encouraging people to come forward, if they were dissatisfied with their care and support. One staff member explained, "We always try to encourage them (people) to call the office if they want things done differently."

In addition to handling any formal complaints, the provider also actively sought people's general feedback on the service. This included the distribution of annual feedback surveys to the people who used the service. The registered manager told us they collated and analysed any feedback received from people and their relatives to identify potential areas for improvement.

Is the service well-led?

Our findings

The provider had developed systems and procedures designed to encourage an open, ongoing dialogue with people, their relatives and the staff team. The registered manager said they welcomed and valued other's views and feedback on the service. People and their relatives told us they felt adequately involved in any decisions taken by the provider that directly affected them. One person explained, "If something's changing, they (provider) ring me. They are very good at communicating."

Although two people referred to problems with the provider returning their calls, people and their relatives generally found the management team approachable and ready to listen. One person told us, "I could phone them (management) up if I was worried about anything; they're very approachable. A relative told us, "I find them (management) very good. I've dealt with [registered manager] quite a lot. When I phone up, I get good feedback from them." We discussed people's concerns about the provider's failure to return their calls with the registered manager. She was not aware of this problem, and assured us there were procedures in place to ensure all such calls were treated as a priority.

All the staff we spoke with talked positively about the management team. They felt well supported, and had a sense of working towards a shared goal. The provider had issued them with up-to-date job descriptions, and they were clear about what was expected of them. Staff felt they could approach management with any difficulties in their work, and had confidence these would be addressed, where possible. One staff member told us, "They (management) give you enough independence to do your job, but if there is a problem they are always there to talk to and listen." Another staff member said, "I have confidence in approaching them (management) with any problems. They are really supportive and flexible."

Staff felt confident about challenging working practices within the service, or decisions taken by the provider, if they needed to. They were aware of the provider's whistleblowing policy and told us they would follow this. Staff attended quarterly staff meetings with the registered manager. This provided them with an opportunity to raise any concerns or suggestions, and to be updated on any planned developments in the service. The registered manager described how staff input at the most recent staff meeting had led to the provision of more in-depth dementia training for staff.

The registered manager was clear about the duties and responsibilities associated with their post. Our records showed that they had previously sent us the required notifications, about events involving the service, in line with these responsibilities. The registered manager felt well-supported by the provider. She felt the provider had made available to her the resources needed to drive improvement in the service. She also praised the manner in which the provider had allowed her to develop her own skills and knowledge through additional training.

The provider had developed systems and procedures to assess, monitor and address the quality of the service provided. These included regular quality assurance review meetings and telephone calls with people and their relatives. These meetings and calls enabled the provider to better understand people's experiences of the care and support provided. The provider also sought to learn from any complaints,

general feedback on the service or accidents and incidents involving people to identify other potential areas for improvement. The senior care support worker carried out regular unannounced spot checks with staff to confirm they were working in line with the provider's procedures and people's expectations. The registered manager talked about the improvements resulting from the provider's quality assurance systems, including the allocation of more resources to people's quality assurance review meetings. They described how they kept abreast of best practice through, amongst other things, attending events run by the local authority, accessing care resources online and the provider's own internal updates. This assisted them in measuring the quality of the service provided against current best practice.