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Quality Care of Cheadle

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive rating inspection took place on 28 September 2016 and was announced. The registered provider was given 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

The last inspection took place on 22 July 2014 and the service was meeting all of the regulations we assessed.

Quality Care of Cheadle provides personal care to people in their own homes. The domiciliary care agency is based in the Shaw Heath area of Stockport and covers Cheadle and the surrounding Stockport areas. The agency provides personal care to people in their own homes. They support older people, people with a physical and/or sensory impairment and younger adults. The service currently provides support to 74 people.

The service has 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.

At this inspection, the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 Safe care and treatment and Regulation 17 Good Governance.

Medicines were not safely managed. The registered provider did not have accurate recording systems in place for medicines which were administered to people from pre filled dosette boxes. This meant there was no clear record to say what medicines the person had received. In addition to this, there were no protocols in place for people who needed medicines 'as required' (PRN).

Quality assurance systems and record keeping required improvement.

You can see what action we told the provider to take at the back of the full version of the report.

The service had sufficient staff to meet people's needs. Staff knew how to safeguard people from harm. People told us they received care from a consistent and reliable team of staff.

The registered provider had not ensured that staff had up to date disclosure and barring service checks (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Some staff who had transferred from another registered provider had not completed detailed application forms. We have made a recommendation in respect of this.

Staff told us the management team were supportive and they had access to regular training and supervision.

People told us care staff were kind and compassionate .The service had received a number of compliments about the care they provided.

There were strong working relationships with relevant health and social care professionals and staff were proactive in liaising with other agencies when they were concerned about people's well-being.

The registered provider had an up to date complaints policy and, when complaints were raised, these were investigated and responded to. People told us they knew who to contact if they had any concerns.

Staff told us they felt well supported by the management team. There were regular staff meetings and staff described an open culture within the service which meant they could discuss any concerns or issues they had.

People's views were sought on a regular basis and improvements were made as a result of these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Medicines were not safely managed.

The service did not have safe systems in place to recruit staff.

Staff we spoke with knew how to safeguard people. People told us they felt safe and that they received care from a consistent team of staff. The service had sufficient staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff received the support, training and supervision they required to deliver effective care to people.

The principles of the Mental Capacity Act 2005 were being followed.

The service worked closely with relevant health and social care professionals.

Is the service caring?

Good 

The service was caring.

All of the people we spoke with were positive about the care they received. Staff respected people's privacy and dignity.

Care staff described their role with warmth. Staff had received a number of compliments about the kind and caring support they provided.

Is the service responsive?

Good 

The service was responsive.

People and their relatives told us they were involved in the development and review of their plan of care and were satisfied with the support they received.

Staff knew people well. This meant they were able to provide care which was based on people's individual preferences. We identified some improvements which could be made to the quality of care plans.

People knew how to raise concerns. When complaints had been made these were responded to in line with the registered provider's policy.

Is the service well-led?

The service was not consistently well-led.

Although people told us they received good care and that staff knew them well, the care plans we reviewed did not consistently reflect this. Record keeping was not robust and did not provide a clear record of the care delivered to people.

People told us the service was well-managed and staff described an open culture where they could offer feedback.

Quality assurance systems had not identified the areas of concern we found in respect of medicines management.

Requires Improvement 

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 registered 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 28 September 2016. The provider was given 48 hours' notice of our visit. This was because the location provides a domiciliary care service and we needed to be sure staff would be available to meet with us. The visit was completed by two adult social care inspectors.

Telephone calls were made to people and their relatives and the staff team to gather their views. These telephone calls took place on 10 and 12 October 2016.

Before the inspection, we reviewed all of the information we held about the service, this included reviewing notifications we had received. A notification is information about important events which the service is required to send to the Commission by law. We also contacted, via email, the local authority commissioning and safeguarding teams to gather their views on the service.

As part of the inspection process we reviewed the Provider Information Return (PIR), which the provider completed in August 2016. This asks them to give key information about the service, what the service does well and what improvements they plan to make.

During the inspection, we spoke with the registered manager, who is also the nominated individual. The nominated individual must supervise the carrying on of the regulated activity. They must assess, monitor and drive improvement in the quality and safety of the services provided. We also spoke with a manager, senior care co-ordinators and two members of care staff. Following the inspection we spoke with a further four members of care staff by telephone.

We spoke, by telephone, with four people who used the service and four relatives.

We reviewed five people's care plans and associated records. We looked at medicine administration records.

We reviewed records associated with the running of the service such as policies, staff files, audits, rotas and staff meeting minutes.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe. One person said, "I am totally satisfied with the carers and with what they do. I've never needed to complain, they are very good." A relative told us, "My parents are completely safe when the agency staff are around."

Medicines were not safely managed. During our inspection we found medication administration records (MARs) did not record the medicines administered from pre filled pharmacy boxes. This was not an adequate way of recording. It did not identify and record which prescribed medicines had been administered. In addition to this, the MARs did not contain information about the person's doctor or information about known allergies.

One person had been prescribed medicines 'as required' (PRN), but there were no protocols in place for staff to identify when these medicines should be administered. There were no 'as required' protocols or guidance for staff. This meant we could not be assured people were receiving these medicines in line with the prescribing instructions.

The lack of records of administration of medicines meant we could not be assured people were being provided with consistently safe care and treatment. The registered manager was not aware that medicines administered from dosette boxes needed to be recorded individually on a MAR.

This was a breach of Regulation 12 - Safe Care and Treatment - of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at five staff files. Appropriate checks through the Disclosure and Barring Service (DBS) had taken place when staff were recruited. However, some staff had transferred from another care provider and the registered provider had not ensured they had a new DBS check before starting their employment with Quality Care of Cheadle. In addition to this the checks for some staff had not been updated for some time. The registered provider did not have a policy regarding how often these checks should be undertaken. DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Two of the application forms we reviewed lacked detail and did not provide a full employment history for the individual. We spoke with the registered manager about this and they told us staff that had transferred from another care provider had not been subject to the same checks as new staff applying to work for the registered provider.

We recommend the registered provider reviews their recruitment and selection policy in line with good practice guidance.

Risk assessments were available to ensure staff had the guidance they required to deliver safe care. At the office visit moving and handling risk management plans were not available however; the registered manager assured us they were in the care plans of people in their homes. Following the inspection the registered

manager sent us copies of these risk management plans. They were unable to provide them on the day of the inspection due to an IT issue.

Accidents and incidents were recorded and analysed by the registered manager. No one who used the service had sustained a serious injury since our last inspection, but measures were in place to ensure incidents were reviewed and action taken to reduce the risk of them reoccurring.

Staff demonstrated a good understanding of how to safeguard people who used the service. Staff had received up to date safeguarding training and were aware of the types of abuse they might see and how to report concerns. Staff told us they would always share any concerns with the office staff and they were confident concerns would be taken seriously and that action would be taken to keep people safe.

The manager explained that there had been no safeguarding referrals made to Stockport Metropolitan Borough Council (SMBC). However, they told us they kept a 'harm log'. This was a tool which had been developed by SMBC to record incidents and to give registered providers direction about the seriousness of the incident and whether a safeguarding referral was required. The manager explained this information was reviewed on a monthly basis with the safeguarding team and commissioners from SMBC. None of the incidents which had taken place within the service met the threshold for a safeguarding referral.

We reviewed the staff rota and spoke with a care co-ordinator who demonstrated the system to us. The service had an electronic system in place which enabled the care co-ordinator to plan people's care visits. The service had sufficient staff available to meet people's needs. At the time of our inspection the service was delivering 564 hours of planned personal care per week to 74 people.

Two members of staff we spoke with expressed concerns about travelling time not always being included on the rota. They told us they had raised this issue with the registered manager and felt they had been listened to. One member of staff said, "On the whole we have enough time." Another member of staff said, "We have had a few staff shortages, it's been like this for a while." However, all of the staff we spoke with told us they did not feel under pressure to cover additional shifts. The registered manager explained the service was continuously looking to recruit new staff and that the hours they delivered would not be increased unless they could provide the care people required.

People told us care staff were reliable and they were supported by a consistent team of staff. A relative told us, "If they [staff] are running late they ring us. They have only missed one call, but we knew about that. It was because of an emergency at the visit before ours. It wasn't a problem; we were alerted so we could deal with it." Another said, "We get the same carers mostly. We get three at different times, but they are all as good as one another. All of the staff are very good and caring. We've never had a missed call. They ring to let us know if they are going to be late. We know the traffic can be a problem. We say to them, just get here when you can. It's only usually 10 minutes late and as long as we know they are coming it isn't a problem."

There was an on-call system which provided support outside of office working hours. This meant staff and people could contact the service for advice or help. People we spoke with knew about the on-call contact numbers. One person said, "It's good out of hours support. We have all the phone numbers if we need to use them." All of the staff we spoke with confirmed the on-call system was effective. One member of staff said, "I have always received the support I have needed when I have called the out of hours number and it's always been a timely response."

Is the service effective?

Our findings

People and their relatives said care was effective. One relative told us, "They [staff] know what needs doing and get on with it with little input from us. They make sure they fill their time usefully." Another said, "Staff have the right qualities and training to be able to deal with [my relative]." One person who used the service told us, "I am very satisfied; I would not swap them for the world."

Staff were supported to attend a comprehensive induction before they started to support people in their own homes. Training which the registered provider considered essential included moving and handling techniques (both theory and practical training), medicines, first aid, safeguarding adults and health and safety. New care staff also had the opportunity to shadow more experienced care staff to learn how to provide effective care and develop their confidence.

Staff we spoke with confirmed they had access to a variety of training and felt well supported by the management team. A member of staff told us, "I enjoy working for this company. We have access to regular training. If you're ever in doubt you can call the manager. You're never on your own."

The registered manager explained they held a drop in session for staff each Friday when they collected their rota for the week ahead. They told us this provided staff with an opportunity to raise any concerns or to seek management support. Staff had access to regular supervision with their line manager and this was recorded. Supervision is an opportunity for staff to discuss any training and development needs. Also, any concerns they have about the people they support, and for their manager to give feedback on their practice. Although we saw some appraisals had taken place for staff these were not being consistently provided on an annual basis. We spoke with the registered manager who agreed to look into this.

We saw evidence of regular staff 'spot checks' taking place. These checks were made by the training manager and were unannounced. A standard template was used to consider the following areas of care practice: time-keeping, attitude, responsiveness and conduct with customers. There was also a section for customer comments. This meant the registered provider ensured staff had the skills they required to deliver effective care and was also an opportunity for them to ensure staff were delivering kind and compassionate care. One record we reviewed said, "[Name] very attentive to the service user's needs, calming conversation had." The person had offered the following feedback about the member of staff, "I'm happy with [Name] and look forward to her coming."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff we spoke with understood the principles of the legislation. They told us they sought consent before delivering care and would contact the registered manager should they have any concerns about people's ability to consent to care.

The service worked closely with health and social care professionals, which ensured effective care was delivered. For example, we saw staff identified when people's needs changed and they required additional support. In these circumstances, there were clear records of when these concerns had been shared with social care professionals to ensure people received the support they required to meet their needs.

The registered manager had worked with SMBC to pilot a project called 'the quality response team'. This team was designed to provide a more flexible approach to home care. The team worked collaboratively with people and their families as well relevant health and social care professionals with the aim of improving people's emotional well-being. A member of the staff told us, "The scheme was set up to move away from a more traditional model of time and task and to work with people to use their hours more flexibly to improve people's lives." Each week a meeting was held with care staff and the local authority to review the progress people had made.

As a result of this pilot, some staff had attended additional training run by SMBC with a focus on well-being and personalisation. This supported care staff to understand developments within social care and to enable people to achieve their outcomes. This demonstrated a commitment by the registered provider to work collaboratively with other professionals and to develop their service to support people more effectively.

People told us staff supported them with their nutritional needs and they were supported to make their own choices. One person said, "They help with my meals and drinks, they make what I ask them to."

Is the service caring?

Our findings

All of the people we spoke with described the staff as kind and caring. Comments from people who used the service included, "The carers treat me with kindness", "They are very nice and good to me" and "I love them to pieces, they are really friendly and happy to help in any way they can."

Overall, relatives we spoke with shared the views of people who used the service. Comments included; "They [staff] are loving and caring. We look forward to their visits. We have a laugh and they know how to get my [relative] moving", "Yes, the carers do what they think is right and it suits us" and "The carers are very good. I've never had cause to complain." One relative told us, "Some of the carers are better than others."

Staff spoke positively about their caring role and showed warmth about their work and the people that they provided care to. One member of staff said, "I really enjoy looking after people. If you give from the heart you'll get back." All of the staff we spoke with explained that they ensured people's dignity and privacy was respected. One member of staff said, "We are taught to make sure we preserve people's dignity, especially when we are supporting with personal care. For example, we cover people up and ensure they are comfortable." All of the care staff we spoke with told us they would be happy for their relative to receive support from the service should they require this type of care.

We saw that staff had completed training on the following subjects: confidentiality, equality and diversity and dignity. This demonstrated the registered provider understood the importance of staff understanding these fundamental principles of care.

Another member of staff explained they supported a person to attend a local church and that they were keen to ensure all of the support they provided was meaningful to the individual. They explained how they worked to develop a rapport when supporting someone living with dementia, "I noticed they had a black and white photo of people playing cricket so we got talking about sport. It's about finding a connection with the person and understanding what is important to them. Sometimes people can be embarrassed or don't want to delay you so I make sure people I support know I have time to spend with them."

People told us care staff ensured their care needs were met. One person said, "They [staff] help me with everything. They are attentive and make sure I have everything I need close at hand." Another told us, "They help me in and out of the shower. They are so patient with me; it is something I look forward to."

The service had received 20 compliments in the last 12 months. Comments included, 'We cannot sing your praises or thank you enough for doing such a brilliant job and looking after [Name] so patiently and caringly', 'It was above and beyond the call of duty' and 'We just wanted to say a big thank you for the care and support you gave [Name] over the last eight months. We take comfort in knowing [Name] was surrounded by people who loved and care for her. Thank you again for the amazing work you do.'

Is the service responsive?

Our findings

People told us they received responsive care. One person said, "I am totally satisfied with the carers and with what they do." A relative told us, "We are completely satisfied, the care and support is excellent."

A relative explained they had been involved in developing the care plan for their loved one. They said, "We rang the agency and they came around. They sat with us and worked out what we needed. They have a care plan and make notes for the next person to follow. We are still very involved with the care and work with the agency."

All of the care staff we spoke with knew people well and could describe people's likes and dislikes. People who used the service told us they were satisfied with the care they received. However, there was room for improvement in some of the care planning documentation we reviewed as it did not always reflect the care which was being provided to people.

People and their relatives told us they were involved in reviewing their care with care staff. We saw reviews took place on a regular basis. Despite this, we identified some improvements which could be made with the care planning documentation. For example, not all of the care plans we reviewed reflected the care which was being delivered to people and some care plans contained out of date information which needed to be archived. We spoke with the registered manager about this and they agreed to review the documentation. They explained they had recently had an issue with their electronic systems which they were working to rectify.

The registered provider ran a group called 'Socially Yours'. This had been running for the last four years and aimed to bring older people together in the community to reduce social isolation. The group met weekly in a local church hall and on average between 10 and 12 people attended. Activities included afternoon tea at a local school, poppy making and first aid training. The registered manager explained they had applied for and secured a grant to set up an allotment. A relative had sent feedback regarding this group which read, '[Name] thoroughly enjoys it, has made new friends, which is not something which happens often when you are 84 years old. The activities available are meaningful and challenging at the same time.'

People and their relatives told us they knew how to raise any concerns or complaints with the registered provider. One person said, "I would speak to someone at the office if I was unhappy, but have no complaints so far." Another person said, "The lady at the office is very good. If I need anything I ring and she sorts it out." A relative told us, "If I was unhappy I would ring them. I've not had to, but I am sure they would deal with it properly, like they do everything else."

The service had an up to date complaints policy which was available for people and their families. This provided clear information to people about how the complaint would be responded to and gave information about other bodies which could be approached should they not be satisfied with the response. The service had received three complaints in the last 12 months and these had been appropriately responded to.

Is the service well-led?

Our findings

People and their relatives told us they thought the service was well-led. One person said, "It is well organised and they know who I am when I contact them. I would definitely recommend them to other people." Another told us, "I am as happy as I can be, I couldn't ask for more."

Although we received positive feedback from people, we identified the need to improve record keeping across the service. Some of the MARs and daily records we reviewed had been completed in pencil. This was not a robust mechanism for recording. In addition to this, we saw care planning records contained information which was out of date and needed to be archived.

The registered manager explained that monthly medicine audits were completed and we saw evidence that these audits had identified some issues regarding gaps in MARs. Issues which had been identified had been rectified. However, the audits had not identified the issues we found in respect of the unsafe management of medicines. We spoke with the member of staff responsible for completing staff competency checks with regard to staff ability to safely administer medicines. They told us they completed these checks on a regular basis. However, there was no record of the checks having taken place. The registered manager told us they did not realise that the recording of 'dosette boxes' on MARs was not sufficient.

Care plan audits had not taken place and this meant that some information within care plans was out of date and needed to be archived. This was a breach of Regulation 17 – Good Governance- of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had been running the service for the last 20 years. They were supported by a manager who was in the process of completing their national vocational qualification in health and social care level 5. We were told once they had completed this course the intention was that they would apply to become the registered manager.

Staff we spoke with were positive about the culture within the service. They described feeling listened to and that their views were respected. One member of staff said, "I like the fact that it is a small firm, it has a family feel." Another echoed this view, "The management support we receive is quite nice. It's a smaller, family run service. If I call the office, I know who I am talking to and I trust them. We're more of a team."

The service user guide stated, "We promote the freedom of choice of people and will always treat each person with respect and dignity. We will ensure each person is treated as a valued individual respecting their cultural beliefs." People we spoke with described this kind of support from staff and were satisfied with the care they received.

Staff morale was good and we found an open and transparent culture within the service. Staff told us they felt well supported by the management team and that their views were listened to and acted upon. We saw evidence of regular formal staff meetings taking place along with weekly 'drop in sessions' which provided staff with the opportunity to give feedback about the service.

The service asked for formal feedback via an annual satisfaction questionnaire which was sent to people and their relatives. The feedback had been collated into a report completed by the management team. Where issues or themes were identified, there was a clear record of the action taken to improve this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicine administration records were not robust and did not contain information about the medicines which had been administered to people. There was a lack of guidance for staff in respect of medicines which were 'as required'.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not completing care plan audits and this meant some care plans contained out of date information which needed to be archived. Medicines audits had not identified the issues with the medication administration records.</p>