Cheviot Care Limited

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Inspection report

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Date of inspection visit: 6 May 2015
Date of publication: 23/07/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

The announced inspection took place on 6 May 2015. We last inspected Cheviot Care Limited in September 2013. At that inspection we found the service was meeting all the regulations that we inspected.

Cheviot Care Limited provides home care and housing support for people living within the local community in Wooler. At the time of the inspection 30 people were being provided with services, although these figures will fluctuate due to the nature of the service.

The service had a registered manager in post. 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 told us or communicated that they felt safe. Risks were identified and generally managed effectively so that people were kept safe, without compromising their independence. Staff knew how to protect people from abuse because of appropriate training received and safeguarding procedures that were in place.

Summary of findings

Emergency procedures were in place to ensure that people continued to receive care and support from the provider, for example in poor weather conditions. The provider also had systems in place to ensure staff sickness and holidays were covered.

There were enough staff to meet people's needs. Staff support was provided at the times people needed it and managed flexibly so people's individual wishes could be accommodated. Staff had been vetted before they were employed to ensure they were suitable to work with vulnerable people.

People told us they got their medicines at the times they needed them and staff supported them well with this. We have made a recommendation to the provider to ensure best practice in managing medicines is followed.

The provider had ensured the staff were trained to provide the care people needed. This included basic training in the fundamentals of care, as well as more specialised training using healthcare professionals when required.

The registered manager understood the requirements of the Mental Capacity Act 2005 and had taken action where necessary, when concerns were identified about people's capacity to make their own decisions.

Where staff supported people to eat and drink, this was done effectively.

People got the support they needed to maintain good health and obtain additional medical support if the need arose. There were effective systems in place to monitor people's health and wellbeing.

Staff were very kind and considerate when providing care and support to people. They supported people to express their views and were skilled at listening and communicating with people. It was apparent people got on well with their care workers. They told us, "I like the workers." Staff understood the importance of promoting people's privacy and dignity when they provided care to them.

Care plans were in place to guide staff as to how care should be provided, although these needed to be reviewed to ensure detailed information was recorded and we have made a recommendation to the provider. It was clear from our communication with people, they had been involved in planning their care. As a consequence, the support provided to people reflected their wishes and aims. This meant people got the support they needed and wanted. For instance, people were able to get out into the community if that was part of their support package. This showed the service provided the personalised care people wanted.

People understood how to make a complaint or raise any concerns about their care. The registered manager had checked to make sure people understood how to do this. Documents about making a complaint were available to people who used the service.

The registered manager provided good leadership to the staff team and managed the service well. Both she and the staff team were well known to people in the local area.

The staff team promoted a positive culture, which meant both people using the service and staff, had ample opportunities to discuss their views about the service. People's views were taken into account which meant the service was provided in a flexible way to meet people's needs, wishes and choices.

There were systems in place to check on the quality of care being delivered including regular meetings with people who used the service and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
Not all aspects of the service were safe.

People told us they got their medicines at the times they needed them, although we have made a recommendation regarding best practice in medicines management.

People told us they felt safe with the service that was provided.

There were sufficient staff to meet people's needs and at the times they needed this support. Staff were vetted before they were employed.

Requires improvement

Is the service effective?
The service was effective.

Staff told us they were well supported to carry out their role. Individual appraisal of their performance was due to commence.

The registered manager understood the Mental Capacity Act 2005 and the action needed when people lacked capacity to make their own decisions. However, all of the people currently using the service had capacity to consent.

People got the support they needed with their meals and drinks if that was required and with the maintenance of their health and well-being.

Good

Is the service caring?
The service was extremely caring.

Staff were kind and considerate.

Staff encouraged people to express their views about their care and understood the importance of promoting people's privacy and dignity.

Outstanding

Is the service responsive?
Not all aspects of the service were responsive.

Personalised care was provided, which meant people got the help they needed to enjoy their daily lives. However, care plans were not always detailed in their content and we have made a recommendation to the provider.

People knew who to contact if they were unhappy about any aspect of their care and the registered manager ensured people were reminded of the importance of raising any concerns through literature made available.

Requires improvement

Is the service well-led?
The service was well led.

Good

Summary of findings

The registered manager provided good leadership to the staff team and was well known to people who used the service, who had a good relationship with her.

There were systems in place to check on the quality of care being delivered including visits to people and staff meetings, surveys and checks on the care provided to people.

Cheviot Care Limited

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 6 May 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in to access records.

The inspection was carried out by 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 used this information to support our inspection.

We reviewed other information we held about the service, including any notifications we had received from the provider about serious injuries or deaths for example. We also contacted the local authority commissioners for the service, the local Healthwatch and local authority safeguarding team. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection. On the day of out inspection we spoke with a community nurse who had knowledge of the service.

We spoke with four people and received surveys back from seven out of eight people who used the service. We also gained the views of two relatives of people who used the service. We spoke with the registered manager, and two out of the four members of care staff. We looked at a range of records which included the care and medicine records for four people who used the service, three staff personnel files, health and safety information and other documents related to the management of the service.

We asked four members of the local community to share their views on the service.

Requires improvement

Is the service safe?

Our findings

All of the people who returned surveys told us they felt safe from abuse or any harm from their care workers. The people whom we spoke with confirmed the feelings of the people in the survey and made comments, "I feel extremely safe" and "Oh yes, I am very safe."

People told us they got their medicines at the times they needed them. One person said, "[Staff name] sees to my medicine, she's very good, she puts it all back tidy too." However, we noted there was no written protocol to support staff in managing the use of 'when required' medicines. 'When required' medicines are medicines used by people when the need arises; for example tablets for pain relief or creams for a variety of intermittent health conditions. We discussed this with the registered manager and she said she would ensure this information was put in place.

Staff knew what protecting people in their care meant and would be able to spot any signs of abuse occurring. The provider had safeguarding procedures in place. The registered manager was able to explain the process she would follow, including reporting concerns to the local authority safeguarding team and also to the Care Quality Commission. The provider had whistleblowing procedures in place to support staff and staff were able to gain access to these along with all other policies and procedures within the service.

Where risks had been identified, staff completed risk assessments to ensure people were safe. For example, a risk assessment had been completed for one person who was at risk of falls. We found from viewing care records people were generally assessed against a range of potential risks, such as falls and mobility. However, we found that not all medicines risk assessments had been completed. We discussed this with the registered manager and they told us they would review records and ensure all relevant medicines risk assessments were in place.

Emergency procedures were in place and regularly reviewed. Emergency contingency plans detailed what staff should do in the event of any emergencies, including; poor weather conditions or lack of response (at the door) from people who they visited to provide care. That meant the provider had thought of possible situations which could impact on the people they cared for and had measures in place to minimise the impact. We discussed poor weather conditions with the registered manager (as Wooler is a rural area). She told us that staff all lived locally and if cars were unable to be used, then staff would be able to travel by foot.

We found that no accidents or incidents had been recorded, although the staff and the registered manager knew how to record these and what responsibilities they had to follow, in terms of reporting procedures. We did discover, through talking to one person that an incident had occurred where the person had fallen and this had not been recorded on the appropriate paperwork. We discussed this with the registered manager, who was aware of the incident and who said this was an error and should have been recorded.

Appropriate recruitment procedures were followed when new staff were appointed. We checked the records of a newly appointed member of staff and found the registered manager had followed safe working practices, including obtaining a Disclosure and Barring Service (DBS) check. DBS checks ensure that staff are not barred from working with vulnerable people. References had been obtained, along with a full working history and identification.

The registered manager explained that staff levels were maintained to ensure there was enough staff to provide care and support to the people who used the service. We asked how they managed holidays and sickness. The registered manager explained that they had taken on a staff member who would cover these type of hours and any additional hours as required; but said that all staff supported one another to ensure people's hours were covered. The registered manager said, "We are a small team and work together." Staff support was provided at the times people needed it and managed flexibly so people's individual wishes could be accommodated.

We checked that the hours being spent with people to provide care and support (using the daily record sheets held at the person's property) corresponded with the amount being paid for in the service agreement. We found all hours correlated and in fact, people told us that staff usually spent a little more time than they should.

We recommend that the service uses best practice in relation to the management of medicines, particularly 'as required' medicines and risk assessments.

Good

Is the service effective?

Our findings

People told us they thought staff were skilled in their work and knew what they were doing. One person told us the staff were, "Good at it." ['it' meaning care and support]. People told us they received care and support from familiar and consistent care workers who always arrived on time. All the people we spoke with or contacted via the survey, agreed that staff helped them to remain as independent as possible. For example, providing them with personal care and helping them with meals meaning they could remain in their own home rather than have to live elsewhere.

During staff induction, new staff were introduced to the people they would support and given information about their needs and wishes. The registered manager checked to ensure new staff understood their role and how to support people safely. We were told that when a new person registered with the service the whole staff team visited to introduce themselves.

We saw that staff received support to enable their professional development. Meetings were held weekly to discuss a range of issues, including people in the service as well as any development needs for the staff team. For instance, we were told by the community nurse that the team had asked for specific training in catheter care at one point in order to fully support a person they were caring for. We looked at training records and found that staff had completed appropriate training in a number of areas, including infection control, equality and diversity and first aid. Four staff had also undertaken either NVQ levels 2, 3 or 4 in Health and Social Care. We noticed that some of the training needed to be refreshed. The registered manager told us that training was planned for the coming months with a local provider they used. We saw evidence of this.

Supervision was not always recorded formally, although staff told us they felt supported. One staff member said, "We meet every week which is really good." We discussed this with the registered manager and they told us they would ensure that records were kept of times when 'supervision' took place. The registered manager said, "Staff get the opportunity to discuss anything at our meetings." This meant the provider ensured that staff received support to carry out their roles. Appraisals had not been completed but the registered manager told us these were in hand and would be completed over the next few months. Appraisals are formal assessments of the performance of an employee over a particular period (usually a year).

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' The registered manager demonstrated that she understood her responsibilities under the MCA. She explained that she had previously had conversations with the local authority where concerns had been identified. Staff had previously received training in this area. This meant the provider was following the requirements of MCA.

The service recorded where people had lasting power of attorney in place or where the person had made any advanced decisions. Advanced decisions (sometimes known as a living will) is a decision you can make now to refuse a specific type of treatment at some time in the future. Lasting power of attorney is a legal document which states that a third party is able to have control over someone's affairs, including decisions about finances, care and welfare, once the person lacks the capacity. The registered manager was fully aware of her responsibilities to ensure staff had this information.

Care records showed that people or their relatives had signed to give consent to the provision of care and support by the provider and the people we spoke with confirmed this. All of the people at the service had capacity to give their consent.

People's records described the support they needed with eating and drinking, including any risks associated with their nutrition. People confirmed they enjoyed their meals where staff provided support and respected their choice of food. The service had sought advice from healthcare professionals if the need had arisen and we confirmed from people and their records that referrals to other healthcare professionals, including GP's, nurses and emergency healthcare had been sought when required. One person explained that staff had supported her with emergency help when they found her, after she had fallen while staff were not present. They told us, "I had to go to hospital, but am on the mend now."

Outstanding ☆

Is the service caring?

Our findings

Every person we spoke with commented on how extremely caring, kind and considerate and 'lovely' the staff were. One person said, "You could not get any better. They are local and know us well." A relative confirmed this statement. Another person told us, "I am very happy with the staff" and "They also let us know if there is a problem." One person told us, "They [staff] are good girls. They will sit and listen, sometimes after their shift has finished. I have even known them to come back and I am sure they don't get paid then." [The person was explaining that staff had been to a local shop for an item of shopping for them outside of their normal hours].

When we asked people if they would recommend the service to others, they all said definitely without any hesitation. Healthwatch made us aware of a comment by a relative of a person who had passed away. The relative said, "My husband passed away, we had great care from Cheviot Care." We noted that in previous inspections, the comments regarding the way staff treated people had been consistently positive.

People told us they were fully involved and had "their say" in the care that was delivered. Relatives we spoke with also confirmed this. We saw that people had signed care records to endorse their approval. People also told us they felt the service provided them with enough information. We saw in people's homes that the provider had given 'service user' handbooks. This and other information, provided people with details on all areas of the service, including fees, complaints, who the registered manager was and a description of the service provided.

A community nurse who had knowledge of the service said, "Lovely bunch of staff, very caring." They also told us the staff were well known and respected in the local community. During the inspection we took time to visit two local stores in the area and asked the question, "Are you aware of a care and support agency called 'Cheviot Care Limited'. All of the people we spoke with said they did and all commented they were respected in the area and "did good work for the local people."

It was clear, the staff we spoke with were dedicated and passionate about the service they provided to people in their local community. They told us, "We already knew a lot of these people and have grown up with most of them."

And "It means a lot to me." We found these staff genuinely valued people and thoughtfully considered their 'holistic' needs, particularly their emotional and social needs. For example, one person told us staff had called back to see them on an occasion when they were feeling particularly "isolated", they also said that staff had often called them outside of their normal working hours. The registered manager confirmed that staff (including herself) would often call people outside of normal hours to check everything was ok, particularly when they knew people were feeling emotionally vulnerable.

We noticed that the registered manager kept a separate list of people's birthday dates so that cards could be sent to celebrate the day with the person. On a more sombre note, the registered manager told us that when people passed away, she always ensured that staff were able to attend the funeral to show their respect. She said, "Working within a local community, this is even more important."

The registered manager showed us cards received at the service to give thanks and gratitude for the care and support staff had showed. We were not able to confirm when they had been received because no date was recorded but the registered manager confirmed they were all fairly recent. Some of the comments were, "Thank you very much for the lovely puzzle. It will keep me busy for a long time" and "Thank you for all you have done for me." We saw many notes from relatives thanking the staff for the kindness and special care they had shown their loved ones before they passed away.

We were given a DVD to view, which had been made with the permission of people using the service and staff to support another country in the far east setting up similar businesses. People in the video were very positive about the care and support staff provided. It was clear from the interactions that people highly regarded the relationship between themselves and the care staff who supported them. This was confirmed when we spoke with people on the day of the inspection and they told us, "Staff are great" and "I don't know what I would do without them."

From the Care Quality Commission survey that people had responded to, 100% confirmed they were always introduced to their care workers before they provided support. 100% also confirmed their care workers were kind and caring and treated them with dignity and respect.

Outstanding ☆

Is the service caring?

Staff spoke about the people they cared for in a positive and respectful manner. They knew the people well and were able to describe their needs when we asked. Although we did not observe any care being delivered on the day of the inspection, people and their relatives told us staff treated them with respect and dignity and gave them 'outstanding/wonderful' care. One person said, "It's the way they [staff] look after you, they go out of their way to make sure your happy with what they are doing."

The registered manager informed us that no one was currently using advocacy services. Advocates can represent the views and wishes for people who are not able express their wishes. We noted that information was available to people within the 'service user' information issued by the provider to people receiving care and support.

Requires improvement

Is the service responsive?

Our findings

People told us that the staff team had good communication skills and listened to them. One person said, "I am just about all sorted once they [staff] leave." Another person said, "If I have ever needed anything, the girls have seen to it."

Staff were well informed about the people they supported. They were aware of their health and support needs and knew people well. We were able to confirm this information from looking at the pre-admission assessments completed by the registered manager, by daily records kept and by speaking with staff about individuals. One staff member was able to describe a particular person's needs and what they would do if they noticed a change in their requirements.

We looked at six people's care records and noted that care plans were not always detailed in their content. We also noted that some people had particular needs recorded in their care records but there was no care plan in place to help staff support the person in that area. For example, a number of people had medicines administration needs and no care plan was in place, although people were receiving this particular support from staff. We looked at the provider's policy and paperwork in connection with care planning and found that the paperwork format was not in place that should have been. We discussed what we had found with the registered manager who told us that they would review records to ensure all individual care plans were in place, were up to date and appropriate.

People told us that staff helped them, to do some of the things they could not do without their support. For example, washing and preparing food. Staff supported people with activities or social events if that was part of their agreed care package. This included taking people to the hairdressers or shopping, which ensured that people were less socially isolated. The provider ensured that people using the service had contact numbers to use should an unexpected issue arise or additional support was required, we saw this information on people's records in their homes. A member of the local community told us, "My neighbour used to use that service before they died. I know they sometimes phoned to ask for help and they [staff] would be straight round."

People told us they had a choice in the way care and support provided by staff was delivered. One person said, "I like to have things a certain way and the girls are always obliging." Another person told us they explained to staff how they wanted to be given their medicine and staff always followed instructions. In the survey that the Care Quality Commission completed with people using the service, 100% of people who responded told us they were involved in decision-making about their care and support needs. This all meant people were listened to and their choices and decisions were taken into account.

People and their relatives we spoke with all knew how to complain, but all of them told us, they had never need to. One person said, "If anything was wrong, I would just tell the staff and they would sort it out. Not really a complaint though." The provider had complaints procedures in place and these were available to people and relatives through information given in the 'service user' handbook. We noted that no complaints had been received at the service since the last inspection in September 2013.

The community nurse told us that staff worked well with other healthcare professionals, particularly hospitals. They further explained that, for example, if people had to attend hospital the staff ensured that all relevant information was passed over. That meant relevant information was shared to better support people with their healthcare needs during transition to other services.

We recommend the service uses best practice guidelines in care planning and follows its own policies.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since 2011. She had helped set the service up with a number of colleagues and had worked in adult social care for over 30 years. She was very committed to providing an excellent quality service to the people in the local community for whom she worked and the service, and staff were well known in the local area.

A community nurse we had spoken with was complimentary about the work the staff did at the service. They told us, "The service is crucial in this area and the staff work well with us."

The registered manager told us that they intended to publicise this report from the CQC in the local GP practice as they did not have a web site. This would ensure that members of the public had a further opportunity to help them access our findings from the inspection. This showed the registered manager had an open culture and good community links.

Staff felt they were able to express their views. This was done (we were told) at the weekly staff meetings, although this was not always reflected in the minutes we saw. The registered manager told us she would ensure minutes were more detailed in future.

People using the service confirmed that they felt fully involved by the staff and the registered manager and told us they were asked for their views. One person said, "Staff are always checking everything is ok and if they can do anything better, they are very good." People confirmed that information they received was clear and easy to understand. We saw that surveys had been carried out to obtain the views of people who used the service, as well as their relatives. We looked at a sample of these and saw the results were positive.

Policies and procedures were kept up to date using a professional company to support this and this ensured all staff had up to date information in best practice. Policies were available in hard copy and online, including staff information regarding sickness, holidays and other procedural information regarding their terms and conditions.

The registered manager carried out a number of checks to monitor the quality of the service being provided to people. The registered manager told us she monitored the work of staff by completing spot checks on working practise, including if staff were using protective equipment to maintain infection control standards, and to confirm documentation was correct and in place.

We saw evidence that discussions around the quality of the service were discussed in weekly meetings and where any issues were noted that actions were made to rectify this. For example information was missing from a medicine administration record and this was rectified. We also noted from minutes that discussions took place to decide the best staff member to support individuals that were new to the service.