Care Quality Commission

Cheshire East Council

Cheshire East Council Domiciliary Care Service

Inspection report

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13 March 2019

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Ratings

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

Summary of findings

Overall summary

About the service:
Cheshire East Domiciliary Care Service provides reablement support and care to people living in their own homes in the community following planned hospital discharges or in emergency circumstances. At the time of our inspection there were 38 people using the service, however this number changes daily depending on the level of need for the service.

People's experience of using this service:
Everyone we spoke with said they felt safe receiving a service from Cheshire East Domiciliary Care Service. Medication was managed safely, and risks to people's health, safety and wellbeing were assessed and reviewed during their package of care. Staff were recruited safely and incidents and accidents were logged and analysed. There was enough staff to be able to support people safely.

Staff had completed all training which the registered provider had deemed as 'mandatory' and there was a comprehensive induction in place for staff who were new to the organisation. People were supported to manage their food and fluid intake and were supported to make their own meals where possible. The registered manager was knowledgeable about the Mental Capacity Act (MCA) 2005, and associated legislation. Consent was clearly recorded in people's care plans.

People were complimentary regarding the caring nature of the staff. Care plans evidenced involvement. People were signposted to local advocacy agencies if needed.

People received personalised care which was largely focused on their individual needs and outcomes. The staff worked alongside people and families to 'enable' them to regain their independence following a stay in hospital, and we saw care plans reflected this.
There was a complaints procedure in place and people we spoke with told us they knew how to complain.

The registered manager was driven to continuously improve the service they provided, and they worked alongside another registered manager to share good practice and create a range of audits to identify improvements. The organisation worked in partnership with the local hospitals, discharge teams, and other health and social care providers to ensure people had access to care which was right for them and met their needs. The registered manager notified us any reportable incidents.

Rating at last inspection:
Rated good, reported published September 2016.

Why we inspected:
This was a planned inspection in line with our inspecting schedule.

Follow up:

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Safe Details are in our Safe findings below.	**Good**
Is the service effective? The service remained effective Details are in our Effective findings below.	**Good**
Is the service caring? The service remained caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service remained responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service remained well-led Details are in our Well-Led findings below.	**Good**

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Cheshire East Council Domiciliary Care Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of an adult social care inspector and an Expert by Experience who made phone calls to people with their consent after the inspection had taken place.

Service and service type:
Cheshire East Domiciliary Care Services provides personal care and reablement support to people in their own homes for a maximum of six weeks following a hospital discharge or in the event of an emergency.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community as well as specialist housing. It provides a service to older adults and younger disabled adults. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 12 March 2019 and ended on 13 March 2019. We visited the office location on 12 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We made phone calls to people in their homes on 13 March 2019.

What we did:
Our planning took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We assessed the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people using the service and two family members, to ask about their experience of care. We also spoke with the registered manager, the registered provider and five members of staff.

We looked at four people's care records and a selection of other records including quality monitoring records, recruitment and training records for two staff.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
●Staff we spoke with were able to describe the course of action they would take to ensure that people using the service were protected from harm and abuse. This included reporting any concerns to the registered manager or whistleblowing to external organisations.
●There were policies and procedures available which included the safeguarding processes for the other Local areas for people to refer to. These were also made available in different formats to support peoples understanding.

Assessing risk, safety monitoring and management
●Everyone we spoke with said they liked the staff, they saw the same faces, and the staff came on time.
●Risks to people's health, safety and wellbeing were continuously assessed by staff who had undergone a training programme to enable them to do this.
●Potential risks were assessed when people's care started, and we saw that control measures were agreed with them to help overcome these risks. For example, we saw that someone was at risk of falls. There was a risk assessment which included supporting the person to walk short distances in their garden, to enable them to regain their strength and independence.
●There was a process in place to record, monitor and analyse incidents and accidents. The registered manager recorded all incidents, accidents and near misses, using an electronic system. Consideration was given to any emerging patterns or trends.
●Risk assessments took place on people's home. We saw in some cases, people had been consulted with around asking the fire brigade to attend their properties to complete additional checks on their fire prevention systems .

Staffing and recruitment
●There was enough staff in post to provide a safe and consistent service.
●Staff said their rotas were well organised, and they had clear, advance communication from the coordinators if any changes were made. .
●Rotas were developed using an Electronical Call Monitoring system. Staff were expected to 'log in and out' of their calls using a smart phone. This ensured people had scheduled visits when they needed them and reduced the risk of 'missed calls' occurring.
●Staff recruitment and selection remained safe, and we saw that staff were only offered a position in the service once all satisfactory checks on their character and suitability to work with vulnerable people had been received and verified.

Using medicines safely

●There was a detailed medication assessment in place for each person which described the type of support they required to take their medications safely.
●Where staff were required to assist people with medication, Medication Administration Charts were completed fully by staff who had undergone additional training to enable them to complete this task.
●There was a medication policy in place which had been re-written to incorporate recent guidance for medication in home care by the National Institute for Clinical Excellence (NICE).

Preventing and controlling infection
●There were stocks of Personal Protective Equipment (PPE) available for staff to use, such as gloves and aprons.
●Staff were provided with a tunic or polo shirt to wear when they were carrying out personal care calls and there was hand washing guidance and infection control techniques communicated to staff via the staff handbook.

Learning lessons when things go wrong
●The registered manager was open to ongoing learning and had made some improvements to service provision as result of negative practice.
●For example, we saw that new medication training, documentation and auditing had been introduced at the service as result of some paper-based errors which had occurred a few months prior.
●The registered manager had developed an active face to face workshop, which staff were expected to complete, along with medication training, which focused primarily on medication errors, and how they can be avoided in a hope to raise awareness of this.
●We saw that the number of medication errors had decreased in the last few months.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●Each person had a pre- assessment of their needs, which took place before the staff started to provide care.
●Pre-assessment documentation was focused on what tasks people could do for themselves and what tasks they required staff assistance with. and what they required support with.
●This information formed the basis of people's support plans which were subject to continuous reassessment by the staff as the person completed more tasks with minimal help.

Staff support: induction, training, skills and experience
●Our conversations with the staff demonstrated they were highly skilled and trained in this specific type of reablement support. Comments about the staff included, "They are very kind and they do a good job."
●One staff member described how the outcome of their support for a person was to ensure they gained skills and confidence.
●Each staff member we spoke with told us that training was always available and staff were often asked if there was any additional training they would like to attend.
● Staff were trained in subjects which the registered provider deemed as mandatory.
●The registered manager had networked with the local colleges to access more training for staff in first aid, and infection control.
●Staff completed an induction process which was aligned to the principles of the Care Certificate.
●Staff told us they had plenty of shadowing opportunities and engaged in regular supervision with their line managers.

Supporting people to eat and drink enough to maintain a balanced diet
●Where necessary people were supported by staff with their meals in their own homes.
●Staff kept detailed records of how much support people required to maintain their eating and drinking needs. We saw in some cases staff had assessed that people required full support with this and had made referrals to dieticians if people were identified as being at risk of malnutrition.

Staff working with other agencies to provide consistent, effective, timely care
●The service worked in conjunction with the hospital teams to ensure care packages were in place for people before they were discharged.
●The service also worked in partnership with other care agencies where appropriate.
●We saw for one person who had dementia, the service supported the new care agency who took over from

them for some weeks to enable them to build up relationships with the person and their family.

Supporting people to live healthier lives, access healthcare services and support
●People were supported to attend and arrange GP appointments if needed.
●People were supported to discuss their options regarding care providers and were signposted to the appropriate people and organisations.

Ensuring consent to care and treatment in line with law and guidance
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".

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
●There was no one currently in receipt of support who had any restrictions on their liberty or any issues with their capacity and decision making.
●Our conversations with the staff evidenced they understood the MCA and the principles which underpinned the act.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
●Everyone we spoke with told us that the staff were kind and caring. Comments included "They [staff] are lovely with us" and "They look after me."
●Care plans were written in way which put the diverse needs of the person first. For example, we saw how one person communicated in a different language, and staff had taken time to learn some of the person's language in order to help support them effectively.

Supporting people to express their views and be involved in making decisions about their care
●Everyone we spoke with told us that the staff respected their views and they were fully involved in the completion of their care plan. One family member told us, "I am fully involved in [relatives] care."
●People were asked for their views and feedback with regards to their care package. Staff spent time with people re-assessing their needs as the package progressed, to ensure any progress was being logged.
●We saw that where further support with decisions was needed, people were signposted to advocacy agencies or charitable organisations for help and support.

Respecting and promoting people's privacy, dignity and independence
●Care plans were written in a way which respected people's dignity and preserved their independence.
●We spent time talking to staff, who described how they ensured people were treated with dignity. One staff member said, "It is important to ask the person what they can do first, rather than doing for them." Another member of staff explained how they always ensured the person was happy with either gender supporting them with personal care needs.
●People's information was not unnecessary shared with others and people were provided with information in a format which met their needs to make them aware of their rights under General Data Protection Regulations (GDPR.)

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
●People were in receipt of a personalised service. Staff described how each person's care package was outcome based depending on the level of support they needed.
●People's preferences for care, based on their choices was clearly documented in their care plans. People and their relatives were given choice over how their care was carried out. For example, we saw how one person only wished to be supported by female members of staff, whilst others had no preference.
●There was detailed information about people's backgrounds and personalities which the staff added to as they got to know the person.
●The staff helped people make use of assistive technologies, such as alarms to remind them to take medication, to enable them to complete the task independently.
●Staff knew the people they supported well, including their dietary needs and preferences, activities they preferred, how best to approach people and how to support people if they became agitated or upset.

Improving care quality in response to complaints or concerns
●There had been no recorded complaints at the service.
●People were provided with information when their care package started regarding complaints and how to make a formal complaint.
●Everyone we spoke with said they had never felt the need to make a complaint but understood the process they needed to follow should the need arise.

End of life care and support
●Staff had undertaken end of life training.
●Due to the service model being primary reablement support they did not often provide end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had informed CQC of any incidents using the statutory notification process.
- There was an honest and open culture at the service. Staff we spoke with agreed that the organisation had undergone some recent changes, and they were always encouraged via an 'open door procedure' to raise any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff we spoke with were clear regarding their roles and were able to describe the culture of the organisation, being open and person focused.
- There were audits and Key Performance Indicators (KPI's) which measured the quality and the performance of the service.
- Actions were clearly documented and assigned to the appropriate person. For example, medication audits had highlighted a need to improve practices in line with current guidance. We saw that the registered manager had re-designed the training for staff to reflect this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt fully engaged regarding any organisational changes.
- People were asked to complete feedback forms when their care packages came to an end. These were available in different formats to support people's understanding. We saw positive feedback had been documented along with any areas of improvement.
- People told us they received regular visits and phone calls from the senior managers to ensure their care package was going well and to ask for feedback about the service.

Continuous learning and improving care

- The registered manager had taken on feedback throughout our inspection and welcomed learning and improvement.
- The registered manager had set up regular meetings with the registered manager from another location following their CQC inspection and together they exchanged ideas and developed a personal action plan for continuous improvement.

Working in partnership with others

- The service worked closely with the local hospitals and discharge teams, so people were supported to

leave hospital sooner with the care they needed.
●The service worked in partnership with other health and social care providers to make sure that packages of care were sustainable and the process of moving from one provider to the other was smooth.