Cherwell Care Services Limited

Cherwell Care Services Limited - 50 Bucknell Road

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Cherwell Care Services on 09 June 2016. The inspection was announced. Cherwell Care Services is a domiciliary care agency in Bicester that provides care to people in their own homes in and around Oxfordshire. At the time of this inspection, the agency was supporting 55 people.

There was 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. The registered manager worked closely with a director of operations.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. However, the registered manager was not clear on their responsibilities to ensure the service completed their own mental capacity assessments if it was thought a person may lack the capacity to make certain decisions. Where people were thought to lack capacity, assessments in relation to their capacity assessments had not been completed in line with the principles of MCA.

We recommend the registered manager seeks support from a reputable source around the MCA codes of practice.

People who used the service felt safe. The staff had a clear understanding of how to safeguard people and protect them from harm. Staff understood their responsibilities to report any suspected abuse. People and staff were confident they could raise any concerns and these would be dealt with. The provider had systems in place to manage and support safe administration of medicines. The service had sufficient numbers of suitably qualified staff to meet people's needs.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where required, staff involved a range of other professionals in people's care.

People's needs were assessed and care plans enabled staff to understand how to support people. Changes in people's needs were identified through regular reviews. People's interests and preferences were discussed during assessments and these were used to plan their care. The service was flexible and responded positively to people's requests.

People felt supported by competent staff. Staff benefitted from regular supervision (one to one meetings with their line manager) and yearly appraisals to reflect on their practice and develop their skills. Staff received training specific to people's needs.

People and their relatives described the staff as good and providing very good care. People felt they were

treated with kindness and their privacy and dignity were always respected. Staff had developed positive relationships with people.

The registered manager informed us of all notifiable incidents. The service had quality assurances in place. The registered manager had a clear plan to develop and improve the service. Staff spoke positively about the management and direction they had from the registered manager.

The registered manager had a clear vision for the service which was shared throughout the staff team. The vision was promoting independence and allowing people to live a safe normal life in their homes. This was embedded within staff practices and evidenced through people's care plans. Staff felt supported by the registered manager and the provider.

Leadership within the service was open and transparent at all levels. The provider had systems to enable people and their relatives to provide feedback on the support they received. The feedback was acted upon when required.

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.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Staff knew how to identify and raise safeguarding concerns.

Risks to people were managed and assessments were in place to manage the risks and keep people safe.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective

Staff had good knowledge of the Mental Capacity Act 2005. However, the registered manager was not clear on their responsibilities to ensure the service completed their own mental capacity assessments if it was thought a person may lack the capacity to make certain decisions.

Staff had the knowledge and skills to meet people's needs.

People were supported to have their nutritional needs met.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Care plans were personalised and gave clear guidance for staff on how to support people.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service.

People knew the registered manager and spoke to them with confidence.

The leadership throughout the service created a culture of openness that made people feel included and supported.

Staff spoke positively about the team and the leadership.

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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 09 June 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 in the office. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We contacted social and health care professionals who had professional involvement with the service. This was to obtain their views on the quality of the service provided to people and how the service was being managed. We also contacted commissioners of the service.

We spoke with the registered manager, the recruitment officer and four members of staff which included care staff and office care coordinators. We reviewed a range of records relating to the management of the domiciliary care service. These included four staff files, quality assurance audits, minutes of meetings with staff, incident reports, complaints and compliments. We spoke with eight people and three relatives. We looked at five people's care records including medicine administration records (MAR).

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from Cherwell Care Services. They said; "I feel safe definitely", "Very safe. We have a laugh and a joke with the girls" and "Of course I feel safe. They are really good the girls". People's relatives were confident people were safe. One person's relative told us, "I got to know the girls and I can go to work rest assured my mum is in safe hands".

Staff had the knowledge and confidence to identify safeguarding concerns and how to act on these to keep people safe. Staff comments included: "Knowing the clients helps me to safeguard them from any type of abuse", "Change in behaviour can be a sign of abuse. We record and report to the office" and "I can report to safeguarding or other healthcare professionals if I have concerns around abuse". Staff had received safeguarding training as part of their induction as well as annual updates. Staff had knowledge of types of abuse and signs of possible abuse. The service had a safeguarding policy and procedure in place. Records showed the registered manager took all concerns seriously, raised concerns appropriately with the local authority safeguarding team and notified the Care Quality Commission (CQC).

The provider had risk assessments in place to support people to be as independent as possible. These helped to ensure people's safety and supported them to maintain their independence. Risk assessments included medicines, personal care, equipment and moving and handling. Assessments were done before the person's care was commenced. Risk assessments included information about action to be taken to manage the risk of harm. Some people had restricted mobility and information was provided to staff about how to support the person when supporting them to move around their homes.

People told us there were enough staff available to meet their needs. People confirmed they did not experience any missed visits. Comments included: "I have not had any late or missed visits. They always stay for the whole duration", "They never miss visits but late at times due to traffic. We have to give them leeway" and "They cover a big area but they always come".

Staffing levels were determined by people's needs as well as the number of people using the service. Records showed the number of staff required for supporting people was increased or decreased depending on people's needs. The registered manager considered sickness and staff vacancies when calculating the number of staff needed to be employed to ensure safe staffing levels.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable people. Staff files reviewed confirmed that staff were entitled to work in the UK.

Peoples' medicines were managed and administered safely. Medicines assessments identified people who needed support with the administration of medicines. People were assessed to determine whether they were able to administer their medicines independently or needed support. People told us they were

supported with their medicines safely. There were policies and procedures in place to ensure medicines were managed in accordance with current regulations and guidance. Staff training records showed staff had been trained in the safe administration of medicines and their competencies assessed. The registered manager and senior staff completed regular audits of medication administration records (MAR) to ensure medicines were being administered in line with people's prescriptions. We reviewed MAR charts and they had all been completed accurately.

Requires Improvement

Is the service effective?

Our findings

Staff had good knowledge of the Mental Capacity Act 2005 (MCA). This 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. However, care plans did not identify where people had been assessed as lacking capacity to make a specific decision and there were no details of best interest processes being followed. The registered manager was not clear on their responsibilities to ensure the service completed their own mental capacity assessments if it was thought a person may lack the capacity to make certain decisions.

We recommend the registered manager seeks support from a reputable source around the MCA codes of practice.

Following our visit, the registered manager confirmed they were in the process of completing mental capacity assessments for people thought to lack capacity to make specific decisions in line with best interest guidelines.

People's consent was always sought before any care or support was given. Staff told us they knocked on people's doors and asked for verbal consent when they offered care and support. One member of staff said, "It's their home. We knock and wait before we go in". One person's daily records said 'Knocked and [person] let me in'.
Staff had the knowledge and skills to effectively carry out their roles and responsibilities. People and their relatives spoke positively about staff and told us they were skilled to meet people's needs. One person said, "Yes staff have the knowledge to support me. They have been trained in putting on my special stockings by the district nurses".

New staffs were supported to complete a comprehensive induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. The induction plan was designed to ensure staff were safe and sufficiently skilled to meet people's needs before working independently. Staff told us, "Induction included a four day course, training in the office and shadowing more experienced staff for a couple of weeks", "Even if I had caring experience, I still shadowed other staff for two weeks" and "We shadow other staff as long as we need".

Staff records showed staff received the organisation's mandatory training on a range of subjects including moving and handling, safeguarding, medication administration, infection control and MCA as well as the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. Staff told us they had the training to meet people's needs. One member of staff said, "I can ask for training and it will be provided. I recently requested for NVQ training and the manager arranged it for me".

Records showed staff had received additional client specific training from district nurses. The training included application of surgical stockings as well as warfarin (blood thinning medicine) administration. This training was person specific and therefore could only be performed on the person whom the training was for. Staff also received training for different pieces of equipment before use. These included hoists and walking aids.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. All staff received an annual appraisal and one to one supervision meetings with their line manager every three months. This gave staff the opportunity to discuss their performance, raise concerns and identify any development needs they might have. Regular spot checks were also carried out on all staff to monitor the quality of care. Records showed that these competency checks were undertaken and identified any areas where the quality of care people received could be improved. Staff spoke positively about their experience of spot checks and supervision and welcomed any feedback to improve their practice where they could. One member of staff told us, "I had my supervision and spot checks last month. I get feedback on what needs improving".

Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. Care records showed staff discussed people's dietary needs and support on a day to day basis. Some people preferred family members to support them with meals and the service respected people's choice. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food. One member of staff told us, "We maintain fluid balance charts and leave drinks out for clients".

People were supported with their healthcare needs. People had access to appropriate professionals when required. People told us, and people's care records confirmed relevant professionals were involved in the assessment, planning and reviewing of peoples care. GP's, district nurses and occupational therapists were involved when concerns about people's wellbeing were raised.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "The carers are kind and caring". Another person complimented, "No problems with carers. They are brilliant". Staff told as they treated people like family with kindness and compassion. Staff gave examples of when they showed kindness by being very patient and taking time to talk to people about things that mattered to them. The registered manager said, "I have a caring background and a passion for great care. I motivate my team to aim for the best care for our service users".

People received care and support from staff who knew them well. The relationships between staff and people receiving support were established from the very first meeting. One member of staff told us, "We get to know the clients and they become comfortable with us". Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. Staff told us it was important to treat people equally but as individuals. The registered manager told us she was passionate about making positive differences to people's lives.

Staff were respectful of people's privacy and always maintained their dignity. Staff told us they knocked on people's doors before entering. One member of staff said, "I always ask for permission before giving support. They have a choice". People and their relatives told us staff respected their dignity. Comments included; "They always draw curtains and close the door before helping me with a wash", "They always ask for my permission before assisting me" and "Carers are polite and nice to talk to. Very respectful indeed".

Staff spoke about people in a caring and respectful way. Care records reflected how staff should support people in a dignified way and respect their privacy. For example, one person's care records stated 'I need a lot of encouragement and I can be challenging. Please be patient with me'. Staff described how they supported this person in line with these instructions. Records clearly guided staff on how to support the person when they became challenging.

Staff understood the importance of maintaining confidentiality. They commented; "We only know information on a need to know basis", "People can talk to us in confidence. Anything you hear or see is confidential. We only discuss about it if we are worried about their safety" and "We don't talk about anything concerning a person to anyone unless it concerns them". In the office we saw people's care records stored in locked cabinets. Office staff told us they used passwords to safely access people's electronic care records. We observed staff logging on and off during our inspection.

Staff knew the importance of promoting independence and involving people in their daily care regardless of their need. They explained how they allowed enough time for tasks and did not rush people. This allowed people to do as much as they could for themselves with minimal support. One member of staff said, "We always work at a person's pace to allow them to do what they can". Another member of staff told us, "We always offer the service users to help with simple things". People told us staff encouraged them to be independent. One person said, "The girls always ask me to wash my face and arms. They don't rush me but let me hang on to the little things I can still do".

Good

Is the service responsive?

Our findings

People were assessed prior to commencement of care to make sure their needs could be met. The registered manager and the assessment coordinator visited people, assessed their needs and discussed their care and support with them and their families. Personal details were recorded which included preferences, religion, preferred names and hobbies. A health and care needs assessment was also conducted which included eating and drinking, personal care, behaviour and communication. These assessments were used to complete personal care plans.

The registered manager carried out a full consultation with people who were considering using their services. These consultations involved the person who would be receiving care, relatives, friends, advocates as well as health and social care professionals. Records showed that the care and support planning was always completed before care or support was given.

People's care plans were personalised and detailed daily routines specific to each person and visit. For example, people had care plans specific to either the morning, afternoon or evening routines. People commented; "Very much involved with care planning with my care leader", "I am involved in planning my care. I tell them how I want things done" and "I know my care plan. We talk about it". Care plans were reviewed every six months or whenever there were changes in people's needs.

We found when people's needs changed the service responded. For example, one person needed support following a fall. The person was referred to the GP and occupational therapist. The risk assessments, care plans and required support were updated to meet the person's needs. The person also started using a walking aid and daily records reflected staff awareness of the changes. Another person had a catheter and staff noticed blood in the leg bag. Staff liaised with the district nurses and the person's catheter was changed. The care plan reflected the changes.

People were empowered to make choices and have as much control as possible. Staff told us, "One person does not like me to do their personal care because I am younger, so I let the other carer do it. It's that person's choice" and "I ask them what they [people] want to eat or drink and offer choices". One person said, "The carers are lovely. They always say 'would you like to have a shower or a bath'. It's nice to have choices".

Staff completed records of their visits to each person. These provided key information on the care provided and the person's condition. Where complex care was provided the notes reflected this. The language used in care records was respectful.

People and their relatives were encouraged to provide feedback about the service through monthly telephone reviews, spot checks and care reviews. People and their relatives knew how to make a complaint and the provider had a complaints policy in place. People were provided with information of how to make a complaint or compliments as well as contact information for the local authority and CQC. People who had raised minor complaints said that these had been resolved quickly. Comments included; "There is a

complaint form in the care plan which I can complete if I'm not happy", "I have all the contact details for the company including out of hours. I can ring them if I have concerns" and "I know how to raise concerns if I have to. I have the information".

We looked at the written complaints that had been received since our last inspection and saw they had been responded to in a sympathetic manner and in line with the service's complaints policy. The registered manager discussed concerns with staff individually in supervisions and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring. Since our last inspection there had also been many written compliments in the form of thank you cards and letters.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been in post for two years. They were supported by company directors and a training and assessment coordinator. They demonstrated strong leadership skills and continuously sought ways to develop and improve the quality of the service. The registered manager was open and transparent about the service and the improvements they could make towards being an outstanding service. They told us, "I rate my service as good but there are areas of improvement and I am aiming for outstanding".

The service had an open and honest culture. Throughout our visit the registered manager and staff were keen to demonstrate their practices and gave unlimited access to records and documents. The registered manager and staff spoke openly about the service and the challenges they faced. Staff told us about the positive culture at the service. Comments included, "Our service is open and transparent. I reported something and it was dealt with promptly" and "We are an open service and get to the bottom of problems".

People and their relatives knew the registered manager and were complimentary about them and the management team. They told us; "Manager is very helpful. She comes in to do visits. She is lovely", "The manager came the first two calls and she was great" and "Manager comes normally weekends. She is lovely".

Staff were equally complimentary about the support they received from the management team. Comments included; "Manager is approachable and helpful. I can just sit and talk to her", "Our manager is easy to talk to in confidence. She often goes out on calls, everyone is hands on here" and "Manager is tough when she needs to be. She does calls so knows what's happening with carers".

The registered manager spoke with us about their vision for the service. They told us one of their greatest achievements was convincing the provider to value staff more. The service had struggled to recruit and retain staff and this had put strain on existing staff resulting in some of them leaving. The provider now offered staff permanent contracts rather than zero hours contracts as well as company staff discount rewards and this had a positive effect on both staff recruitment and retention. The registered manager was involved in the 'Help to live at home' project with the local council. This was aimed at maximising independence and supporting people to safely stay in their own homes.

Staff told us there was good communication between all staff within the service. Staff told us they received regular updates through secure phones. One member of staff told us, "We have work phones for rotas and call times".

Staff meetings were held monthly and minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. During one meeting staff discussed about how to air their ideas and thoughts anonymously. The registered manager introduced a 'graffiti wall' (notice board) which works as a staff forum aimed at reducing a culture of dissatisfaction. The registered manager checked the

forum regularly.

The provider had quality monitoring systems in place to review the care and support provided by the service. This included regular audits of care plans, observing care practice and gathering people's experience of the service through annual surveys. Action plans were created from audit results to improve the service For example, the annual quality survey had identified a theme of concerns mainly concerning staffing levels. The provider made recruitment a priority and employed a recruitment officer. They focused recruitment based on values rather than skills. This allowed an increase in the range of people who could apply for the job including those without caring experience. The recruitment officer told us, "We can give staff the skills but they are born with the values. During recruitment we tell them what we can offer rather than 'you must have this'. It works."

The registered manager recorded and reported accidents and incidents appropriately with a clear process of learning in place for each event that occurred. Any accidents or incidents relating to people and staff were documented and actions were recorded. Incident and accident forms were checked and audited to identify any trends and risks or what changes might be required to make improvements for both staff and people who used the service. For example, staff reported incidents of dog attacks during visits. The registered manager developed a detailed action plan to safeguard staff as well as be able to continue giving care to the person who owned the dogs. Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff told us, "I can whistle blow to local council and CQC".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.