Cherished Care Services Limited

Cherished Care Services

Inspection report

Suite 4, Lowry House
12 Kennerleys Lane
Wilmslow
Cheshire
SK9 5EQ

Tel: 01625403080
Website: www.cherishedcareservices.com

Date of inspection visit:
29 January 2018

Date of publication:
05 March 2018

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

This inspection took place on 29 January, 2018 and was an announced.

Cherished Care Services is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. It provides a service to young and older adults. At the time of the inspection the registered provider was providing support to 14 people.

This service is a domiciliary care agency. It provides a service to older adults, and to younger adults in their own houses and flats in the community. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 14 people were receiving personal care.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider had a variety of different systems and processes in place to assess and monitor the quality and standard of the care being provided. This meant that people were receiving safe, compassionate and effective care. Such systems included regular 'spot checks', care plan and medication audits, medication competency assessments as well as quality questionnaires.

We reviewed a number of care records during the inspection and found that records were organised, well maintained, regularly reviewed and updated in order to minimise risk Care plans were person centred and provided detailed information in relation to a person's wishes, choices and preferences.

Medication management systems were safely and effectively managed. People who were receiving medication support had the necessary medication care plans and risk assessments in place and staff were familiar with specific health needs of people who were being supported. Staff had received the necessary medication training and there was an up to medication policy in place.

We found the area of 'recruitment' was safely and effectively managed. This meant that all staff who were working for the registered provider had suitable and sufficient references and disclosure and barring system checks (DBS) in place. DBS checks ensure that staff who are employed to care and support people are suitable to work within a health and social care setting. This enables the registered manager to assess level of suitability for working with vulnerable adults.

We reviewed 'safeguarding' processes and procedures which the registered provider had in place. We found that people were protected from avoidable harm and risk of abuse. Staff were familiar with the area of

safeguarding and knew how to report any concerns.

Staff were fully supported in their roles through supervisions, annual appraisals and regular team meetings. Training, learning and development was encouraged by the registered provider and staff were provided with the necessary skills to fulfil their roles.

Accidents and incidents were being recorded, monitored and trends were being analysed. All staff we spoke with knew how to record any accidents/incidents and were aware of the serious incident policy and procedure.

We saw evidence during the inspection that the day to day support needs of people was being safely managed and people were receiving the appropriate care from health care professionals. Appropriate referrals were taking place and the relevant guidance and advice which was provided by professionals was being followed accordingly.

People were provided with a 'Service user' guide from the outset. The guide clearly outlined what people should expect from the registered provider and people were informed about the complaints process and procedure.

The registered manager was aware of their responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures.

We reviewed a range of different policies and procedures which the registered provider had in in place. Policies we reviewed included confidentiality, safeguarding adults, equality and diversity, whistleblowing, serious incidents, infection prevention control and medication administration policies. Policies and procedures were available to all staff and staff were able to discuss specific policies and procedures with us during the inspection.

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.

Care plans and risk assessment were up to date, organised and regularly reviewed.

Accident and incidents were recorded, monitored and trends were being analysed.

Safe recruitment practices were in place. The registered provider ensured that staff were suitable to work with vulnerable adults.

Staff were familiar with safeguarding and whistleblowing procedures.

Is the service effective?

Good

The service was effective.

Principles of the Mental Capacity Act, 2005 were being followed accordingly.

.

Staff were supported in their role. Supervisions and appraisals were taking place and training was provided.

Staff were familiar with specific dietary needs and how people needed to be supported with their nutrition and hydration.

Is the service caring?

Good

The service was caring.

Staff were providing compassionate and caring support and developed positive relationships with people they were supporting.

People were treated with dignity and respect

Confidential and sensitive information was safely secured and protected.

Is the service responsive?

Good

The service was responsive.

People expressed that the staff were responsive to their support needs.

Care records contained person centred information and staff were familiar with the likes, dislikes and preferences of people they were supporting.

There was a formal complaints policy in place and people were familiar with the complaints procedure

Is the service well-led?

Good

The service was well-led.

Audits and checks were in place and the registered provider was able to identify improvements which were needed and areas of development.

There were systems in place to gather feedback in relation to the provision of care which was being provided.

The culture and vision was known amongst the staff team. Staff and people expressed that the care which was being provided was safe, effective and good quality.

Cherished Care Services

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 29 January, 2018 and was announced. The provider was given 48 hours' notice prior to both inspection visits. Prior notice is provided because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day.

The inspection team consisted of one adult social care inspector and an 'Expert by Experience' who supported with phone calls to people receiving support and relatives. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information which was held on Cherished Care Services This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the Director, registered manager, two members of staff, six relatives and three people who were receiving support.

We also spent time reviewing specific records and documents. These included four care records of people who were receiving support, four staff personnel files, staff training records, medication administration records and audits, compliments and complaints, accidents and incidents and other records relating to the management of the service.

Good

Is the service safe?

Our findings

We received positive comments from people and relatives we spoke to during the inspection. Comments included "I feel safe when they [staff] come, It's usually the same person", "I have total peace of mind", "I trust the carers; they're brilliant", "Yes, they're trustworthy. Like part of the family" and "They [staff] feel like friends to me; they've been coming quite a while, about a year. They're very good."

We reviewed four care records during the inspection. Care plans and risk assessments were in place, they were individually tailored to the person and contained detailed information in relation to the different levels of support and care which needed to be provided as well as the risks which needed to be safely managed.

Care plans included nutritional support, mobility, health, medication, personal care, companionship, physical health and mobility. Care records contained a schedule of the support which was required over the course of each week, what support was needed at different times throughout the day and the risks which staff needed to manage.

We also reviewed the different range of risk assessments which were in place for the people who were being supported. Risk assessments which had been devised and being managed included health, medication, eating and drinking, moving and handling and environmental. Each risk assessment was detailed, provided 'actions to take' for the staff to follow and a risk rating. For example, a risk assessment which had been developed to support a person in and out of the bath stated 'Care worker to ensure there are no obstructions in the bathroom, check suitability of equipment being used, check temperature of the water, staff to attend manual handling training and personal protective equipment to be worn.' This meant that staff were provided with current risks, how these should be managed and what actions to take if the risk presented.

Care plans and risk assessments were regularly reviewed and any changes to people's support needs were directly added to a 'live' internal database system. The 'live' database system allowed staff and managers to update people's care records as and when they needed to be updated. Therefore staff were aware of the care which needed to be provided on an hour by hour basis.

We reviewed medication management processes during the inspection. We found that there was safe medication processes in place and medication policies were complied with. Medication administration records (MAR) were appropriately completed, medication was signed for by staff who had received the necessary medication training and competency assessments were being completed. People who were being supported with their medication had a suitable medication care plans and risk assessment in place. Care plans and assessments were detailed and provided staff with in-depth information into specific health related support needs which needed to be managed.

During the inspection we reviewed the recruitment processes that the registered provider had in place. We review processes to ensure the staff who are recruited are suitable to work with vulnerable people. Staff personnel files included application from complete with employment history and qualifications, identity

checks, suitable references, 'induction' paperwork as well as the appropriate Disclosure and Barring Service (DBS) checks. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with vulnerable adults.

During the inspection we reviewed 'accident and incident' processes the registered provider had in place. We found that there was a serious incident reporting policy in place and staff were familiar with the reporting procedures which needed to be adhered to. Accidents and incidents were immediately reported, live updates were recorded on to the internal database system, daily records were updated, accidents/incidents were discussed as part of the team meetings and trends were monitored accordingly. The processes which were in place enabled the registered manager to safely monitor and manage any trends which were being identified which then allowed for extra 'control measures' to be implemented. This meant that people's safety was constantly being monitored and risks were identified and managed.

During this inspection we reviewed the range of different health and safety audits which were in place in order to keep people safe. Audits included first aid box audits, accident book audits and medication audits. We saw evidence of individual environmental risk assessments for people who were being supported by the registered provider. This risk assessment identified potential hazards which needed to be managed such as electrical equipment, kitchen utilities, furniture, heating, stairs and temperatures within people's home. This meant that staff were familiar with the different levels of risk which needed to be risk assessed and managed in the person's home.

We asked the registered provider if there was personal emergency evacuation plans (PEEPs) in place for each person who was being supported. The registered provider informed us on the day of the inspection that this was an area of 'health and safety' which was not in place. PEEP information ensures there are safe measures in place to enable staff to respond to emergency plans in the event of an emergency evacuation. After the inspection, PEEPs were implemented for all 14 people and a PEEP policy was made available to staff.

During the inspection we reviewed whether or not the registered provider employed a sufficient number of staff to support the needs of the people who needed to be supported. There was a 'client dependency assessment' tool in place which monitored the levels of staff in comparison to the level of support need. People we spoke with during the inspection expressed that staffing levels were sufficient and people received the correct level of safe care and support.

Everyone we spoke with expressed that the support they expected to receive always took place and staff would always communicate with people if they were going to be late. The registered manager also explained that there was an out of hours 'on-call' system in place. The 'on-call' system provided support, guidance and advice to staff in an emergency situation. This meant that people were receiving a safe level of support in relation to their support needs at all times throughout the day or night.

We reviewed infection prevention control procedures during the inspection as to ensure that staff and people who were being supported were being safely protected. It is essential that there are robust systems in place to ensure people are protected from avoidable and preventable infections and there are measures in place to ensure that environments are safe, hygienic and cleanliness is well maintained. There was an infection control policy in place and Staff were all provided with their own individual 'bum bag' which contained personal protective equipment (PPE) such as disposal gloves and sanitizing gel.

During the inspection we reviewed 'safeguarding' and 'whistleblowing' policies and procedures. Staff had a

good understanding of 'safeguarding' and how they would raise any concerns. Staff were also able to explain their understanding of 'whistleblowing' and how this was in relation to raising concerns with inappropriate practice. There was an up to date adult safeguarding policy in place and staff had completed the necessary safeguarding training as part of their induction process.

Good

Is the service effective?

Our findings

People and relatives we spoke with during the inspection said the care being provided was effective. Comments we received included "The care is very good; the carers are well-trained and certainly appear to know what they're doing", "The care is excellent. I cannot fault the carers. [Relatives] mobility has clearly increased as a result of the care [relative] is given", "The care is very good. Nothing is too much trouble and above all [relative] likes them", "The care is excellent", "The care is 10 out of 10: it exceeds expectations. The carers inspire confidence" and "The care is great. The carers are properly trained and they know what they're doing; the Registered Manager and the Manager are both very good."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

During the inspection we found evidence which demonstrated that consent had been sought from each person who was receiving care and support. This meant that the registered provider was complying with the principles of the MCA. People were involved in the decisions which were being agreed about the level of care and support which was being provided and people expressed that their decisions were supported and respected.

All staff and management had a good understanding of the legislation surrounding the MCA and the associated Deprivation of Liberty Safeguards (DoLS). The registered provider had ensured that 'Best Interest' meetings had been carried out, people were not being unlawfully restricted and legal power of attorneys were involved in decisions being made when able to do so. This demonstrated that the provider was aware of their roles in relation to the MCA and the legislation underpinning the act.

Staff had completed training on understanding mental capacity provided which gave them a basic awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This gave staff guidance when providing care for people may not have capacity to make some of the decisions needed in relation to their support.

All staff expressed that they felt supported in their roles and were able to provide the level of safe care and support which was expected. Supervisions were regularly taking place and annual appraisals were being conducted. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Staff who did not have the relevant health and social care qualifications were enrolled on to the 'Care

Certificate' which were introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. Staff were also supported with National Vocational Qualifications (NVQ's) At the times of the inspection three staff members were being supported with NVQ's.

Mandatory training the registered provider expected staff to complete included manual handling, food safety, medication management, safeguarding, first aid, mental capacity and deprivation of liberty safeguards (DoLS) and lone working essentials. Specialist training which had also been provided included person centred approach to care, diabetes awareness, dementia awareness and pressure care training. Comments we received in relation to learning, training and development included "There's been lots of training, it's really helped" and "The Care Certificate has lots of different aspects of care we need to learn about, it's been really helpful."

In addition to the training which was provided, the registered provider also developed a monthly 'on-line' staff quiz. The staff team were all encouraged to complete the monthly quiz which then enabled the management to identify areas of further learning or development which was required. The registered provider explained that this approach to learning was a creative way to support learning and encouraged a 'fun' way to develop knowledge and skills.

Communication systems were reviewed during the inspection. We reviewed how staff and management communicated on a day to day basis and whether or not the processes which were in place were effective. The registered provider had recently introduced the 'live' database system which allowed staff to input information from each support visit which was carried out. Staff had the ability to input 'real time' information into individual care records so other members of the team were aware of any health issues/concerns, accidents/incidents, appointments and any other significant information which needed to be communicated. There were also communication books, daily records and regular team meetings. This meant that all staff were familiar with any significant areas of support which needed be to relayed as well as any risks which needed to be managed.

During the inspection we saw evidence in care files of the necessary referrals which had taken place for people who needed further care and support. For example, in one care record we saw evidence of support being provided by district nurses, continence teams, social workers and specialist health workers. The registered provider had also developed an effective working relationship with the local GP. Staff supported people to regular GP appointments, they were able to provide the most up to date and relevant information as well as any historic health concerns which had presented. This meant the people were receiving a holistic level of safe care and support which could help with their overall quality of life.

People were supported with a choice of food and drink. People were asked about their likes/ dislikes and preferences. Care files included any dietary support which needed to be provided and staff were familiar with the specialist needs which people needed to be supported with. People we spoke with commented "My carer makes nice sandwiches for lunch", "The carer makes breakfast and cooks the porridge; I have a thermos of hot water to drink" and "My carer makes coffee and toast for breakfast. My daughter usually comes at lunchtime and the carer makes tea. The food is very good." Relatives also expressed "The carers do whatever [relative] wants. We shop for [relative]. The carers give us feedback", "Carers prepare the meals. We buy from a firm that supplies two weeks' frozen meals at a time; they're very good. Every Friday night the manager delivers fish and chips."

Good

Is the service caring?

Our findings

We received positive comments from everyone we spoke with during the inspection. Comments included "Oh, yes. We all get along really well. Every other week my carer takes me out for coffee. We go to a local garden centre", "We do lots of chatting", "They're [staff] very kind. They're like friends", "They're very gentle because I'm full of sore places. They treat me with respect all the time. They repeat back to me what I tell them. I'm very clear about my likes. Of course they respect my privacy and dignity." One relative also commented "They're so patient. They're very good when they help [relative] to shower; once they've got [relative] sat in the shower they'll do something else until he's ready."

People were receiving consistent care and support from staff they were familiar with. Staff explained that they were required to familiarise themselves with care plans and risk assessments of the people they were supporting before completing any support visits. Staff also explained that they were introduced to the person they were supporting before they provided any care. It was evident throughout the inspection that the registered provider was committed to providing a safe, caring and compassionate level of care to each person who was being supported.

During the inspection we found that care records contained person centred information which then supported staff with their approach to the care. For example in one care record we reviewed it stated 'I require support to go into the community, do food shopping and taking clothes to the laundry' Staff were familiar with specific person centred detail about the people they were supporting and people expressed that positive relationships had developed with the staff who were providing the support. One person expressed "I have good relations with the carers. We get on really well. I usually see the same ones; there are different people at weekends but I usually know them and they wear a badge." One relative stated "[Relative] likes them coming. [Relative] smiles a lot, likes a hug and they [staff] have laugh with [relative]. They have a good relationship." This meant that staff were able to provide the expected level of care and people were receiving person centred care.

Care plan reviews were regularly taking place and records we reviewed were relevant and consistent throughout. People and relatives we spoke with during the inspection expressed that they were involved in care plan and risk assessment reviews. This meant that the care and support being provided was always consistent with the level of support required.

People's privacy, dignity and rights were respected at all times. There was a dedicated 'Dignity Champion' in place and staff explained how and why people's dignity should be respected. Care plans offered a dignified approach to care and encouraged the staff to promote as much independence as possible. For example, care records we reviewed used language such as 'let people choose what they want to wear', 'involve person in the decision relating to care', 'address the person by their preferred name' and 'respect personal space and possessions'. One person expressed "They encourage me to do things, oh yes. They say 'Let's do such and such." One relative expressed "With the care and encouragement [relatives] mobility has actually increased since they've [staff] been coming."

We saw evidence throughout care records which demonstrated how people were supported to remain as independent as possible. For example in one care record we reviewed it stated 'I can eat independently' and 'I would like you to offer me two choices of meals'. This meant that staff were encouraged to help people remain independent as well as treating them with dignity and respect.

The registered provider also ensured that the quality of care was regularly being monitored and assessed. 'Spot Checks' were conducted and people who were receiving support were asked about their experience of the care being provided. People were asked about if they were happy with the level of care being provided, if the care they received was person centred and if they were treated with dignity and respect.

We reviewed how the registered provider supported people who presented with equality and diversity support needs which needed to be accommodated for. We saw evidence of how people's preferences and needs were taking into account, care plans were individual tailored for each person and staff were familiar with the needs of each person who was being supported.

For people who did not have any family or friends to represent them, contact details for a local advocacy was provided to people who were being supported. At the time of the inspection there was nobody being supported by a local advocate.

During the inspection we reviewed how confidential and sensitive information was protected. Confidential information was stored securely and sensitive information was being protected. Care records, personnel information, risk assessments and other protected information was being safely stored at the registered address. The registered address is the address which has been registered with the CQC to deliver the regulated activity of 'personal care'. This meant that all sensitive and protected information was not being shared with other people unnecessarily.

Good

Is the service responsive?

Our findings

People and relatives we spoke with throughout the course of the inspection informed us that staff provided a responsive level of care and support which was needed. Comments we received included "I'd be lost without the carers" and "They understand my needs. I'm very clear in telling them." Relatives also expressed "They've taken the time to get to know my [relative] and they let me know how [relative] is doing" and "They [staff] would be in contact if any changes were needed."

We reviewed care plans and risk assessments which had been created for the people who were being supported. Records were person centred and provided staff with a good level of information in relation to the care needs and risk of the person they were supporting. Records contained consistent information but also reflected where changes had been identified in people's health and well-being. This meant that the staff were responsive to the needs of the people they were supporting but also identifying ways to support the person in the best possible way.

People were effectively assessed from the outset and care plans and risk assessments had been individually tailored to the needs of the person. Staff were provided with a significant level of detail which was regularly updated and reviewed. It was evident that there was a person centred approach to care being delivered and staff were encouraged to promote as much choice and independence as possible. For example, in one care record it stated 'I like to get up 7am, I like to have my breakfast at 8am and I like to go to bed at 21:30'.

Other examples included 'I need support to ensure I have clean clothes everyday', 'ask me what I would like to eat for my breakfast', 'I require support with going out into the community, food shopping and taking clothes to the laundry', 'I like to eat and stay healthy' and 'I am very particular with my routines, I don't like change'. It was evident during the inspection that staff were familiar and knowledgeable with the support needs of the people they were caring for. Records provided staff with detailed information which then allowed staff to provide the support which needed to be provided.

Care records were being updated, regularly reviewed and tailored to the individual. For example, one person's care plan outlined a specific health condition which needed to be robustly monitored and safely managed. The correct plans, assessments and tools were in place to respond to the person in a safe and effective way. Staff were provided with the correct level of guidance and support in relation to the support which was needed, training had been provided and the relevant health care professionals were also involved. This meant that the registered provider was committed to providing the appropriate level of safe and effective care but also ensured that they were being responsive to the needs of the person.

Staff members were encouraged to support people with a range of different social activities. Staff members were requested to complete 'activity logs' and submit them to the registered manager when activities were taking place. Different activities included visits to the local garden centre and going for meals. The registered provider encouraged staff members to upload pictures of the activities on to the electronic care plan system as a way of capturing important memories.

There was a formal complaints policy in place. The procedure for making a complaint had been placed in the 'service user' guide and people were aware of how to make a complaint if they were not satisfied with the provision of care which had been provided. At the time of the inspection there was no complaints which were being reviewed. People expressed "I have no complaints but I have the form if I needed it" and "I haven't needed to complain, I get what I need when I want and I know the forms are in the folder." One relative told us "No complaints; I know the form's in the blue folder if I had."

The registered provider explained that each person who was receiving support was provided with a 'service user' handbook from the outset. The handbook provided people with information about the vision and values of the agency, description of the support and facilities provided, complaints procedure, privacy and dignity information, confidentiality information, advocacy support and staffing structure. The handbook was clear, detailed and offered comprehensive information about the care and support that could be expected.

We asked the registered provider if 'End of Life' care was supported but we were informed that this is not an area of care which was provided. 'End of Life' care is provided in a specialist way in an environment which can accommodate people who are at the end stages of life.

Good

Is the service well-led?

Our findings

People and relatives we spoke with were complimentary about the registered provider and registered manager. Comments we received included "Oh, yes. They [staff] are all very nice and easy to get on with. It seems very well managed and organised. And the manager visits us", "My son can go away confident that I'm well looked after", "The staff are carefully trained and led by the Registered Manager" and "Oh yes, it's really well managed. The Registered Manager is very good and the Manager is too." Relatives also told us "It's definitely well managed", "It is managed very well and organised very well" and "It's definitely well managed; the manager comes to check the carers work."

There was a registered manager at the time of the inspection. The registered manager had been registered with the Care Quality Commission (CQC) since September 2016. The registered manager was aware of their responsibilities in relation to their regulatory requirements.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. As this inspection was the first inspection since provider registered with CQC there were no ratings to display. Following the receipt of the final inspection report the registered provider will be required to display their ratings.

During the inspection we found the registered manager to be welcoming, approachable, and responsive to any feedback we provided. Staff also expressed that they felt thoroughly supported by the management team and believed the culture and ethos of the registered provider was to provide kind, caring and compassionate support to people who needed it.

Effective systems were in place to monitor and assess the provision of care which was being provided. It was evident during the inspection that the registered provider was committed to developing and improving the standard and quality of care for the benefit of the people who were being supported. Regular 'spot checks' were completed by the management team. 'Spot Checks' were designed to monitor the quality of care being provided by staff, to audit records which were being completed and to establish if the person being supported was satisfied with the quality of care they were receiving. One 'spot check' we reviewed identified that a staff member needed to attend further training in relation to the quality of care being provided. The registered manager explained that this was discussed with the staff member following the observation and training was provided.

Other audits and checks which were in place included care plan and risk assessment audits, daily record audits, health and safety checks, personnel file audit, medication administration record audits (MAR) accident/incident audits and 'customer review' checks. The registered manager also conducted 'staff quality audit' checks to ensure records were well maintained and compliant with recruitment processes. This meant that there was a consistent approach to monitoring the delivery of care being provided as well as ensuring that areas of improvement were being highlighted and addressed.

During the inspection we reviewed policies and procedures which the registered provider had in place. Staff had access to a mobile application which contained the most up to date and relevant policies. Staff were encouraged to familiarise themselves with a range of different policies and procedures as part of their induction. Policies and procedures we reviewed included safeguarding, accident/incidents, whistleblowing, fire safety, confidentiality, moving and handling, medication administration and infection prevention control. All policies and procedures had recently been reviewed and all contained the necessary information and guidance for staff to follow.

We saw evidence of regular team meeting which were taking place. Discussions which took place amongst the staff team included care plans, training, personal protective equipment (PPE), medication, safeguarding, confidentiality and daily records and MARs. As well as regular team meetings we were also provided with the registered providers 'newsletter' which was circulated three times per year. The 'Client, family members and partners' newsletter had been created to provide information, offer guidance and share news which could be of interest. The newsletter contained information such as contact number and details, staff training and development, weather advice and alerts (such as cold and hot weather alerts) and 'staying safe'. This meant that the people, family members and partners were included in the provision of care which was provided and were being regularly updated with key information and guidance.

The registered provider had effective communication and recording systems in place. Staff completed detailed daily records for each support visit which had been completed. Staff were updating the 'live' internal database system if they needed to input any significant information in relation to the person who was being supported and records contained up to date, relevant and consistent information. The registered provider had also implemented the 'staff portal' where staff were able access the staff handbook, request annual leave and familiarise themselves with the most up to date information. Staff expressed that the team worked 'really well together' and communication systems enabled people to receive safe and effective care and support.

The registered manager was committed to gathering the views and opinions of the staff team and people who were being supported. The registered provider circulated 'service user' surveys twice a year to establish people's thoughts, views and opinions about the quality and standard of care being provided. All of the comments we reviewed were positive, they included 'I am very pleased with the service', 'They [staff] are all lovely', I feel very lucky to have the support', 'They [staff] are all angels, very caring and very supportive' and 'They're [staff] are very kind and respectful.' Staff were also requested to complete surveys as a way of gathering vital feedback about the quality and standard of care being provided.

The registered manager had developed an effective working partnership with Cheshire Police. They had sought information on the 'Herbert Protocol' which is a national scheme originally introduced by West Yorkshire Police. The 'Herbert Protocol' initiative was named after a War veteran, who lived with dementia. The initiative encourages all such health and social care services to compile useful information which could be used quickly and without delay in the event of a 'missing person's' incident. People who were being supported had been consulted about the protocol and had agreed for their information to be collated and passed on to the police in the event of 'missing person's' incident. This meant that joint working procedures had been implemented which could help minimise the level of risk in the event of the emergency situation.