Cheshire Quality Care Limited

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Inspection report

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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

This inspection took place on 26 April 2018 and was announced to ensure someone would be present at the service to provide us with any information we needed to support the inspection process.

This was the first inspection since the service was registered with the Care Quality Commission in September 2015. Cheshire Quality Care Limited is a domiciliary care service providing support for people living in their homes who may need support with aspects of their daily living.

There was a registered manager in place. 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.

Staff who worked for Cheshire Quality Care had completed training in safeguarding adults and this training was refreshed on an annual basis. One relative told us that staff provide safe care when supporting the care needs of their relative.

Staff supported people to take their medicines safely.

A consistent team of staff supported people in a personalised way taking into account people's needs, preferences and choices. Where able, people were involved in the planning and review of their care and support. Information was in place for the staff team to respond to concerns or complaints from people using the service and their representatives.

People were supported by a team of staff that had had training and management support to enable them to maintain their skills and knowledge to meet their needs.

People using the service and their relatives / representatives had developed positive relationships with the staff.

Evidence was available to indicate that staff had received regular training and on-going supervision.

The registered manager provided evidence of regular audits they completed to check the quality of service provision. This included weekly update reports containing details of completed staff training, medicine management and competency checks, staffing levels and health and safety matters. Other audits included regular reviews of care plans and risk assessments and spot checks whilst staff carried out their caring duties.

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.

People felt safe and care staff knew how to keep people safe within a risk management framework.

Medicines were safely managed.

Recruitment procedures were robust to minimise the risk of unsuitable people being employed to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People's needs were met by a suitably trained and knowledgeable staff team.

Management and staff understood their role in maintaining the principles of the Mental Capacity Act 2005 to make sure people's best interests could be met.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

People were happy with the care and support they received.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support and were involved in decisions about their care.

Care plans were regularly reviewed with people and their representatives / relatives.

There were arrangements in place to respond to concerns and complaints.

Is the service well-led?

Good

The service was well led.

People we spoke with were complimentary regarding the registered manager and team of staff.

There was a system in place for auditing (checking) service provision. This included regular checks undertaken by the registered manager and senior staff.

Staff we spoke with told us that they felt supported by the registered manager.

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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 26 April 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because Cheshire Quality Care provides a domiciliary care service, and we needed to make arrangements to speak with the people using the service, staff and have access to records. The inspection was undertaken by one adult social care inspector.

Before we visited the service we reviewed the information we held about the service, including the Provider Information Return (PIR) that the provider had completed in August 2017. 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 also reviewed notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send to us about significant events.

We were unable to speak directly with people who used the service due to the nature of their health status. We did however speak with the relative of one person over the telephone. We spoke with the registered manager and one team manager. We looked at two people's care records, three staff personnel files and staff training records. We also looked at records used by the provider to monitor and assess the quality of the service being provided.

Good

Is the service safe?

Our findings

We were unable to speak directly with people who used the service due to the nature of their health status. We did however speak with the relative of one person who told us that they had no concerns about the safety of their relative when staff were supporting and delivering care in the person's own home. Their comments included, "The same staff have been coming for a long time and we know them well."

Policies and procedures were in place that provided guidance to staff regarding keeping people safe from harm and how to report incidents appropriately. Our discussions with the registered manager confirmed they were fully aware of the local authority's safeguarding adults procedures and the action to be taken to report incidents.

Within the Provider Information Return (PIR) we were told that all staff had attended and understood safeguarding training to enable them to recognise and report any suspected abuse or discrimination. We were also told that safeguarding is discussed at staff supervision to underpin the training. Staff spoken with confirmed this.

At the time of this inspection the service was providing services to two people, both living in their own homes with support from relatives and carers from Cheshire Quality Care. The registered manager told us that before any services would be provided they would carry out a pre-service assessment to make sure that the person's needs could be appropriately met by Cheshire Quality Care. From this assessment and initial care plan would be developed also identifying any known risks that could compromise the person's safety if not managed appropriately.

In both care files we looked at, we saw that care plans were in place that gave care staff clear directions in what action to take in order to minimise the identified risk, especially when supporting a person to maintain their safety. In both instances, a relative had been nominated the legal representative of the person and had been fully involved in the development of the care plans and risk assessments.

We discussed accidents and incidents with the registered manager. She confirmed that no accidents or incidents had taken place since the service was first registered with the Care Quality Commission (CQC).

At the time of the inspection there were 10 employees working at the agency and we were provided with the staff rotas which indicated that the staffing rotas to provide support for both people using the service had been fully covered by a consistent team of staff.

Within the PIR we were told that a robust check is carried out prior to any offer of employment which includes taking up references and undertaking an enhanced disclosure and barring check. New staff then undertakes a full induction session usually with the team manager. Supervision and meetings are held to ensure new staff are competent in their role.

The registered manager confirmed that no new staff had recently been employed and no staff were on

induction to the service. We looked at three staff personnel files and all relevant documentation was in place including a minimum of two (appropriate) references and evidence of a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal records check of people who apply to work with vulnerable adults or children. Such checks help employers to make safer recruitment decisions. No potential employee started work with the service until all pre-employment checks had been satisfactorily completed. In our discussion with the registered manager it was confirmed that new DBS checks were being conducted for all members of staff on a rolling programme.

All care workers were trained in the safe administration of medicines. Following induction all staff had a yearly update to ensure their knowledge was up to date. Staff competency was also checked on a regular basis by the registered manager during spot checks of service delivery.

At the time of inspection the registered manager was in the process of reviewing and updating the emergency contingency plan for the service. The plan looked at what action was to be taken in the event of an emergency or incident potentially disrupting the service. The registered manager confirmed that she would send a copy of the updated plan to the Care Quality Commission.

Good

Is the service effective?

Our findings

People's needs were assessed to make sure they could be met before they received a service. We saw examples of completed assessments in people's care plan folders and daily assessments that were being maintained including records monitoring people's nutritional and hydration intake,

Many of the staff working at Cheshire Quality Care had done so for a number of years and staff turnover was low. This meant that people were being supported and looked after by a consistent team of staff who knew them well.

The relative of one person we spoke with told us, "Some staff appear more trained than others, but I've no complaints, the staff are very, very good and do their job properly."

We were provided with details of staff's training to date, which was supplied by a professional external training company. This training included dementia care, first aid, health and safety, medication safe handling and awareness, moving and handling, prevention and control of infection, fire safety, food hygiene/handling, mental capacity and deprivation of liberty safeguards, and safeguarding adults. All staff had also received training in relation to Percutaneous Endoscopic Gastrostomy (PEG) feeding. All staff had also achieved a National Vocational Qualification (NVQ) Level 3 in Health and Social Care.

Staff we spoke with confirmed they received formal supervision on a regular basis and records seen confirmed this. Staff also told us that the registered manager carried out regular spot checks and medicine competency checks whilst they were carrying out their duties and records seen confirmed this.

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. Where someone is living in their own home, applications must be made to the Court of Protection. At the time of the inspection both people being supported by the service had a Deputy appointed by the Court of Protection with powers to take decisions about the service provided by Cheshire Quality Care.

People's care plans described if they needed any support with decision making in relation to the care and support they received. For example, one person's plan clearly indicated that their partner was responsible for dealing with their finances and staff communicated with this person regarding such matters.

Good

Is the service caring?

Our findings

At the time of the inspection only two people were receiving a service from Cheshire Quality Care. Their individual needs and health status meant that we were unable to speak with them directly but did speak with the relative of one person who told us, "The team that support and looks after [name] are a really good group, a dedicated and consistent team of workers."

People using the service and their relatives / representatives had developed positive relationships with the staff. The Provider Information Return (PIR) stated, "All our staff uphold our policy – Is the care we provide good enough for our family and loved ones? We strive to promote a culture whereby staff are proud of the care they provide, knowing that their roles are based on trust, honesty, empathy and compassion." The relative of one person using the service told us that staff were always respectful and made sure their relative's dignity and privacy was upheld at all times, especially during personal care processes.

Care plans demonstrated that family members / representatives and people using the service had been fully involved in their completion and had been involved in regular reviews about their care and support. We asked the relative of one person if they knew about their relative's care plan. They told us they did. They also told us that the registered manager of the service came to visit on a regular basis to check that the care plan was still appropriate in meeting their relatives identified needs.

We asked the registered manager if the service could provide information to people in different formats should they need help to understand the care available to them. We were told that information could be made available in different formats including, large print and pictorial. We were also told that access to translation services could be made available should English not be the person's first language.

Good

Is the service responsive?

Our findings

We spoke with the relative of one person who told us they were encouraged to be involved in developing the care plan for their relative and were able to share information with care staff about the most appropriate ways in which care and support could be provided to make sure their relative's needs were responded to appropriately.

People received care and support in response to their identified and assessed needs. People's care plans contained information for staff to follow in order to provide individualised care and support. To enable staff to get to know the person, information was also included about people's background history and their preferences, likes and dislikes. Care plans contained sufficient detail to enable staff to understand the personal characteristics of the person and to ensure that these could be respected.

People were consulted about the care and support they received. A system was in place for the registered manager to review care plans through visits and discussion with people and their relatives / representative.

There were systems in place to record what care and support had been provided during each carer visit. This included information on when and what personal care had been provided, when support had been provided with medicines and any food preparation. The registered manager carried out regular visits to the individual's home to check this documentation as part of the quality auditing process.

Staff spoken with were aware of people's needs and were knowledgeable about the people they provided care and support to. They had been involved in developing personal background details of each person and gathering such information helped staff to provide an individual and personalised service.

There were arrangements in place to listen to and respond to any complaints or concerns raised. No complaints or concerns had been raised since the service was first registered with the Care Quality Commission.

Good

Is the service well-led?

Our findings

We were unable to speak directly with people who used the service due to the nature of their health status. We did speak with the legal representative of one person who confirmed that "overall I am happy with the service being provided and I have not had any reason to raise a complaint."

We asked staff about the management support they received and their comments included, "[Name] is lovely, she is really nice and has a big heart" and "Spot checks on our work are regularly carried out by the manager and she is very involved in the service."

At the time of the inspection two people were receiving a service and both required support with complex health needs. To ensure these needs were appropriately met at all times the registered manager had allocated a senior carer to provide support and direction to care staff over each 24 hour period. The senior carer had responsibility for making sure that staffing rotas were fully covered, care plans reflected the person's individual needs on a day-to-day basis and that all records were being appropriately completed and were up-to-date.

Within the Provider Information Return (PIR) we were told that 'We strive to ensure that [the service] is well led by its managers [senior carers] who put people first and lead with an open, approachable attitude, taking into account equality, diversity and human rights.'

The registered manager provided evidence of regular audits they completed to check the quality of service provision. At the end of each week, senior carers completed a 'Weekly update form' which included details of the current health status of the person using the service, any concerns or complaints raised, either from the person, their relatives or from staff, staff training that had taken place and any meetings held. The registered manager then reviewed these returned 'updates' and had discussions with the senior carer to confirm the details or move forward any issues requiring actions.

In the PIR we were told that 'We carry out ongoing audits of the care provided by way of supervision, meetings both formal and informal, visits both announced and unannounced, and providing the appropriate feedback.' Staff spoken with confirmed that they received regular supervision and that staff meetings took place and covered topics such as health and safety, safeguarding and care planning.

We saw evidence that the registered manager held formal meetings with the legal representative of both people using the service every three months and in the documentation seen; no concerns had been raised by either representative.

It was also confirmed by staff that the registered manager visited both service users weekly to monitor the service delivery, check all paperwork is being kept up-to-date and to talk with the service user, their representative and staff. We also saw evidence that the registered manager carried out 'spot checks' whilst individual members of staff were carrying out their duties in people's homes, including a competency check on medicines administration. Records seen, indicated that such checks had been effective to support staff in

improving their caring practice.