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Cheshire Rural Care

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 of Cheshire Rural Care took place on 22 May 2018. The provider was given 24 hours' notice. This was because the service provided a domiciliary care service and we needed to be sure that someone would be available to assist with our inspection.

Cheshire Rural Care provides personal care to adults living in Cheshire. The service had registered with the CQC on the 27 March 2013 but had previously operated from a different location and moved to its current location in April 2016. This was the first inspection of Cheshire Rural Care. At the time of our inspection, the service was providing personal care to 13 people living in their own homes in the community.

There was a registered manager in post at the service who was also the registered provider of the service. The registered manager was supported by a manager of the service. The two managers shared responsibilities among themselves for the running of the service, with the manager being responsible for paperwork and business matters and the registered manager adopting a more 'hands on' approach, responsible for overseeing care related duties. 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.

All of the people we spoke with who used the service told us they felt safe when receiving care and support from the staff at Cheshire Rural Care. People enjoyed continuity of support from a familiar staff team which promoted a sense of security. People told us they felt comfortable in the company of staff and described staff as 'excellent', 'trustworthy' and 'brilliant'.

Staff rotas showed there was an adequate number of staff employed to meet the needs of the 13 people who used the service. Staff had received training in safeguarding, understood how to recognise abuse and how to report concerns or allegations.

Safe recruitment procedures were in place to ensure that staff appointed were suitable to work with vulnerable people. This included pre-employment checks such as a satisfactory DBS check and two references.

The majority of people who used the service managed their own medication but received prompts and reminders from staff. People told us they were happy with the support they received with their medication and staff had received the relevant medication training to administer this where required.

Risks to people's health, safety and welfare were considered and information was available to guide staff on how to support people safely. Environmental assessments were completed to ensure that staff worked in a safe environment. The registered provider maintained a record of accidents and incidents which occurred at the service and appropriate action was taken to prevent the risk of re-occurrence.

Staff received training to ensure they had the skills and knowledge to support people effectively. Staff received supervision and an annual appraisal and told us they also felt confident to raise any issues or support needs informally.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service operated within the principles of the Mental Capacity Act 2005 (MCA). People told us that consent was sought and staff offered them choice before providing care. Staff understood their role in enabling and empowering people to do tasks for themselves where able.

People's overall health and well-being needs were effectively supported because staff maintained good communication within the team and with outside partner agencies where appropriate. People were supported to have a varied diet and maintain their hydration levels and this was clearly recorded within the daily records.

Staff had a good knowledge of people's individual needs and had formed positive relationships with people and their families. People told us staff were friendly and genuine towards them. One person told us, "Each and every one of them is so kind, they are true carers." We reviewed written compliments from people who used the service which commended staff on their kind approach and for 'going the extra mile.'

The caring culture extended throughout the service and was promoted by the registered provider who prided themselves on their inclusive and informal approach which resulted in a 'family feel' to the service. One member of staff told us, "It's a small service; they [management team] are considerate and treat you like a friend as well as a member of staff."

The registered provider, manager and staff had a good knowledge of people, their individual likes and dislikes and social backgrounds. This enabled them to provide support in a person-centred way based on people's preferences. The registered provider had plans to further develop the documentation to ensure this level of detail was reflected in the written records.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People and relatives spoken with told us they had no reason to make a complaint, but in the event that they did, they trusted that these would be responded to.

The registered provider had a number of different systems in place to assess and monitor the quality of the service, ensuring that people were receiving safe, compassionate and effective care. This included regular audits of areas such as medication, care plans, daily records and spot checks.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred at the service in accordance with our statutory requirements. This meant that CQC were able to monitor risks and information regarding the service.

Further information is in the detailed findings below.

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 told us they felt safe whilst receiving support from staff and at ease in their company.

Staff had received training in 'safeguarding', understood how to recognise abuse and how to report concerns.

Appropriate pre-employment checks were completed to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and there was evidence of consent documents within care files.

Staff had a good understanding of people's care needs and received the relevant training to support them in their roles.

People were supported to maintain their health and well-being and records showed that consideration was given to people's nutrition and hydration intake.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and described the staff approach as kind, caring and compassionate.

Staff encouraged people to remain independent and carry out tasks for themselves where able.

People were involved in decisions about their care and relatives were consulted where appropriate.

Is the service responsive?

Good

The service was responsive.

People told us the service was flexible and responsive to their needs.

People were involved in the creation of their care plan and staff provided care in a person centred manner, based on people's individual needs.

A process was in place for managing complaints and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

People spoke positively about the registered manager and the service in general.

There were processes (checks) in place to monitor and improve the quality of the service including regular audits.

The registered provider had a clear vision to deliver person-centred care and this was reflected throughout the staff team.

Cheshire Rural Care

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.

Prior to the inspection we contacted the local authority commissioning team to seek their views about the service. They raised no concerns about the care and support people received. We also considered information we held about the service, such as notification of events and incidents which occurred at the service which the registered provider is required by law to send to CQC. Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

The inspection was carried out by an adult social care inspector. The registered provider was given 24 hours' notice before our site visit and advised of our plans to carry out a comprehensive inspection of the service. This is because the location provides a domiciliary care service to a small number of people and we needed to be sure that someone would be in the office to assist with the inspection.

As part of the inspection we visited the office and met with the registered provider and manager for the organisation. We spoke with five people who used the service and four relatives on the telephone. We spoke to three members of care staff. We also looked at three care plans for people who used the service, three staff personnel files, MAR records for four people, staff training and development records as well as information about the management and quality assurance systems at the service.

Good

Is the service safe?

Our findings

People told us they felt safe receiving assistance from staff in their own home. People told us; "I feel very safe and relaxed in their [staff] company" and "I have a pendant and the staff make sure I wear it, they are very trustworthy." One relative told us, "I feel [relative] is safe of course, they know [relative] very well as they have been coming for quite a while."

At the time of the inspection, there were four carers employed by the service to deliver personal care to the 13 people who used the service. Staff rotas showed these carers were appropriately deployed to meet people's needs in a timely manner. People were supported by a small group of staff with whom they were familiar and had built good relationships which enabled them to feel secure. People told us staff were reliable and were punctual. One person said, "The staff come on time and that's very important to me, they communicate well with me if there are any delays which saves me worrying."

We reviewed three personnel files of staff who worked at the service and saw there were safe recruitment processes in place including; photo identification, references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure that staff are suitable to work with vulnerable adults in health and social care environments and enable employers to make safer decisions about the recruitment of staff.

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused. Staff had access to a safeguarding policy with details of the local reporting procedures and the training matrix showed staff had received training in safeguarding vulnerable people.

During this inspection we looked at how staff supported people with the management and administration of their prescribed medicines. Records showed that all care staff had received medication training and had access to a medication policy to guide and inform their practice. The majority of people who used the service managed their own medicines but received prompts from carers to check that they had taken their medication. Others, who required support with medication, were happy with how this was administered. The registered provider had taken on board advice from the local authority commissioning team and had implemented Medication Administration Records (MAR) for people who were prescribed topical creams. We reviewed the records for four people and saw these were completed accurately and reference was also made to the application of creams within the daily records.

Relevant guidance was contained within care files to guide staff on the risks associated with medication management, for example, the flammability of paraffin based products. The manager of the service maintained oversight of medication management through monthly audits which assessed the standard of recording and identified areas for improvement. Actions were developed as a result, for example, discussion with staff regarding errors identified, and these were signed off once completed.

Risks were assessed and measures were in place to mitigate the risk and these were adhered to by staff. For example, one assessment of a person's mobility documented that a life line was fitted. Daily log records showed that staff implemented the advice and ensured the life line was to hand before leaving.

Environmental assessments were completed for each person's home during the initial assessment process to highlight any potential hazardous working conditions for staff. These explored the safety and suitability of the environment and any risks to staff such as access to the premises, electrical equipment and fire hazards.

A log was maintained of all accident and incidents which occurred at the service with a focus on future learning and prevention. Staff completed accident and incident forms and records were made of any remedial action taken to prevent re-occurrence. For example, following an incident of verbal aggression towards staff, the registered provider liaised with the person's social worker to advocate for further support and advice was given to the staff member to ensure they were kept safe.

Staff were issued with personal protective equipment to promote good hygiene practices. The training matrix showed staff received training in respect of infection control, food safety, first aid, fire procedures and health and safety as part of their induction and on-going training.

Good

Is the service effective?

Our findings

People told us that staff were well trained and had the appropriate skills and knowledge to support them effectively. One person told us, "The carers are so efficient; I have no faults with any of them." A relative told us, "The carers are very good, they are hands on and not afraid and know how to handle [relative]."

Staff told us the small team in which they worked enabled them to maintain effective communication and provide good outcomes for people. Whilst people did not have an allocated 'keyworker', the registered provider endeavoured to ensure that people were supported by the same members of staff where possible to promote continuity of care. Consistency of carers enables staff to get to know people's individual needs, provide effective care, and ensures that staff are attuned to any change in people's well-being. One staff member told us, "I know all of the 13 clients we have. I have had some of the same clients since day one and know them inside and out."

The staff we spoke with told us they felt well supported within their role. Staff records showed staff received an annual appraisal and supervision. Supervision between an employee and their manager provides an opportunity for performance issues or support needs to be discussed. We identified some gaps in the registered provider's formal supervision schedule and received assurances that this was being addressed with a commitment to providing formal supervision every three months. All of the staff we spoke with told us they felt very well supported and felt confident to raise any issues informally.

We reviewed the registered provider's training records and saw that staff had received training in a variety of topics including; dementia care, mental capacity act, moving and handling and first aid. One member of staff told us how recent dementia training had developed their insight and enabled them to understand the condition better. The staff member commented, "We wore gloves and wore earphones in mock roleplay to enable us to understand how people with dementia experience things, it made me realise how they must be feeling and appreciate that at times they could be scared." New employees also completed induction training to gain the relevant skills and knowledge to perform their role. This training was based around the requirements of the Care Certificate. The Care Certificate is an identified set of standards that care workers have to achieve and be assessed as competent by a senior member of staff.

During this inspection we checked to see if the service was working within the legal framework of the Mental Capacity Act (MCA) 2005. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. We saw that people signed their own consent documents where able for decisions such as; sharing and recording information and the assessment of their needs. This was reviewed on a four monthly basis.

People who used the service were supported to maintain good health and people's GP details were recorded within files. We saw evidence of liaison with professionals such as the local social work team, when

deterioration in one person's behaviour was noted. A relative told us that staff were very responsive to any change in their relative's well-being. They commented, "Last week, [relative] wasn't too well, their blood pressure was high, staff immediately made all the notes and we decided together to call a doctor in. The response from them was very good."

People were supported by the staff in to have their nutritional and hydration needs met where required. One person told us, "The staff help me with my shopping, it's particularly helpful because I am so isolated." Staff maintained records on the daily logs details of what assistance they had provided to people in respect of their nutritional intake each day. This included specific reference to what meals were offered and prepared. For example, one log documented, 'Breakfast served, muesli and satsumas and x 2 cups of tea.'

Good

Is the service caring?

Our findings

People spoke positively about the staff who supported them and the management team. Comments included; "All the girls are very caring and kind", "They are absolutely brilliant, I wouldn't change them for the world" and "They are excellent and very easy to communicate with." A relative told us, "We're more than happy with the two carers that come, they chat and laugh with [relative], they even bought [relative] a birthday present recently, no other carer has done that before."

It was evident from the daily care logs that staff worked with people in an informal, genuine and warm manner. Staff documented their interactions with people using affectionate terminology including conversations they held with people with reference to the person's mood, demeanour and well-being. For example, '[Person] in good spirits, had a lovely natter.' Care plans around social interaction documented people's personalities, for example, 'Person interacts well with carers and has a good sense of humour.' Staff spoke fondly about the people they supported and were proud about the relationships they had formed. One staff member commented, "We like to think of them as friends rather than clients, we get to know them and their families well." We reviewed a number of written compliments, including one from a social care professional, which praised the conduct of staff who had visited a person between care calls to complete extra tasks.

People were supported to remain as independent as they could be and staff encouraged people to carry out tasks themselves where able. This was evident through records which outlined people's individual support needs and tasks they could complete without support. For example, 'Person is independent with the top half of their personal care.' Staff understood their role in the promotion of human rights and told us how they enabled people to maximise their independence in their everyday interactions. One staff member said, "It's about getting people involved, helping them do things, not doing it for them."

The registered provider told us they were not currently supporting anyone with specific equality or diversity needs, however, they understood the importance of being non-discriminatory in their approach and were committed to the principles of equality and mutual respect as recorded in the organisation's statement of purpose. The manager of the service was also a dignity champion whose role was to lead on the promotion of dignity amongst the staff team and disseminate good practice information.

People had access to the statement of purpose and service user guide which contained relevant information about the service. This meant there was accessible information available for people without having to consult staff.

Information was recorded within files regarding people's communication needs to ensure people who might need additional support with accessible information where identified and people's care plans provided information on how to communicate effectively with them. For example, one person's communication care plan noted 'person has good communication and is able to convey their wishes to carers.' Another care plan noted, '[Person] can be anxious, reassure, listen to and log any concerns.' This information enabled staff to support people to be actively involved in making decisions about their care. We saw that people signed each

daily log record to evidence their participation in their care and support.

For people who did not have any family or friends to represent them, the registered provider and manager knew of local advocacy services which were available and understood how to make a referral. An advocate is someone who can support and assist with decisions in relation to the day to day care people receive.

We reviewed how confidential information was stored and protected. We needed to ensure the registered provider was complying with the Data Protection Act 1998. All care records, personnel information and other sensitive information was safely stored away and was not unnecessarily shared with others. Staff had access to policies in respect of confidentiality and data protection to inform their practice.

Good

Is the service responsive?

Our findings

People told us they were treated as individuals and staff were responsive and flexible to their needs. One person said, "If I have to go to hospital, they will change the time of my morning call." All staff had received training in person centred care and told us that they provided support based on what the individual required, and this could change depending on the day.

Care planning and delivery responded to people's needs and preferences. Person-centred planning is a way of helping someone to plan their support, focusing on what's important to the individual, and not the organisation. People's care plans had been written in a person centred way and in the first person tense.

People and their relatives were involved in their care plans and were consulted as to how they wanted their support delivered. People told us they held a copy of their care plan at their home and understood the content. One person told us, "I've read the care plan and it's at hand if I want to look at it." All care files we reviewed contained a copy of the assessment completed from the local authority which was used to inform future intervention. This enabled staff to be aware of people's needs from the point of commencement of the care package. Care plans provided information in respect of people's needs and covered areas such as mobility, continence, pressure sores, mental well-being and nutrition. A succinct summary was provided regarding the person's current circumstances, objectives and action to be taken by staff.

An initial monthly review would be completed to ensure the package of care in place was meeting the person's needs. Further reviews were held at four monthly intervals or when people's circumstances changed. This helped to ensure the care plan reflected the person's current and evolving needs.

Through our discussions with people using the service, their relatives and staff, it was evident that staff knew the people they supported well and delivered a person centred service. A document entitled 'My Day' provided an easy to refer to guide for staff in respect of people's daily routine, likes and dislikes, important relationships and any particular support needs. However, we found some care plans did not reflect the high level of person centred information that the registered provider held. The registered provider and manager told us of their plans to better reflect the in-depth knowledge staff held about people within the written documentation. This included the roll out of an 'About Me' document which would document the background of the person, their social histories and preferences in a more detailed manner.

People had access to a complaints procedure which was circulated to all people at the commencement of their care package in the service user guide. People who used the service and their family members told us they knew who to speak to if they had any concerns or complaints and felt their concerns would be listened to. People told us, "I have the bosses' telephone number and I would definitely call if I had any concerns", "I have no gripes at all" and "I would go to the [registered provider] or [manager] if I had to complain but I have never had any reason to." We reviewed the small number of complaints the registered provider had received which related to minor issues around punctuality and miscommunication. These were documented and managed in accordance with the registered provider's complaints policy with details of the resolution recorded.

The service was not supporting anyone who received palliative care but had given consideration as to their processes in respect of people at the end of their lives. Staff had access to an End of Life policy and the manager told us they had maintained links with a local End of Life partnership organisation and assured us they would provide End of Life training for all staff.

Good

Is the service well-led?

Our findings

The people we spoke with were all happy with the service provided by Cheshire Rural Care. Comments included, "I'm very happy with it, the service is generally very, very good", "It's very good, we've been through many different firms, this one works very well" and "I know the manager and they are approachable."

There was a registered manager in post at the service who was also the registered provider. The registered manager was supported by a manager who was responsible for the paperwork aspect of the business. The two individuals were in the process of reviewing the current management arrangements and had given consideration to the manager of the service becoming registered with the CQC. 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. Feedback received prior to the inspection alongside our observations indicated both the registered provider and manager were receptive to feedback and keen to develop the service.

Staff told us they felt valued and supported in their roles and told us the organisation was well-led. Staff described the management team as "approachable" and discussed the benefits of working for a small, family-run organisation. One staff member commented, "If we need anything, they're [managers] only a phone call away." Staff meetings were held regularly and discussion topics included training, paperwork and medication recording.

Systems were in place to monitor the quality of the service delivered. This included staff observations to check competencies and assess service provision. Spot checks reviewed staff performance in a variety of themed topics such as the use of personal protective equipment, interactions and performance. Actions were developed following these observations, for example, agenda items were added to staff meetings to share good practice.

The manager also completed regular audits in respect of areas such as care plans, medications and daily logs. We saw evidence that action was taken in response in order to improve the service. For example, it was identified that staff were not including enough detail within their daily log records. This was discussed within staff meetings with a focus on the need to include conversational language and specific detail such as the type of food people had eaten. We reviewed historical daily logs and more recent records which showed this had been implemented and improvement had been made to the detail contained within the records.

People using the service had opportunities to comment on their experience of care through the circulation of quality assurance surveys and feedback forms. The registered provider told us that these were not always well responded to because people preferred to give feedback informally. We reviewed a selection of feedback forms which sought people's opinions on staff punctuality, understanding and knowledge. All the answers reviewed were positive and people rated the organisation as 'excellent'. Comments included, 'A great team of girls, so helpful and kind. I look forward to seeing them' and 'They go the extra mile.' Quality assurance surveys were also issued and there was evidence of action taken in response to improve the

service. For example, one respondent indicated they were unsure of the complaints procedure. It was recorded that the complaints procedure was revisited with the person and they were signposted to where they could access the registered provider's policy.

The manager of the service told us of their on-going efforts to improve and develop their service. This has included changes to their current paperwork such as daily records and the roll out of an 'About Me' document to capture all of the person centred information they hold about individuals. The manager had attended a CQC compliance course and had undertaken medication awareness sessions with the local authority as part of their commitment to continued improvement. The manager also advised of their intention to provide end of life training for all staff and safeguarding children training to ensure compliance with the care certificate. The registered provider recognised their strengths lay in the hands on aspect of the business but understood the need to ensure their recording systems continue to develop to reflect the quality of care being delivered in a more auditable manner. This would include the formal recording of ad-hoc telephone calls to people using the service to check service delivery given the low engagement with formal feedback measures.

A range of policies and procedures were in place to guide staff practice such as whistleblowing and infection control. Policies and procedures support decisions made by staff because they provide guidance on best practice.

The register manager was aware of their obligations to notify the Care Quality Commission (CQC) of events and incidents that occurred at the service in accordance with our statutory requirements. This means that CQC are able to monitor risks and information regarding the service.