Cheshire East Council

Cheshire East Council Domiciliary Care Service

Inspection report

Macclesfield Town Hall
Market Place
Macclesfield
Cheshire
SK10 1EA

Tel: 01625374261

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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

The inspection was announced and took place on 12 and 18 July 2016.

The service was last inspected on 30 January 2014 where it was found to be compliant in all the areas that we looked at.

Cheshire East Domiciliary Care Service provides short term care and support, usually when there has been a health and/or social crisis, to enable people to gain confidence, independence and maintain links within the community. It also aims to promote recovery and independence following an illness or accident. The agency operates from an office within Macclesfield Town Hall.

Cheshire East Domiciliary Care Service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, they were providing services to 48 people, 42 of which were in receipt of personal care.

Everyone we spoke with was extremely positive about the service and the carers. People who used the service and their relatives were consistently positive and spoke of the kindness, professionalism and caring attitude of the staff. We gained the impression from everyone that they thought people received the best possible service from an excellent staff team. Comments included, "my carer is the most wonderful caring person I could hope for" and "they are brilliant, I know they really care for me and look after me".

The service had been nominated and won internal awards for their commitment to helping residents using their service. This was in relation to ensuring people were safe by continuing to ring into the service whilst the new real time monitoring system was being implemented and their teamwork ensuring people were safe during a period of localised flooding.

There was a bespoke real time monitoring system called staff plan in place which enabled people to be confident that their visits would be carried out on time and medication would be administered at the correct time. It operated in conjunction with the office and enabled information to be instantly sent to staff phones so that everyone was aware of any changes in care immediately. Alerts were sent to the office immediately if visits or medication were not carried out and there was a backup duty system where senior care staff could complete the visit if necessary. Visits could not be booked onto the system without taking account of travel time as it was linked to an electronic mapping system. All visits were carried out in full and people reported that staff were never rushed. This meant that staff were confident that they were doing everything they should be and that they were not rushed in their roles and people using the service were confident that they were safe as they would receive all their visits and their medication would not be missed. This meant that there were no missed calls and medication was taken at the right time.

The manager was passionate about the service and constantly looking for ways to ensure that it ran as smoothly as possible and people received a consistently high standard of care. She led the project to commission the staff plan system, attending working conferences so she was up to date with the latest software available and what this could deliver for her organisation. She has sourced additional training resources for staff to supplement the eLearning that is on offer with the provider to deepen staff's understanding of issues and to test competencies in each area.

Arrangements were in place to protect people from the risk of abuse. We spoke to staff about their understanding of safeguarding and they knew what to do if they suspected that someone was at risk of abuse or they saw signs of abuse. Relatives of the people who used the service told us that they felt that their relatives were safe and supported by the staff of Cheshire East Domiciliary Care Services.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The care files that we looked at contained the relevant information that staff needed to care for the person. Due to the short term nature of the care provided, they were focused on the task and outcome of what the person wanted to achieve. We could see from the detailed daily records and discussions with people receiving the service that the care provided was person centred and took account of the person's wishes and preferences.

Discussions with staff members identified that they felt happy and supported in their roles. They told us that the registered manager was supportive and they felt that they could contact her and approach her at any time. Comments included, "we are well supported", and "every month we get supervision, you cover everything, staff you support, yourself, training, everything".

The service had a quality assurance system in place which used various checks and audit tools such as questionnaires and direct observations to monitor and review the practices within the service. Due to the short term nature of their involvement, feedback was sought when the care ended and files were audited on their return to the office. The provider told us that this enabled the service to receive continual feedback and address any areas of concern immediately to ensure that the people using the service received a high standard of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There was a bespoke real time monitoring system in place which enabled people to be confident that their visits would be carried out on time and medication would be administered at the correct time. It operated in conjunction with the office and enabled information to be instantly sent to staff phones so that everyone was aware of any changes in care immediately.

Arrangements were in place to protect people from the risk of abuse. Staff were aware of their responsibilities to protect people from this risk of abuse. People using the service and their relatives told us that they felt safe and secure when staff visited them in their own home.

Recruitment records demonstrated there were systems in place to help ensure staff employed at the service were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People told us that they felt well cared for and they had no concerns about staff knowledge and skills.

Records showed that staff had received induction when they began working for the service and they were able to access support and training to build upon their knowledge and skills. They received regular support and supervision.

Detailed daily records were kept that monitored any changes to people's health and wellbeing and there was good communication between staff to ensure that relevant services, such as GPs or other health professionals were accessed to support people.

Is the service caring?

Good

The service was caring.

Everyone we spoke with was extremely positive about the service and the carers. People who used the service and their relatives were consistently positive and spoke of the kindness, professionalism and caring attitude of the staff.

The staff members we spoke to showed us that they had a good understanding of the people they supported and they were able to meet their various needs. We saw on one home visit that they interacted well with people.

Is the service responsive?

Good

The service was responsive.

Care plans gave guidance for staff to be able to support people in their care to meet their individual needs. The care plans were updated continually as people responded to the care and regained their independence and the service was responsive to this and visits were reduced accordingly. The care plans were focused on tasks and outcomes of what someone wanted to achieve from the care.

The provider had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy.

Is the service well-led?

Good

The service was well-led.

The manager talked with people who used the service and their relatives on a regular basis to gain their opinion of staff and the services that were provided. Telephone surveys and visits were carried out to people to ensure that they were happy with the service they received.

The manger was passionate about the service and constantly striving to find improvements in the way that the service was delivered to ensure a high quality service to the people receiving care.

The provider had a robust quality assurance system in place which used various checks and audit tools to monitor and review practices within the service. This included the use of questionnaires and reviews of care plans. They held regular meetings with staff to ensure that staff were up to date with training and changes to policies and procedures.

Cheshire East Council Domiciliary Care Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 12 and 18 July 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector and an expert-by- experience on the first day and one adult social care inspector on the second day. 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, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit.

The registered manager was available throughout the inspection to provide documentation and feedback.

During the course of our inspection we spoke with fourteen people who used the service and eight of their relatives. We spoke with the registered manager and operations manager as well as six members of care staff. We also spoke with a district nurse who had worked in conjunction with the service.

We visited three people separately in their homes with their permission. We looked at care records for nine people who used the service. Records reviewed included: call monitoring software, policies and procedures, three staff files covering recruitment and training records, medicine administration records (MAR), staff rotas and complaints.

Good

Is the service safe?

Our findings

Discussions with people who used the service identified that they felt safe, confident and well cared for within their own homes. Comments included, "they keep me safe with respect and dignity", "I feel absolutely safe with them, they are very good to me" and "I am very safe with them, they seem to be experienced and well able to carry out their work".

Relatives who we spoke with told us that they felt the service was safe and they had no concerns. They commented that their relative seemed more confident with the carers looking after them.

On the day of our inspection, we initially met with the registered manager. They were able to provide documentation in relation to staffing, safeguarding, medication and show us the call monitoring system to enable us to check systems and ensure procedures were being used effectively.

We looked at the staffing list and there were 22 carers on duty that day and 48 people receiving a service. In addition to this, there were two seniors on the duty desk as well as administrative and support staff and the registered manager who were based in the office. We asked the registered manager if there were sufficient staff to meet the needs for the different people at the times of their choice. The manager advised that they delivered a total of 535 hours of care in each area, which was allocated to staff on a rota basis. If there were not sufficient staff to cover a rota, then this rota would be closed. We could see at present that they were not fully staffed, therefore they were not providing a service to their maximum capacity. There were natural gaps within each rota to pick up emergencies, for instance where someone may need to be discharged from hospital at short notice. We checked the staffing rotas and noted that the pattern of staffing was consistent throughout the week and that the visits had adequate space between them in order for staff to travel between visits as required.

We were able to view the real time monitoring system (called staff plan) that the registered provider operated. This was a bespoke system that the registered manager had been proactive in commissioning and developing with a software company. It was used to ensure that staff worked efficiently and assisted them in keeping people safe. The staff plan was linked to a live mapping system and would only allow visits to be scheduled with the exact travel time allocated between visits. It was also linked to smart phones which the staff carried. As well as physically signing in and out in the care plan on each visit to a person, they also had a scan token which was contained within the person's care plan on which to scan their phone to alert the office that they had arrived and left the visit. This meant that office staff were immediately alerted if someone was late for a visit. The registered manager told us that an initial alarm was sounded when the visit was a minute late, then the system would send an email to the duty senior after 45 minutes and then to the registered manager after one and a half hours. We were able to view this system in operation. The registered manager told us that they had never had a missed call and they were able to ensure that no-one was left for any length of time without a visit due to the real time monitoring. The provider had pool cars for use by all staff to travel between visits. People supported by the service told us that the staff always turn up on time and that they always stayed for the length of the visit. Comments included, "they are on time, every time" and "they always come on time and they'll call out their name".

When we spoke to staff, they agreed that they had sufficient time to travel between their visits and they did not have any problems with reaching the different destinations on time as the travel times were accurately built into their schedules. Staff told us, "we always have enough time to do the calls and in between", "we have no pressures on time as we have enough time to get through everything. They can't put a booking in without the correct travel time" and "with the live system, we can't book calls in too close as it takes account of the travel".

In addition to the above, the staff plan also had alerts and information about people using the service that was communicated to staff via the smart phones. The phones were secure and could only be operated via a double log in. The phones provided staff with their rota for each day and the times of all the calls. It included basic information about a person and included warnings about any risks in the property, any changes to care plans as well as a medication task, where appropriate, that needed to be completed by the carers on each visit. This ensured that information was communicated quickly and any problems were communicated back to the duty seniors in the office immediately in order that timely action could be taken. The team had won an internal staff award for team of the month for their implementation of staff plan. This was due to the staff team's commitment to ensuring the system was safe and their rotas were correctly loaded onto the phones. Initially the phones were not operating effectively and the rotas were not always correct, therefore every staff member called in each day over a prolonged period to check that their rota on the phone corresponded to the rota held in the office.

Risk assessments were contained within the care plans that identified risks to people's health and wellbeing such as manual handling, medication and infection control. Risk assessments of the property and environment were completed in order that staff were aware of any associated risks and plans were put in place to ensure that they were safe whilst carrying out the care in the person's home. Any risks were also loaded as alerts on the staff smart phones so when people's needs changed that records were updated to reflect any change to the person's care to ensure that the people who used the service were safeguarded from unnecessary hazards.

Staff told us that they recorded details of the care provided at the end of every visit in the person's care plan. This meant that the next person delivering care could see what had happened on the previous visit and anything that needed to be followed up. We were able to view copies of the daily records and could see that these were very detailed and provided a good level of information. Where any changes were needed to the care of someone, for instance with medication, senior care staff could send an alert or task to staff members' smart phones to ensure anyone caring for that person was informed of any significant changes and they would need to tick the task to state that it had been viewed and carried out.

We checked the medicine arrangements and we saw that the practices for administering medicines were safe. In the majority of cases, since the aim of the service was to promote independence, people were encouraged to self-medicate rather than staff administer this. In these instances, clear records were kept where people had been prompted to take their medication. We saw that the people administering medication had received the appropriate training and received regular competency checks. We checked Medicine Administration Record (MAR) sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. The records were detailed and clear. We were also able to view the records during one of the home visits that we undertook and again could see that the medication records were clear. In addition to the paper files, for any visits with medication, this was logged onto staff plan which created a task on the smart phone carried by staff members.

Seniors completed regular visits to people to continually review the support plan and as part of this would

regularly check the MAR sheets for any discrepancies. Records showed that medication records were also audited as each care file was returned to the office as the care ceased, which varied as people were receiving services on average for between 2-6 weeks. This provided an additional safety check on the safe recording and administration of medication. The registered manager stated that where any discrepancies or errors were noted, the staff member was immediately removed from administering medication and would only be allowed to administer again after training and a competency check. We saw evidence where this had happened.

Staff told us that they had received training in protecting vulnerable adults and had read the provider's safeguarding policy. We saw in the safeguarding folder that appropriate referrals were being made to the local authority safeguarding team, the provider had a one minute guide for staff and a clear flowchart of what action to take if they saw anything. We were able to view training records and could see that all the staff had received this training within the last year. We also saw that this was a standing item on all staff meeting minutes and staff were reminded at each meeting of the importance of reporting any safeguarding issues. All staff spoken with demonstrated their understanding of the process they would follow if a safeguarding incident occurred or they had any concerns about one of the people they provided care to. One person told us, "I would ring in and speak to the senior straight away". Staff were clear about the meaning of the term 'whistleblowing' and they were clear that they would report any concerns regarding poor practice to either the manager or equally that they could report this externally and they were all aware of the need to escalate concerns about people's welfare both within the organisation and externally.

Services which are registered are required to notify the Care Quality Commission (CQC) of any safeguarding incidents that arise. Cheshire East Domiciliary Services had only had one safeguarding incident this year, which was raised in relation to another service. They had completed the necessary forms to the safeguarding team, however since this did not relate to their service a notification was not required to be submitted to CQC. We could see in the past that notifications had been submitted correctly when required.

We looked at the staff files for three members of staff to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from each file that the provider required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to verify this. Each file also contained a photograph and evidence that proof of identity had been seen. We were also able to view the interview questions and checklists completed as part of the recruitment process.

The provider recorded any incidents and accidents relating to people using the service or staff on the provider's electronic system. These were reviewed regularly by the operations manager to ensure that they had been with effectively and to help identify any trends or patterns in the incidents that occurred.

The manager advised that they had both a business continuity plan as well as an emergency planning book which was updated weekly. The emergency planning book contained all the rotas and emergency contacts for both staff and the current customers, therefore if she was not available, there was sufficient information contained in the folder about how the service could be continued for anyone reading the file. The service had access to the provider's four by four vehicles from the country ranger service in order that they could reach people living in rural areas in time of extreme weather.

Both staff and the people receiving the service told us that staff were provided with protective equipment

such as gloves and aprons and they wore these at all times. We saw during one home visit that staff wore wearing protective aprons whilst carrying out their duties. People told us that staff members showed good hygiene and would always wash their hands and wear gloves and aprons where necessary. This was to try to reduce the risk of infection.

Good

Is the service effective?

Our findings

People we spoke with told us that they were well cared for by people who had the skills and knowledge to look after them. Comments included, "they listen to what I say and respond to it", "I was unwell yesterday, the carer noticed and told me I should contact the doctor, she is very observant" and "they are quite good at sussing out what needs doing quickly". People and their relatives commented that staff had spoken positively to them about the training that they had completed and everyone we spoke to was confident about the carers that were looking after them.

We also spoke to relatives of the people who were receiving the service and they told us, "they have encouraged him to do things himself and now he can get himself dressed each day".

Staff told us that after interview and prior to starting work they had a period of induction. This included four days training in areas such as manual handling, safeguarding, infection control and medicines followed by shadowing over a four week period before starting work for the service. During one home visit, we observed a member of staff who was shadowing after a period away from work. They confirmed that they had completed refresher training and were completing shadowing prior to working on rota again.

All the staff members we spoke with told us that they received on-going support and supervision on a regular basis. Comments included, "any issues, we only need to ring", "you're out on your own but you don't feel like you are. You get back up and support from everyone. You can ask for supervision at any time. It's good to know how you're doing and to look at any training needs" and "we discuss all sorts at the group supervision and are doing a PDR workshop next to support us with this". We were able to view the supervision and person development review (PDR) records. We could see that all staff received a PDR annually as well as two direct observations and two supervisions. Group supervisions were held monthly and staff were required to attend at least eight a year and staff were required to sign to confirm that if they were not in attendance that they had read the minutes. They were able to attend meetings either with their service or the provider's other service which operated in the south of the borough. We could see from the records of these meetings that they covered reflective practice as well as any changes in policy, quizzes to supplement learning completed on the computer as well as other training or personal development issues that staff wanted to look at.

All the staff we spoke to confirmed that their training was up to date. Training records showed that staff had received training in all the key areas such as moving and handling, fire safety, health and safety and safeguarding. The manager advised that face to face training was currently being procured by the provider's workforce development team; therefore in the meantime staff had access to eLearning. However in order to supplement this, the registered manager stated that they sourced quizzes and completed direct observations to ensure competency and understanding. Staff confirmed that this happened. One person told us, "I prefer it on the computer as you get a test and questionnaire at the end. It's easy and gives you scenarios to help you understand". The manager confirmed that all but five of the staff team had previously completed a National Vocational Qualification (NVQ). The five staff members without an NVQ completed the Care Certificate Framework induction. The Care Certificate Framework is a nationally recognised and

accredited system for inducting new staff. All staff with an NVQ had completed a care certificate induction workbook to identify if their skills and knowledge were up to date and where any needs were identified, staff could request training to supplement their learning. We were able to view one of the completed workbooks.

The information we looked at in the care plans was often task based and contained limited information about people's preferences. There was space to record any preferences such as preferred names, however since staff were only working with people for very brief periods of time some of this was not fully recorded on the care plan itself. We could see from the detailed daily records that preferences were often recorded here to be passed to subsequent staff members.
People receiving the service confirmed that they had been asked about their preferences and that these had been observed. We spoke to the manager about this and she agreed to look at this element of the care plan again.

We asked staff how they made sure that the care they were providing was what the person wished. Staff told us that they had chance during the first visit with the person to read and go through the care plan with the person. Since most people receiving a service needed to show some ability to move towards independence, in the majority of the cases they could ask the person directly and gain consent. We could see that consent to care and agreement to work to a reablement plan were contained within the care plan. People we spoke to using the service confirmed that carers would always gain their consent prior to carrying out any tasks.

We could see in the care plans that the service had contacted the relevant health and social care professionals when people needed additional support for instance a GP, where advice was sought to help treat the person appropriately and in a timely fashion. We spoke to a health visitor who worked with the service who confirmed that staff would contact them if they had any concerns about someone they were caring for and they would follow any advice they gave. They also commented that the service had requested clearer guidance from the health visiting service about the application of creams as they wanted more specific advice to be sure that they were applying this correctly. Since the aim was to promote independence, staff checked whether people were aware of local services that would support them and they were signposted and provided with information in order that they could access these themselves.

Discussions with staff showed that they understood their role in identifying and referring people who had experienced a change in their mental capacity. 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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they noticed any change in the capacity of a person using the service, they would speak to the seniors on duty. The seniors advised that they would speak with the manager as she liaised with the appropriate professionals in instances where someone may need a best interests meeting. The manager advised that due to the short term nature of the support that was provided, assessments of capacity were completed by the referring social worker and they worked closely with them and would attend any best interests meetings as required. At the time of our inspection, everyone had the capacity to consent to their care.

Good

Is the service caring?

Our findings

We asked people receiving a service from Cheshire East Domiciliary Care Services and their relatives about the staff that worked for the service. Everyone we spoke with was extremely positive about the service and the carers. People who used the service and their relatives were consistently positive and spoke of the kindness, professionalism and caring attitude of the staff. We gained the impression from everyone that they thought people received the best possible service from an excellent staff team. Comments included, "they are so encouraging, helping me to maintain my independence, but with dignity. My carer is the most wonderful caring person I could hope for", "all the carers are good, however my regular carer is outstanding and she really understands me even after such a short time" and "I am being well looked after, they are all very good to me, I couldn't manage without them".

Relatives that we spoke to told us, "it's been excellent, we cannot fault the care and service that he's had", "they encourage him to do that little bit more for himself, they help him think about things and this helps him maintain his independence" and "they are very good, we couldn't ask for better".

We were able to view how staff communicated with people during one home visit and observe them helping someone to transfer from a wheelchair to a chair. They were patient, encouraging and speaking throughout to reassure the person. It was carried out in a dignified and respectful manner.

What really stood out was the ability of staff to demonstrate their caring natures, gain trust, build relationships and have a positive impact on people's lives in such a short space of time, since they worked with people on a short term basis. We viewed some of the compliments into the service and spoke to the relatives of some people who were no longer receiving a service. Comments included, "The Reablement team have been remarkable in their ability to transform a very shaken and vulnerable lady, following a nasty fall into someone more capable and comfortable looking after their own welfare with assistance. The ladies have become part of the family and their "friendship" and cheery nature will be sadly missed. Prior to the ladies going in, Mum would stay in her dressing gown all day, the skill from the beginning was gaining her trust, showing they cared and motivating her. It was amazing as she does not trust people and the improvements were brilliant" and "Thank you for your support during this period of transition for in [name]'s life (and ours). [Staff] and [staff] have both acted in a professional and caring manner and helped [name] to work out and manage a morning routine which she will be able to build on in the future. The aids and equipment which have been suggested have been a real benefit to [name] meaning she can be more independent than previously."

The manager completed telephone quality questionnaires each month to gather feedback about the service as well as completing quality standard home visits every quarter or six monthly. We viewed a sample of these that all contained positive comments. Comments included, "I am very pleased with the service I have been receiving" and "I have found the service to be very good and the carers to be very caring".

The provider's overriding value was 'putting residents FIRST' and this had five underlying values which were displayed in the office and the registered manager said encompassed their beliefs and ideals. The values

were considered in all their meetings and they constantly looked to how they were meeting these values in supervision and any reflective practice. These were:

Flexibility – we adapt quickly and learn together; Innovation – we are creative and challenge convention; Responsibility – we deliver out promises, efficiently; Service – we listen and respond appropriately; Teamwork – we respect and work well with others. Teams and individuals could be nominated for awards for times when they have demonstrated these values and gone the extra mile for residents.

We saw that the service had won an internal award for team of the month due to their recent response to localised flooding. A staff member, who was not in work, contacted the office as they were concerned about people living in a certain area as there was localised flooding. They then liaised with the local fire service to provide care to people who had been cut off by flooding. The office staff then contacted everyone else in this area and again worked alongside the fire service to ensure that everyone was safe.

The staff members we spoke to showed they had good understanding of the people that they were supporting and were able to meet their various needs. They told us that they enjoyed working for Cheshire East Domiciliary Care Services and had very positive relationships with the people they worked with. Comments included, "I love it. I always think how would I like my mum to be treated", "we enjoy our jobs" and "it's better now, I like the rapid response helping people from hospital".

People using the service and their relatives told us that the staff respected their dignity and always explained what they were going to do prior to carrying out any actions. They spoke of the carers taking their time and always having time to have a chat with them. Comments included, "they always stay the full time. They can't do enough. I couldn't ask for better care" and "they always ask if there is anything else they can do before they leave". Relatives also commented that staff supported people well. Comments included, "he always fought against having any care, but he has accepted Cheshire East Domiciliary Care Services, he is very happy with them, he tells me they are all lovely ladies" and "she has improved a lot since she commenced her care, the visits have been reduced and she is relying on them less, she is doing well".

People using the service and their representatives felt that they had been involved in developing their care plans and the opportunity to discuss things at the assessment visit prior to the care starting. Staff also spoke of the importance of their first visit with people and how they had time to read and go through the plan of care with people. This enabled everyone to be clear on the goals and what they were trying to achieve in the short period that they were receiving care and support. The aim of the service was for people to maintain or regain their independence where possible.

Personal information about the people using the service was stored in the person's house or securely on computer at the provider's office. Once the care ceased, records were returned to the office, where they were stored securely. This ensured that confidentiality was maintained.

A service user guide was available as part of the care plan which was kept in each person's home. This gave detailed information about how the service was run. This information included details of the services which could be provided, contact details for the office and out of hours duty team as well as how to make a complaint. Everyone we visited had a copy of their care plan and the service user guide.

Good

Is the service responsive?

Our findings

Everyone using the service at the time of our inspection had received an assessment prior to receiving a service to ascertain whether they would benefit from the service. The aim of the service was to provide short term care in order that people could regain or maintain a level of independence. The team completed ongoing assessments as to whether the person was able to cope independently. People also received an assessment at the end of the intervention to see what progress, if any, had been made and what ongoing support they required.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan had some personalised information and reflected some of the preferences of the individual. The focus within the case plans was task orientated and what outcome the person wanted to achieve by the end of the six weeks' involvement. For instance, where someone had fractured a bone, the focus was on rehabilitating them and supporting them initially to carry out daily tasks in terms of their personal care and around the home. This then progressed to prompting them to carry out these tasks independently as their strength and confidence grew. We saw that the plans were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time. Staff and people using the service told us that the staff had time to read the plan and talk through this on the first visit. All the plans were well maintained and were reviewed constantly so staff would know what changes, if any, had been made. Changes were also communicated via the staff plan system as the care and support people needed changed very frequently. For instance as people started to regain their independence, the frequency of the calls would be reduced.

The care plans we viewed contained background history in relation to any health needs and their social contacts, but did not contain any other background history or very much information about likes and dislikes and their preferred social activities. However, we could see from the detailed daily notes that staff were able to observe and build up a picture of each person they were supporting very quickly. We spoke to the manager regarding this and she advised that as the average person received a service for between 2-3 weeks and would often take up the service at a very short time period that they tried to capture some of this information in the care plan, but the care plan was seen as a working document so this information was also captured within the daily notes. We asked staff members about several people's choices, likes and dislikes within the care plans and the staff we spoke to were very knowledgeable about the people they cared for. One person told us, "people make it clear how they like things and everyone is different so we respect that. We note things in the daily records so the next person can see that". The people using the service confirmed that the staff caring for them knew them well. Comments included, "they are brilliant, I know they really care for me and look after me" and "they are all very individual ladies but they are very caring towards me, we have got to know each other well".

We noted that the daily records in each care plan gave a very detailed overview of what services had been provided at each visit and how they had been arranged around the wishes and choices of the individual. The manager advised that they used the SOAP method of recording, so they recorded what the person Said, what they Observed, what Action had been taken and whether there were any changes needed to the Plan.

We saw that staff recorded in this way at each visit and these provided a very clear indication of what assistance and what progress each person was making. We also viewed daily records that were kept electronically in the office regarding any communication between the care staff and the duty desk as well as any communication with social workers or commissioners or other health professionals. This enabled any individual care needs to be responded to as and when required. A member of staff commented on how well this worked, "if you have any issues, you just call into the seniors".

We saw that the service had sufficient flexibility to respond to people's changing needs, for instance someone required additional visits as exercises were introduced by a physiotherapist and these were accommodated. Time was built into each rota so that any extra visits or emergencies could be responded to. Where staff were not needed in these instances, they would use the time to come into the office and complete training.

The provider had a complaints policy and processes were in place to record any complaints received and address them in accordance with their policy. The service had received one complaint in the eighteen months and we could see that this had been fully investigated and resolved within the timescales set out in the policy. The manager told us that they tried to resolve and respond to any concerns or issues immediately to avoid the need for complaints. We spoke to one person who said that they were unhappy when a carer was late and they followed the procedure in the care pack and contacted the office. The staff realised immediately that there was an administrative error and a senior came out to complete the visit. The person commented, "this was dealt with more than adequately, I feel very positive about the care I receive".

People we spoke with told us that they knew how to complain and that the complaints policy was included in the care plan. Everyone we spoke to said that they knew how to make a complaint. Comments included, "there is nothing to complain about" and "we have no complaints but would ring the office if anything wasn't okay".

Good

Is the service well-led?

Our findings

We saw that suitable management systems were in place to ensure that the service was well-led. The registered manager had been in post for over 20 years and was registered with The Care Quality Commission (CQC). The registered manager understood her responsibilities and was well supported by a wider team, including an operations director and senior support staff. She was passionate about the service and demonstrated excellent knowledge of all aspects of the service including the needs of people receiving a service, the staff team and her responsibilities as registered manager. She had a clear plan and was focused upon making continued improvements and developing the service. For instance she had worked in conjunction with the software company when commissioning the bespoke time monitoring system and was continually looking to improve this system to link to the other electronic systems that the service used to record data. She was available throughout the inspection and engaged very positively with the inspection process.

The register manager researched and looked for additional training material for staff as the provider was currently offering eLearning. This involved quizzes and additional learning materials to test for competencies and to deepen staff knowledge in specific areas.

We saw that the provider had robust policies and procedures in place. These included adult safeguarding, complaints, medication, consent, dignity and respect and these were readily available to staff. These were contained in a staff handbook that staff were provided with. Sections of the handbook as well as other policies and procedures were considered at each group supervision so staff were continually reminded of their responsibilities and were up to date with any changes.

The registered manager told us that information about safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. Direct observations of staff were carried out twice a year to check that staff were providing a high level of care. Feedback was sought at the end of every period of care in a form within the care plan and she carried out phone questionnaires each month and home visits every quarter or six monthly. We were able to view a sample of the phone and home visit questionnaires. People were asked to comment on whether they had been involved in their care plan; did carers take account of their wishes and needs and were they kind and caring; did carers treat them with dignity and respect and did they respond to their changing needs and did they know how to make a complaint and whether they felt that they would be listened to. We saw some of the comments which included, "excellent service, would not have managed without you", "the care received during the past few weeks has been of the highest order. The ladies who have been involved have been kind, attentive and nothing has been too much trouble. [name] and I would like to record our most grateful thanks" and "very happy with the whole team who have helped her over the last six weeks. I think she will miss you all. I have found you to be caring, informative, helpful and very professional both as individuals and as a team. Thank you for all you have done for me mum".

We asked the people and their relatives about how the service was managed and run. One person told us,

"the manager came to see me on the day I came out of hospital, she is very nice. She talked about my care and she introduced my carer to me". Everyone we spoke to knew that they could contact the office at any time to discuss any concerns.

We found that Cheshire East Domiciliary Care Services used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on medication, risk assessments and care plans. Due to the short term nature of their involvement, care plans were reviewed continually by senior staff in terms of people's changing needs, but were audited when they were returned to the office. Where errors were detected, for instance on medication, staff were removed from administering medication until they have completed updated training and an observation had been carried out. We saw an instance of this and could clearly see that this had been recorded in their supervision and there was evidence of their training and an observation taking place.

The provider also carried out quality monitoring reports every quarter which were produced by the operations director. We were able to view a sample of the previous year's reports and could see that these were reported in line with the CQC's rating domains and key lines of enquiry and where areas for improvement were identified, these were reviewed in the next report. The service also had an annual service development which again looked at the five domains and areas for continual improvement.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the service was being managed and the quality of care being provided. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the manager. Comments from the staff members included, "the service is very supportive. Management are very approachable", "the manager are very approachable, you get a response quickly and she is very on the ball" and "the manager is brilliant and very approachable".

The manager told us that she held meetings with senior staff every month and then any information was cascaded to the group supervisions held each month, which she also attended on a regular basis. We were able to view the last month's minutes from both of these meetings. We could see that there were standard agenda items such as: any training updates, policy and procedures, any information from the provider's corporate newsletter of importance and we could see at the last meeting they had also discussed direct observations, awards and health and safety.

The manager held drop in days twice a year, where she would set aside time specifically in the office where staff could approach her to discuss anything. She advised that these were not well attended as she had a general open door policy, so staff usually approached her when an issues arose, but she felt it was important to have a dedicated time set aside for this that staff knew was available.

The providers values were displayed clearly in the office and were also contained within the care plans so both staff and people using the service were aware of these. The provider held internal awards and teams could be nominated for team of the month in recognition of displaying the provider's values. The registered manager told us that she had nominated her team as well as other managers putting her team forward when they had worked especially hard to help customers and their efforts stood out. The team had been successful in winning this award twice in the last year and they had also won a silver award for team of the year.

We saw from the PIR provided in advance that the provider was proactively and continually trying to

improve the service. We saw some of the areas had already been implemented. For example, they had already introduced the medication task on staff plan, to improve safety around medication. Workshops were being introduced to support staff with their PDRs and we saw that these were planned for the next group supervision.

As part of the inspection, all the folders and documentation that were requested were produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.