

Cheviot Care Limited

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Inspection report

15 High Fair
Wooler
Northumberland
NE71 6PA

Tel: 01668282353

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23 March 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 14 and 15 March 2018 and was announced. The expert by experience contacted people and a relative by phone from 19 – 23 March 2018. We gave the provider 48 hours' notice because staff provide support to people in their own homes and we wanted to ensure there would be someone at the service office when we called.

Cheviot Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults living in Wooler and the immediate surrounding area. At the time of the inspection the service was providing care and support to 22 people. CQC only inspects the service being received by people provided with 'personal care.' Personal care involves help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. Cheviot Care Limited also provided other services such as housework and enabling, which CQC does not regulate.

At our previous inspection in December 2016, we identified three breaches of the regulations relating to safe care and treatment, staffing and good governance. An effective system to manage medicines was not in place; there was limited evidence that recent training had taken place; care records were not always detailed or available and formal documented audits to monitor the quality and safety of the service were not completed. We rated the service as requires improvement. We requested an action plan describing what actions the provider was going to take to improve. This was not provided .

The service had a registered manager in post who had been registered with the CQC since July 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was co-ordinated from a small office in the registered manager's own home.

Cheviot Care Limited consisted of three full time members of staff, including the registered manager. All three were directors of the service. Two part-time staff were also employed. All staff, including the registered manager delivered care and support. People told us there were sufficient staff deployed. We accompanied the registered manager and one of the directors on visits and saw that they carried out care and support in a calm unhurried manner.

We found continuing shortfalls with the management of medicines. An effective system to manage medicines was not in place. Risks were not always assessed or documented.

People told us they felt safe with the staff who supported them. We raised a safeguarding alert regarding the management of one person's medicines and another concern which was not related to the care and support provided by staff at Cheviot Care Limited.

Staff told us there was sufficient training and felt supported. We found that further training had been carried out. However, records were not always available to demonstrate this. In addition, an effective system was not fully in place to monitor and review staff training.

The registered manager was aware of the Mental Capacity Act (2005). She said no one using the service was subject to any restrictions placed on them by the Court of Protection.

People and relatives told us that staff were very caring. They said their privacy and dignity was respected during the delivery of personal care and support. People told us they felt involved in their care and said the service kept their relatives up to date with any issues.

We found that care records still lacked detail. This did not affect the responsiveness of staff, because people were supported by the same small group of staff who knew them very well.

There was a complaints procedure in place. No formal complaints had been received.

No formal documented checks were carried out to monitor the quality and safety of the service. The registered manager told us that one of the main issues was finding time to carry out management tasks because she was involved in care delivery.

We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. All people and the relatives with whom we spoke were very complimentary about the service and the care and support provided. However, we considered that an effective system was not fully in place to assess, monitor and review the quality and safety of the service and ensure accurate records were maintained.

We have rated the service as requires improvement at our last three inspections. At this inspection, we found that improvements had not been fully made. This meant that systems were not fully in place to ensure compliance with the regulations and achieve good outcomes for people.

We have organised a meeting with the provider to discuss our concerns, improvements needed and support that may be available.

We found two continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These relate to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

An effective system was not fully in place to ensure medicines were managed safely.

Risks were not fully assessed or documented.

There were sufficient staff deployed and care and support was carried out in a calm unhurried manner which met people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had completed additional training since our last inspection. People told us that staff knew what they were doing.

People were supported to give day to day consent for their care. No one using the service had any restrictions placed on them by the Court of Protection.

People were assisted with their nutritional needs.

Staff worked with various agencies and accessed other services when people's needs had changed.

Is the service caring?

Good ●

The service was caring.

People told us staff were very kind and considerate. We observed positive interactions between staff and people.

People were treated with dignity and staff respected their privacy at all times.

People told us they were involved in their care.

Is the service responsive?

Good ●

The service was responsive.

Care was provided by a small group of staff who knew people very well.

People and relatives told us that staff were responsive to people's needs.

There was a complaints procedure in place. No formal complaints had been received.

Is the service well-led?

The service was not always well led.

An effective system was not fully in place to assess, monitor and review the quality and safety of the service and ensure accurate records were maintained which reflected people's needs.

The registered manager continued to deliver direct care and said management time was often limited.

People and the relative were very complimentary about the service.

Requires Improvement 

Cheviot Care Limited

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

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection took place on 14 and 15 March 2018 and was announced. The expert by experience contacted people and a relative by phone from 19 to 23 March 2018. 48 hours' notice of the inspection was given because the service is small and the registered manager was often out of the office supporting staff or providing care. We needed to be sure there would be someone at the office to access records.

We did not request a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service. We also contacted the local authority commissioners for the service and local authority safeguarding team for any information they held about the service. Neither organisation raised any current issues or concerns. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

We visited six people at home with the registered manager and one of the directors. They both carried out direct care to people. Our expert by experience contacted five people and one relative by phone following our visits.

We spoke with the registered manager and a director. We looked at eight people's care records; four people's medicines administration records, training records for three staff and minutes of meetings.

We contacted a registered manager of a local care home, a registered manager of a local domiciliary agency

, a member of staff from the local pharmacy, a medicines technician from the local NHS Trust and two GP surgeries. We spoke with a member of the district nursing team who was visiting a person on the first day of our inspection.

Is the service safe?

Our findings

At our previous inspection in December 2016, we identified two breaches relating to safe care and treatment and good governance regarding this key question. Medicine records were not complete and care plans to support people with their medicines were limited in detail. Full recruitment checks had not been undertaken for one staff member. We rated this key question as requires improvement.

At this inspection, we found continuing shortfalls with the management of medicines. A system to record what medicines had been administered was not effective. Staff sometimes stated, 'as per dossette' on medicines administration records [MARs]. The registered manager stated that staff cross referenced the MARs with the list of medicines which was included in people's care files. We noted however, that medicines lists were not always up to date. This meant it was not always clear what medicines had been prescribed or administered.

Staff sometimes used a code to indicate when a medicine had not been administered. However, the reason for this non-administration was not always recorded. Care files contained limited information about medicines management. There were no specific care plans for "as required" medicines. "As required" medicines are those given when needed for a specific situation, such as intermittent chest pain, constipation, or pain. In addition, it was not always clear that any non-prescribed medicines such as natural remedies had been authorised by the GP.

Staff left one person's medicines out for the individual to take themselves later on in the day. They also left their medicines in an egg cup for them to take over the weekend. We read that this person sometimes became confused and had not taken their medicines on several occasions. A risk assessment had not been completed regarding this issue.

The registered manager told us that she observed staff practice and checked medicines administration. Formal documented checks of these observations however, were not completed to demonstrate what areas had been assessed and any areas for action. This omission meant there was a lack of evidence to demonstrate that staff had been assessed as being competent to manage medicines.

These issues constituted a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

People did not raise any concerns about medicines management and told us they received their medicines as prescribed. One person told us, "I take my own tablets but I can always ask them to check things with me if I get confused."

Following our inspection, the registered manager informed us that she was working with a medicines technician from the local NHS to address the shortfalls and omissions.

There were safeguarding policies and procedures in place. No concerns were raised by the local authority's

safeguarding adults' team. People told us they felt safe with the staff who visited them in their homes. One person commented, "Really excellent staff who always do their best to make me feel secure and cared for." A relative told us, "My mum feels very safe and trusts the staff and I know I can leave her knowing she is well looked after."

We made a safeguarding referral regarding one person whom we visited. This related to medicines management and another issue which was not connected with the care and support provided by staff at Cheviot Care Limited .

We examined care files and noted there was limited evidence that risks had been formally assessed. Risks relating to people's mobility, medicines, environment, equipment and certain behaviours were not recorded. We accompanied one of the directors on her morning visits. She was aware of the specific risks relating to people. She showed us how one person used a shower step and grab rails to access the shower. This information however, was not included in the person's care file.

Staff had access to and used personal protective equipment such as gloves and aprons. Risks relating to infection control however, were not formally documented and infection control audits were not recorded.

We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. We concluded however, that an effective system to assess and manage risks was not fully in place.

Risks relating to staff were not always assessed and recorded. Staff used their own cars to travel to people's houses. We asked if checks were made on staff's cars to ensure they had the correct insurance and cars were roadworthy. The registered manager told us that staff had appropriate insurance, however, she confirmed she had not seen documentary evidence of this.

These issues constituted a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

The registered manager told us there had been no accidents or incidents to people who used the service or staff since the last inspection.

Cheviot Care Limited consisted of three full time members of staff, including the registered manager. All three were directors of the service. Two part time staff were also employed. All staff, including the registered manager delivered care and support. People told us there were sufficient staff deployed to meet their needs. Comments included, "Always on time and never makes me feel as though I am just a name on a sheet" and "Yes they come when they say they will - it makes my day."

We accompanied the registered manager and one of the directors on visits and saw that they carried out their care and support in a calm unhurried manner.

At our last inspection we found that full recruitment checks had not been carried out for one member of staff. References had not been obtained. At this inspection, the registered manager told us that appropriate references had now been received. No new staff had been employed at the service since the last inspection.

Is the service effective?

Our findings

At our previous inspection in December 2016, we identified a breach in relation to staff training and support. We rated this key question as requires improvement.

At this inspection, we found that improvements had been made. Further training had been carried out.

We looked at staff files and noted that staff had carried out certain training in safe working practices and other training relating to the specific needs of people such as dementia care.

Staff told us that supervision and appraisals were carried out and they felt supported to carry out their role. We saw that supervision and appraisal records were available, however, many of these were not signed or dated.

No new staff had been employed at the service since the last inspection. The registered manager told us that new staff would always work with an experienced member of staff as part of the induction process. She said she always introduced new staff members to people before they provided care and support to ensure they knew the people and their needs and people were familiar and comfortable with the staff member.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us that people being supported by the service had capacity and were able to make day to day decisions. No one had any restrictions imposed on them by the Court of Protection (CoP). The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so.

People told us that staff asked for their consent before carrying out any care and support and respected their wishes. Comments included, "They listen to what I ask for and try hard to deliver on that," "I can always say no and my wishes are always noted" and "If I want to change my mind that is fine or want to have a lie down I am not made to do what I don't want to do."

People were supported with their nutrition and hydration. There was a lack of information however, about people's dietary needs in care files; but staff knew people well and were aware of their preferences. We saw that staff took care with the presentation of meals. One person enjoyed bran flakes with a carefully chopped

banana followed by a scone and ginger jam. Another person had soup and a slice of bread with the crusts removed. A relative told us, "My relative's carer does the cooking and I buy loads of things from M&S and they love having a wide choice to offer."

People told us that staff helped ensure their health needs were met and contacted the GP or nurse if required. Staff also supported people to attend health care appointments. We spoke with a member of the district nursing service. She told us that staff contacted them if there were any concerns. Another health and social care professional told us, "Cheviot Care provide an excellent service for the elderly population in Wooler and the feedback from patients has always been positive. They are always quick to alert us to any problems or potential problems." This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Is the service caring?

Our findings

At our previous inspection in December 2016, we rated this key question as good. At this inspection, we found that the provider had continued to ensure that people experienced good outcomes in this key question.

People and relatives told us that staff were caring. Comments included, "Kindness – they are the very, very best," "[Name of care worker] is marvellous. She goes above and beyond. It's all the little things that she does like post the letters or pick up a prescription" and "My carer is great and spoils me all the time – it's really nice and kind." The provider bought people birthday and Christmas presents. We read a thank you card from one person which stated, "Thank you for my goody bag. I have had a lovely birthday."

We contacted a registered manager from a local care home. She told us, "I have a good rapport with Cheviot care and have always found them very helpful and forthcoming with communication. Families who have dealt with them always speak very highly of them and I always promote their service in Wooler for anybody local looking for care in the community. All Cheviot care staff often visit [people they had previously supported in the community] at the [name of care home] which was lovely to see that connection was still ongoing."

We also found staff to be friendly and helpful during our inspection. Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. One of the directors told us, "They look upon as their family."

Most of the staff had worked at the service since the provider registered with CQC in 2011. This meant that people were supported by staff who knew them well and could respond in a person-centred way.

We visited people at home with the registered manager and one of the directors. We saw that people appreciated seeing them. They enjoyed talking to staff about how they were, their families and local news and events. The registered manager and director knew people very well. The director explained that one person who we visited liked to keep bars of soap in their bed to help prevent cramp. The person told us, "It does work!" Staff knew about every aspect of people's lives. We heard staff speaking with people about what was happening later on in the day. This included what time their online shopping was going to be delivered, a reminder that the fish man would not be coming because he was on holiday, the time of the church meeting and the name of the care worker who would be coming later to help them have a bath.

People and relatives told us that staff promoted people's privacy and dignity. Comments included, "The care is just great. They always observe my dignity especially after personal care. This is how it should be for everyone," "Couldn't ask for better care they are so kind and lovely. They close the curtains and knock before coming in the shower room to help" and "[Name of registered manager] and all her team were extremely friendly, caring and professional in the way they carried out their duties and their one to one interactions with her was excellent. As well as their routine duties, checking she had taken her medication, preparing her lunch etc, they also had to bathe her which they did with every consideration for her dignity."

People and relatives told us that they were involved in people's care. People were aware they had a care plan. Most people told us however, that they did not want to read it. Comments included, "I don't want to worry about care plans, I just want to continue with my excellent care. My relative will deal with that side of things" and "I know about care plans and hear about it all the time. I am not involved directly because I don't want to be." One relative told us, "Yes, I am consulted about my relative's care plan and get asked to all the relevant meetings about them."

People had signed to say they had received copies of the service user hand book and understood the contents and had also signed a 'staff supply agreement.'

Is the service responsive?

Our findings

At our previous inspection in December 2016, we found that care records were not always detailed and formal reviews of care were not always recorded. We rated this key question as requires improvement.

At this inspection we found that staff were responsive to people's needs. This was confirmed by people and relatives. Comments from people included, "They wait on me hand on foot," "Everything we want, she gets," "She is always so willing," "I think [name of director] is excellent," "You get used to seeing the same ones [care worker] but they are all good," "I don't need to worry about a thing," "She [name of director] does everything I want," "I couldn't do without her" and "She [name of director] is that good – she's upgradeable." One relative commented, "She really looked forward to their three times daily visits which were always on time, a feat in itself given the rural area that they cover. This can be very important for the elderly living on their own as they become very time orientated and if something is supposed to happen at a certain time they can become anxious if it doesn't. If they had any concerns then they would contact me immediately and we often met up when they were doing their lunchtime visit for a chat about her care, how they and we thought she was doing and if anything needed to be changed."

People told us they were aware they had a care plan. Most people informed us that they chose not to read it. One person said, "I trust the staff and care plans are something I know about but don't worry about." We found that care records still lacked detail. This did not affect the responsiveness of staff, because people were supported by the same small group of staff who knew them very well.

The registered manager told us that reviews of people's care were carried out. This was confirmed by people and relatives. One person told us, "I have a care plan and get regular reviews and the carers always complete the hand over book." These reviews were not formally recorded. However, we read copies of weekly team meetings. People's changing care needs were discussed. The registered manager told us they would speak with people's families or their care managers if there were any concerns about the level of care needed.

A complaints procedure was in place. This was included in people's care files. All people and relatives with whom we spoke told us they knew how to complain. One person told us, "Of course I know how to complain. I did recently about the hours and they took my issues seriously and are sorting them out for me." Another person told us, "On balance a very good service with no complaints - just happy that they do what they do."

Twice yearly surveys were carried out. We looked at completed questionnaires which contained positive feedback. Comments included, "I don't think you could improve on the service I am getting. I am more than satisfied," "All the Cheviot care girls are very helpful and friendly," "I know if it wasn't for them, I wouldn't be able to stay in my home" and "Very good timekeepers, friendly and considerate. We are really indebted to these dedicated girls."

Is the service well-led?

Our findings

At our previous inspection in December 2016, we identified a breach in relation to good governance. No formal quality checks or audits were undertaken. There were shortfalls and omissions in care records. We rated this key question as requires improvement. We requested an action plan describing what actions the provider was going to take to improve. This was not submitted to CQC .

At this inspection we found continuing shortfalls with the management of the service and the maintenance of records.

Care records lacked detail. Information about people's histories and their social, emotional and physical needs was not always included. Formal risk assessments were not recorded. The registered manager told us that they visited people and carried out an assessment before people started to use the service to ensure they could meet their needs. There was no documentary evidence however, of these assessments. A system to monitor training and identify any shortfalls was not fully in place. There was no indication of what training the provider deemed mandatory or the frequency of training. This omission meant it was difficult to identify which staff were up to date with training and when refresher training was required.

The registered manager told us that she carried out informal checks of different aspects of the service such as medicines management. These checks however, were not documented and had not highlighted the omissions and shortfalls which we had identified with medicines and the maintenance of records. The registered manager told us that one of the main issues was finding time to carry out management tasks because she was involved in care delivery.

We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. People told us they were very happy with the service. However, we considered that an effective system was not fully in place to assess and monitor the quality and safety of the service and ensure accurate records were maintained.

We have rated the service as requires improvement at our last three inspections. At this inspection, we found that improvements had not been fully made. This meant that systems were not fully in place to ensure compliance with the regulations and achieve good outcomes for people.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

The manager had been registered with the Care Quality Commission (CQC) since July 2011. She had set the service up with two colleagues who were also directors of the service. The service was co-ordinated from a small office in the registered manager's own home.

People and relatives were very complimentary about the service. Comments included, "You couldn't get any better," "I would say they are outstanding," "This is a good company and is generally excellent and I would

recommend them to anyone," "The management are available if I need to speak to them and the staff all feel supported and enjoy their job" and "Excellent in every way from carers to the office." One health and social care professional told us, "All in all, I believe they provide an outstanding service to their users and their families." A registered manager from another local domiciliary care agency told us, "We have liaised with [name of registered manager] and also I have worked with some of the staff at a joint client a while back. I have always found that the staff work as a team and put the interests of the clients first. When I took over at [name of domiciliary care agency], [name of registered manager] helped me to put together some policies. I believe Cheviot Care to be a good service and the company is well respected in the community."

There had been no notifiable events at the service. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>An effective system was not fully in place to ensure medicines were managed safely. Risks were not fully assessed or documented. Regulation 12 (1)(2)(a)(b)(g)(h).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective systems were not in place to monitor the quality and safety of the service and ensure accurate records were maintained. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f)(3)(b).</p>