

Cheadle Care Ltd

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Inspection report

Grange Court
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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

About the service

Cheadle Care is a domiciliary care agency registered to provide personal care and support to people living in their homes. Not everyone who used the service received the regulated activity of personal care. CQC only inspect where people receive personal care. This is help with tasks related to personal care, personal hygiene, eating, and drinking. Where they do, we also consider any wider social care provided. At the time of the inspection, the provider supported 3 people with a learning disability living in their own homes.

People's experience of using the service

Systems were in place to ensure the information in relation to concerns and safeguarding were managed well. There was a clear process to follow. Staff said they had completed training and would report any concerns to management. Relatives told us the staff were responsive to people's relatives' needs and felt the staff were very experienced and caring.

Records showed people were involved in their care, and risks were managed with the involvement of the person. Records clearly showed the person's voice. People were supported to have maximum choice and control in life. Staff supported them in the least restrictive way. Staff supported people to take part in activities of their choice. One relative told us, "The staff had compassion and dedication and treated their relative with respect". The service worked well with other agencies to support people. All staff had training in supporting people and keeping them safe.

The provider had systems in place to oversee the quality of the service and take appropriate action when needed. People using the service participated in their care and made choices about what care they needed and how this was provided. Regular reviews of the person's care and wishes took place. Relatives told us the provider continually consulted with people using the service.

Rating at last inspection This service was registered with us on 26 August 2021 and this is the first inspection.

Follow up. We will continue to monitor the information we receive about the service until we return to visit as per our re-inspection programme., if we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe
Details are in our safe findings below

Good ●

Is the service effective?

The service was effective
Details are in our effective findings below

Good ●

Is the service caring?

The service was caring
Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive
Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well led
Details are in our well led findings

Good ●

Cheadle Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act of 2014

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a small domiciliary care agency; it provides personal care to 3 people living in their own houses and flats.

Registered manager

The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the care quality commission to manage the service; registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and for compliance with regulations. At the time of the inspection, there was a registered manager in the post who was also the owner.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 05 July 2023 and ended on 15 July 2023. We visited the location's office on 05 July 2023

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key

information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with a care coordinator and the registered manager, who is also the provider. We reviewed a range of records, including three people's care records. We looked at records relating to the management of the service. These included systems for managing complaints, checks undertaken on the health and safety of the service and compliments records. We also looked at records relating to the recruitment of staff and their induction.

After the office visit, we continued gathering information and spoke with 3 relatives and 4 staff. The manager also continued to send us information about the service to support the inspection.

Is the service safe?

Our findings

Safe- this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of This newly registered service. This key question has been rated good. This meant people were consistently safe and protected from avoidable harm.

Assessing risks, safety monitoring, and management

People using the service were unable to speak to us via the telephone, so relatives spoke on their behalf. One relative told us that the staff who supported [named person] were excellent. The relative told us, "The staff have built a relationship with [named person], and they enjoy going out with staff." Another relative told us, "Since using the agency [named person] now had confidence, I am perfectly happy with the support from the agency and the staff they are all very kind."

- People's risks of potential harm or injury were assessed, and directions were included in electronic plans of care to tell staff how to minimise these risks. This ensured there was ongoing monitoring to keep people safe.
- Staff knew people well, including how they wanted their support provided. Staff told us that the risk assessments in people's care plans ensured that risks were reviewed regularly.
- A relative told us that the staff inform them if there are any concerns about their relative's welfare so action can be taken.
- Care plans contained detailed guidance for staff to follow to support people safely.
- Risk assessments had been completed with the involvement of the person using the service and their relative to ensure the care provided was person-centred. Any changes to the person's care plan were communicated to staff promptly.
- One staff member told us, "The information is available through the monitoring system, so we have up-to-date information about people daily".
- Relatives told us that the service contacted them if there were any concerns about their relative's welfare. One relative told us, "If they, [staff], have any concerns, they are straight on the phone to me"

Systems and processes to safeguard people from the risk of abuse.

People and their relatives felt safe with the staff who supported them. One relative told us, "I have no concerns at all about the staff." Staff told us they completed training in relation to people's care needs.

- The manager told us that there was a safeguarding and whistleblowing policy in place. In addition, the organisation had a speak-up facility where staff could speak in confidence if they had concerns.
- Staff completed training in safeguarding to enable them to identify signs of possible abuse.
- Staff told us they would have no hesitation in reporting to the management, and if actions were not taken, they would escalate this externally.
- All relatives we spoke with felt that their relative was safe with the staff that supported them. The registered manager was also responsible for notifying external agencies, including the local authority and Care Quality Commission (CQC), of certain events, including allegations of abuse.

Staffing and recruitment

- The provider made thorough checks when recruiting staff to make sure they were suitable to work with people using the service. This included checking with the Disclosure and Barring Service (DBS) to ensure staff were suitable to work with people. DBS checks provide information, including details about convictions and cautions held on the Police National Computer (PNC). This information helps employers make safer recruitment decisions.
- Staff recruitment files contained a checklist to ensure important information had been gathered before starting to work with the provider.
- Relatives told us they felt that their relatives were safe with staff, and the provider would inform them if there were any concerns.
- Recruitment records showed all staff employed had completed an induction, had appropriate references, and had a previous employment history.

Preventing and controlling infection

- There were effective measures in place to protect people from the spread of infection, such as government guidelines and using personal protective equipment (PPE). Infection control procedures were followed to minimise any cross-infection when supporting people. Staff had access to gloves and aprons.

Using Medicines safely

- All staff had been trained in supporting people with their medicine. This meant people received their medicine safely and on time. This was confirmed by relatives spoken with. Medication administration records were maintained to show what had been administered and when.

Learning lessons when things go wrong.

- There were clear processes in place for the staff to follow in the event of an accident or incident.
- The manager told us, "We previously supported an individual who was deemed to have the capacity to make daily decisions. This was reached in court with our support, so this led to certain decisions being made by himself that we may not have necessarily agreed with for the safety of our staff." The manager told us, "The lesson learned process identified that we should have put safety measures in place for staff at the beginning to not only ensure the person's safety but also to ensure the staff's safety."

Is the service effective?

Our findings

Effective-this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life; based on the best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and People's feedback confirmed this.

Assessing people's needs and choices, delivering care in line with standards, guidance, and the law.

- People's care needs and preferences were fully assessed to ensure the provider was able to support the person. This included the individual's view of how they wish to be supported.
- Relatives told us all care provided by the staff the person was involved, and no decisions were made without discussing all options with the person.
- Staff encouraged people to gain new skills.
- Risk assessments were completed to ensure people were safe when they pursued new activities.
- Healthcare professionals were involved when needed. Staff would support the person with appointments.
- Relatives told us that staff always involved their relatives in their care. A relative told us, "The staff do a really good job with [name of person]; he has progressed so well since the agency has supported him, I am so pleased."

Staff support induction, training, skills, and experience

- Care staff told us that they had completed training in various areas to enable them to support people safely. The training was ongoing and updated when needed.
- Staff told us they had spot checks, supervision, and competency assessments to ensure they had the skills to support people.
- The manager ensured that staff training was up to date.
- Staff had development opportunities to complete the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills, and behaviours of specific job roles in the health and social care sector.
- Staff confirmed at the start of employment that they had an induction and were supported by other staff and management. Staff told us they had regular supervision.

Supporting people to eat and drink enough to maintain a balanced diet.

- The provider does not support anyone with eating but helps people cook food for themselves with support.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices, and are delivering care in line with standards, guidance, and the law. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 the mental capacity to take 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. When people receive care and treatment in their own homes, an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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 had the appropriate legal authority from the Court of Protection.

- Staff worked within the remit of the MCA and understood the importance of gaining consent from people.
- People were supported in their own homes, and they were not restricted by staff in how they lived their lives.
- Staff completed training to ensure they had the knowledge to support people.
- The registered manager's initial assessment of people's needs assumed people had the mental capacity to consent to care and treatment. A professional assessment was completed if staff identified a person's mental capacity to consent had changed.

Is the service caring?

Our findings

Caring-this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported, treated with dignity and respect, and involved as partners in their care.

Ensuring respect, equality, and diversity, supporting people to express their views, and involved in making decisions about their care.

- Relatives spoken with gave positive views about the service provided to their relatives. One relative told us, I have peace of mind. The staff are really kind and caring; I have no concerns at all about the agency. They are good and treat [named person] with respect and dignity."

- People were consistently supported by the same staff members, which meant a positive relationship could be developed; one staff member told us, "I ensure the named person has everything they need before I go. If I have any concerns, I report to management and inform their relative."

- During initial assessments, they gave people the opportunity to share information about protected characteristics under the Equality Act 2010. relatives confirmed conversations had verbally taken place.

- A relative told us the person using the service was offered a choice about the gender of staff who supported them.

Respecting and promoting people's privacy, dignity, and independence

- Staff respected and promoted people's dignity.

- All relatives we spoke with confirmed that the staff had respect for their relatives and always maintained the person's dignity.

- Staff we spoke with demonstrated and promoted a positive understanding of why people's independence was important. One staff member told us, "I look after people as I would want to be looked after."

Is the service responsive?

Our findings

Responsive - This means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Initial assessments were carried out by the manager to assess people's care needs. This information was added to care plans so that staff had the information to support people. Other information, such as people's backgrounds, interests and things which were important to them, helped staff better understand people's support requirements.
- Staff told us they spend a lot of time reassuring people and supporting them to make choices for themselves.
- All relatives spoken with told us their relatives were fully involved in the care and support that was provided by staff. Staff showed respect to the individual and encouraged participation in their care and support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tell organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider assessed people's individual communication needs. This information was included in clear and personalised care plans.
- The provider understood their responsibility under the AIS and ensured information was available in alternative formats to ensure people had information they could access and understand.
- People's plans of care gave staff information about hobbies and interests. Staff members were aware of what people like to chat about and what is important to them.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to record and respond to complaints.
- At the time of the inspection, the provider had not had any complaints.
- People's relatives told us they had not had reason to complain but felt the provider would deal with any complaints appropriately.

End-of-life care and support

End-of-life care and palliative support were not provided to anyone at the time of our inspection. When a person reaches end-of-life care, the registered manager and staff told us they would follow people's wishes and guidance provided by healthcare professionals involved in that person's care.

Is the service well-led?

Our findings

Well-led means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation, and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture promote high quality, person centre care.

Managers being clear about their roles, and understand quality performance, risks, and regulatory requirements.

- The provider had effective quality checks and audits in place to assess and monitor the service provided.
- Spot checks took place to monitor staff performance. These were used to identify any further training staff might need.
- The provider had a system in place which included regular monitoring of the service. For example, people's feedback was regularly reviewed, and appropriate action was taken if improvements were required.
- People were supported by trained staff. The provider's training matrix showed that staff had ongoing training to support people's health and care needs.
- The provider understood their legal requirements to notify CQC of incidents of concerns, and information that may affect the service provided.
- The provider was focused on delivering person-centred care.

Promoting a positive culture that is person centre, open, inclusive, and empowering, which achieves good outcomes for people.

- The provider was focused on delivering person-centred care and had a clear vision for the service they provided.
- The staff spoke positively about the culture of the service and the support they had from management.
- Staff comments included, "I have a really good relationship with the staff team, manager, and people using the service, and I enjoy my job supporting people and giving them choice and control over their life."
- All relatives told us they were happy with the service and said the staff were very professional and caring.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open when something goes wrong

- The manager understood their responsibilities under the duty of candour and was open and honest with people and their families when something had gone wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify people and all other relevant persons of certain notifiable safety incidents and provide reasonable support to that person.