

Cheshire Homecare Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an announced inspection of Cheshire Homecare services on the 3rd and 13th of August 2015.

Cheshire Home Care Limited is a large domiciliary care agency providing personal care to people in their own homes. The service has approximately 50 staff supporting about 170 clients in Chester and its rural surrounding area. Staff are available 24 hours day. The office is staffed

seven days a week and emergency cover is available after office hours. The service has two registered managers 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.

Summary of findings

Our last inspection in August 2013 found that the provider was meeting all the regulations assessed.

People who used the service and their relatives told us they felt safe and comfortable with the staff team. They told us that they were reliable and communicated with them well. All staff had received training about safeguarding and this was updated every year. The required checks had been carried out when new staff were recruited.

The staff we spoke with had good knowledge of the support needs of the people who and had attended relevant training. The staff we spoke with demonstrated a commitment to providing the support people needed as well as a commitment to protecting people from harm.

People we spoke with confirmed that they had choices in all aspects of the support they received and benefitted from a personalised approach to care planning.

People who used the service, their families and staff told us that the management team was open, transparent and knowledgeable. They told us that there had been significant improvements in the standard of support provided since we last visited in 2013. People we met during our visits spoke highly of the management team. The registered provider demonstrated a number of methods used to assess the quality of support provided.

Summary of findings

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.

People who used the service felt safe and comfortable with the staff who supported them. They told us that staff rarely missed calls and dealt with their medication well.

Staff had received training in safeguarding and were aware of how to deal with complaints received.

Risk assessments were available suggesting that risks faced by people while they received support were taken into account.

Good



Is the service effective?

The service was effective.

People told us that they were supported by a well-trained and knowledgeable staff team.

Staff were able to demonstrate that they had received training relevant to their role although they had not received training in the Mental Capacity Act 2005. Staff received effective supervision of their care practice.

Good



Is the service caring?

The service was caring.

People and their relatives told us that they found staff to be caring and supportive.

Staff we spoke with were able to demonstrate their caring approach to people they supported and a commitment to protecting them from harm.

Good



Is the service responsive?

The service was responsive.

People told us that they knew who to speak to if they had a complaint and were confident that action would be taken to address their concerns.

The registered provider operated a personalised and clear care planning system which was subject to regular checks in conjunction with people who used the service.

Good



Is the service well-led?

The service was well-led.

People were very happy with the support they received and considered that they had their views listened to and were asked to comment on the quality of the support they received.

Staff told us that the management team were knowledgeable and approachable.

The registered provider demonstrated that they sought to assess the quality of the support provided through direct contact with the people who used the service, spot checks and auditing of systems.

Good



Cheshire Homecare Services 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.

This inspection took place on the 3rd and 13th of August 2015 and was announced. 48 hours' notice was given because the nature of the service's provision is such that the managers are often out supporting staff or providing care. We needed to be sure that someone would be available. On the first day of our visit we visited the registered provider's office and on the second day met with staff. Prior to our visit, the expert by experience spoke with fifteen people who either used the service or their relatives. Our visit to the office involved looking at seven care plans and other records such as staff recruitment files, training records, policies and procedures and complaints files.

The inspection was carried out by an Adult Social Care inspector. There was also an expert-by-experience involved in this inspection who contacted people who used the service by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection had experience of care provision for older people.

Before our visit, we reviewed all the information we had in relation to the agency. This included notifications, comments, concerns and safeguarding information. We did not contact the Local Authority Commissioning Team for their comments as the agency is not contracted to provide care on their behalf. We saw records suggesting on-going co-operation with the Local Authority safeguarding team. There has been no visit to date from the Cheshire West Healthwatch team. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided.

Is the service safe?

Our findings

We spoke to fifteen people who used the service and their relatives. They told us that they felt safe and comfortable with the carers. They felt that their personal possessions were safe and that staff never missed calls or “hardly” ever. Three people told us that staff managed their medication and did it “very well”.

We spoke with seven members of staff about how they protected people who used the service from abuse. They were able to demonstrate a good understanding of what they would do if they witnessed or made aware of any allegations. They told us that they had access to a procedure for reporting any concerns and were confident that the management team would act upon the information. They had received training in protecting vulnerable adults from abuse within the past twelve months and this was confirmed through training records. Staff were able to outline the types of abuse that could occur.

We asked staff how they would report abusive practice within the agency. They told us that if they were asked to carry out any task which they considered to be abusive to the people they supported, they would refuse to do it and relay their concerns either to the management team or CQC. The registered provider had a whistleblowing procedure which was included as part of the safeguarding procedure.

Our records showed there had been six safeguarding referrals raised since our last visit in 2013. There was evidence that the registered provider had cooperated with the local authority safeguarding team and all allegations were unsubstantiated. The registered provider always reported incidents that were considered to be “low level” concerns. This was done on a monthly basis. The management team were clear about how allegations should be reported to the Local Authority and provided detailed documents of referrals that had been made, their involvement in meetings and subsequent required actions.

Risk assessments were available for all people who used the service. These covered the environment that they lived in, identifying risks that staff and people faced. More specific risk assessments were in place relating to the support people required. We saw that where people needed to be transferred using a hoist, that information

was in place on how this was to be done safely. All risk assessments we looked at had been reviewed regularly and with the involvement of people who used the service. Other risk assessments included the risk people were of falling and their falls history was included within initial assessments of need and care plans.

The registered provider had ensured that the agency’s main office was a safe place to work. Risk assessments were in place relating to the office as well as evidence of regular checks to the fire alarm systems in place.

We looked at accident and incident records. There had been very few accidents since we had last visited the service. Any accidents recorded gave an account of the nature of the accident and action that had been taken.

Staff we spoke with told us that at present they considered that there was enough staff to meet the needs of people they supported. They said that shortfalls could occur from time to time but stated that they never felt under pressure to take on any extra work. Staff rotas were in place and all staff told us that they received their rotas in advance. This system had changed and they had found it had been an improvement.

We looked at how the registered provider recruited staff to work for the service. We looked at six recruitment files. All appropriate checks had been made by the registered provider before staff had started work. These checks included a DBS check (Disclosure and Barring Service), references, and declaration of health and interview notes. A DBS check aims to identify those people who have been barred from caring in a registered care service. We spoke to one member of staff who had been recruited recently. They told us that the recruitment process had been fair but that there had been a delay in them starting work until all checks were completed. They acknowledged that this delay was due to the registered provider wanting to recruit staff correctly. Where DBS checks had disclosed a conviction, we saw evidence that the registered provider had questioned the person and made a judgement on their suitability. The applicant had already declared this on their application form. A disciplinary process was in place and we saw evidence of how the registered provider dealt with any issues. Records were maintained providing detail of action taken when needed.

We looked at how medication was managed by the registered provider. Staff told us that they had all received

Is the service safe?

medication training and for those who had worked there longer, this had been refreshed each year. Staff told us that they received spot-checks from the management team who would assess their practice, including their competency to assist with medication where applicable. There is a

medication procedure which is up to date and outlines the level at which staff should assist with medication. Medication administration records were available and all these had been recorded appropriately.

Is the service effective?

Our findings

We spoke with people who used the service. They told us that they were confident that the staff supporting them knew what they were doing and that their consent was always obtained to determine how they wished to be supported.

Some people received assistance with meals. They told us that it was always done well, they commented: "There are no problems whatsoever. They do it very well just as they do everything well";

"They see to my meals when needed and it is excellent";

"I am speaking for my relative. They get a very good service from very pleasant staff. They do see to his lunch which is usually excellent".

Training records showed that staff had received recent refresher training. This included training in health and safety topics as well as safeguarding. A training matrix was available which outlined all the training that staff were to receive in future. Staff told us that the standard of training was good and that they felt it helped them to do their job. Two staff told us about the induction process. This consisted of training in health and safety topics as well as safeguarding. After this had been completed, new staff would shadow existing members of staff until they were deemed suitable to provide support on their own or with another colleague. Both staff told us that the induction process had been very good and felt as though it had prepared them to perform their role. We looked at documentation relating to the induction process and found that it was in line with what staff had told us.

We looked at seven care plans. Not all people who were supported needed assistance with food preparation. Those who did had their needs outlined in each care plan as well as an indication of their likes and dislikes. We did not see any evidence that people were nutritionally at risk. Staff confirmed that they had received training in food hygiene and that they received refresher training annually. Daily records suggested that meals provided had been recorded.

We looked at seven care plans. None of them indicated that people did not have the capacity to make their own decisions. We asked staff about their understanding of the Mental Capacity Act. Only one was able to discuss what it was about with others either not having heard or it or mistaking it for mental health awareness. No staff had received training in this.

We looked at how the staff team were supervised in their role. Staff meetings are held as well as one to one supervisions held every six weeks or so. The main method used by the registered provider to check care practice was the use of unannounced spot-checks. Staff would arrive and have their practice checked to ensure that they provided people with effective support. All staff confirmed that they had received this type of supervision and that feedback was given to them about their performance. A summary of spot-checks was available on staff files with positive comments as well as constructive feedback recorded. Staff who had remained with the service for some time confirmed that they had received annual appraisals and these were available on staff files.

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were “good, very good, nice and pleasant” One person considered that staff supported them just like a member of their family would. Other comments included:

“I cannot praise them enough”;

“The staff are fantastic and the service is superb”;

“I am so well cared for by the staff who visit. I get the best”.

People told us that they were always able to have a say in the way they were supported and that their privacy and dignity were promoted at all times.

We spoke to seven members of staff. They told us about how they supported people. They always greeted people and asked them how they were keeping. Attention was paid to ensuring that when they were visiting someone they had not met before that they introduced themselves.

We asked about what action they would take if people refused support. Staff appreciated the rights of people but

were mindful of the duty of care that they had and told us that they would try to reassure people in a calm manner. If support was still refused, this would be reported to the main office.

A service user brochure was available. This provided contact numbers as well as information on how to make a complaint. This was provided to people when they started to use the service. Out of the care plans we looked at, no-one had needed the involvement of an advocate although advocacy services could be referred to if needed.

Staff inductions and training indicated that staff were expected to maintain confidentiality. Staff had signed agreeing to maintain confidentiality and a confidentiality policy was available. Training included a focus on the values that staff should use during their support, for example to maintain the privacy and dignity of people. We saw in care plans that consideration was made to the preferred terms of address that people wanted to be called as well as an indication of any religious or cultural beliefs.

Care plans we looked at outlined the support that carers were expected to provide. We saw that emphasis was placed on ensuring that people maintain their independence in other daily routines.

Is the service responsive?

Our findings

People who used the service and their relatives told us that they felt that the service was responsive to their needs. They said that they felt in control of the care they received and were involved in it.

We looked at seven care plans. Assessment information was in place outlining the main needs of each person and what staff needed to do to support individuals. Reference was made to main health and social needs of people as well as the agreed care package. Plans indicated what staff needed to do for each visit and tasks included shopping, cleaning, food preparation and assistance with personal care. The support required was clearly written.

Care plans relating to people who had used the service for some time had been updated to reflect the changing needs of individuals. These changes had been made as a result of evaluation of each care plan to see if people's needs were being met. These evaluations took many forms and included regular telephone contact with people, visits through management spot checks to assess staff performance as well as meeting with people. Care plans were specific to the needs of each person and centred exclusively on the needs identified through initial assessments or changes following a review. Staff confirmed that all people had a care plan in their homes and that they would refer to them to see what support had been provided.

Everyone we spoke to knew how to make a complaint if they needed to. Some people told us that they had not had to do this and those that had felt as though the management team had responded positively.

A complaints procedure was made available to people within their service user guide. This contained information on how to make a complaint and how long the investigation process should take. Complaints records were documented for each month and showed that no care-related complaints had been recorded for 2015. Where complaints had been raised in 2014, there was evidence of a response form from the registered provider to the complainant, action taken to address the issue and evidence of the complainant's satisfaction. One complaint had been raised in June 2015 by the neighbour of a person who used the service in respect of parking. Although this was not care related, there was evidence that the matter had been investigated and responded to by the registered provider. Our own records noted that since our last visit to the service in 2013, we had been contacted by a person who wished to make a complaint. This related to contractual issues rather than the standard of the care provided.

We spoke to eight members of staff. We asked them about how they promoted choice. They gave examples of how this was done and said that they were guided by the wishes of each person they supported. Their first point of contact with people was to greet them, ask how they were, ask what they specifically wanted and then follow care plans. They gave examples of where people had not wished to be supported on occasions. They told us that they did not always take this at face value and made efforts to gently persuade people into agreeing to support. We found that they were aware of the balance they had between the wishes of people and their duty of care.

Is the service well-led?

Our findings

People who used the service and their relatives told us that the main office staff always told them if carers would be late. People commented that the management team were either “good “ or “very good” and that they were regularly asked for their views on the running of the service. This was undertaken every six weeks. They told us that they received a visit from either the manager or a care co-ordinator. They told us “This Company used to be awful but they have sorted things out, it is now well managed and they care for my relative very well indeed”. Other comments included “I do have strong views on management and they are very good”, “They are a pleasure to deal with and they do ask our opinions on the service”, “They also keep a check on things with letters and surveys” and “Everything is really very good and I can’t fault them. They check on it all every six weeks and I also get visited by the co-ordinator”.

We spoke to seven members of staff. They told us that they felt that the management team listened to them and that they were very approachable and supportive. They thought that the management team had sought to improve the standards of the service and that they had seen significant improvement over the past two years. Our records showed that the management team always notified us of any issues as required under the current legislation. They believed that managers were knowledgeable and would respond to concerns; especially if safeguarding allegations were reported to them.

Evidence was available to suggest that the management team sought to provide an open and transparent approach for staff and people who used the service alike. We saw that there were regular staff meetings and that the spot-checks undertaken to assess quality always included feedback to the staff team about their care practices.

There were a range of quality assurance tools used by the management team. These included one to one supervisions, appraisals, spot-checks and direct contact with people who used the service. Questionnaires had also been sent to people asking about the standard of support they received. Meetings with people and telephone consultations provided the service with the opportunity to gather views on the contents of care plans and any changes needed.

Audits were in place. These included care plans and staff recruitment files. Audits were also used to assess staff training that had been undertaken and where refresher training was needed. Complaints records were checked to ensure that all concerns had been investigated and responded to. Accidents and incidents were recorded. Further audits were in place for medication. Medication administration records were archived in the office and when these had returned from people’s homes, management audited these to check that records were appropriately signed. Daily records were also returned to the office and these enabled the registered provider to check on the standard of record keeping. Contact was maintained with the local safeguarding team with low level concerns reported to them on a monthly basis. This provided the registered provider with the opportunity to determine any patterns of concerns and act upon them.

We saw various other ways that the management team ensured that safety of the premises they operated from. We saw that fire prevention systems were checked and maintained and that risk assessments were in place to ensure that safety of people who worked in the main office. The office had a training room. This included beds and hoists used for manual handling training. We saw that this equipment had been serviced regularly to ensure that they were safe to use.