

Cheviot Care Limited

Cheviot Care Limited

Inspection report

15 High Fair
Wooler
Northumberland
NE71 6PA

Tel: 01668282353

Date of inspection visit:
25 April 2019
26 April 2019
30 April 2019

Date of publication:
08 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Cheviot Care Limited provides personal care to people who live in their own homes in Wooler. At the time of this inspection, the service provided personal care to 13 people. All of the people who used the service either privately funded their care or used their direct payments.

People's experience of using this service: At our previous inspection we identified two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance. There were shortfalls with medicines, risk management, the maintenance of records and the overall management of the service. At this inspection, we found that some improvements had been made, however further action was required and the provider remained in breach of the regulations.

There were three full time members of staff, including the registered manager. All three were directors of the service. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. One part-time member of staff was also employed.

People told us they felt safe. There were safeguarding policies and procedures in place. However, records were not fully available to demonstrate that all staff had completed safeguarding training.

Safe recruitment procedures were not followed. Recruitment checks had not been carried out for one member of staff before they commenced work. The registered manager/provider explained that they knew the staff member well and considered they were trust worthy.

Improvements had been made with the recording of medicines administration. However, further action was required.

An effective system to assess and monitor risks was still not fully in place. We found continued shortfalls relating to people's care documentation and records did not evidence that all staff were suitably trained. Medicines audits were now recorded; however, no other documented audits or checks were carried out. The registered manager/provider 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 were very complimentary about the service and the care and support provided. One person told us, "They are a great team, I am very, very happy."

People told us that staff helped ensure their health needs were met and contacted the GP or nurse if required.

The service was part of the local community. Staff and people lived in the same area so they shared a

common interest in amenities and events in Wooler and the surrounding areas.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires improvement (published 25 April 2018).

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections. We have previously met with the registered manager/provider to discuss the improvements required.

Why we inspected: This was a planned inspection based on the previous rating. We also followed up on the action we told the provider to take at the last inspection.

Enforcement: We have identified three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staffing, fit and proper persons employed and good governance. Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the registered manager/provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will return to visit in line with our re-inspection programme. If any concerning information is received, 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Cheviot Care Limited

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. This inspection was planned to check 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 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using Cheviot Care Limited receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit. We needed to be sure the registered manager/provider would be available.

Inspection site visit activity started on 25 April 2019 and ended on 30 April 2019. We visited the office location on 25 and 30 April 2019 to see the registered manager/provider to review care records and examine records relating to staff and the management of the service. We visited six people at their homes on 26 April 2019.

What we did before the inspection: We reviewed information we held about the service. We contacted the local authority contracts and safeguarding teams for any information they held about the service. 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.

The registered manager/provider completed a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection: We spoke with the registered manager/provider, six people and one relative. We examined four people's care files and records relating to staff and the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our previous inspection we rated this key question as requires improvement. There were shortfalls in the management of medicines and risks were not fully assessed or documented. This was a breach of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that further action was required and the provider remained in breach of the Regulation 17.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment.

- Safe recruitment procedures were not followed. Recruitment checks had not been carried out for one member of staff before they commenced work. The registered manager/provider explained that she knew the staff member well and considered they were trust worthy. Recruitment checks had since been carried out; however, these were not in line with legal requirements.

This failure to check staff were suitable to work at the service was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Fit and proper persons employed.

- There were enough care staff deployed to meet people's needs. There were three full time members of staff, including the registered manager/provider. All three were directors of the service. One part-time member of staff was also employed. All staff, including the registered manager/provider delivered care and support.

Using medicines safely

- Improvements had been made with the recording of medicines administration. Medicines audits were now carried out. However, further improvements were required. The registered manager/provider told us that medicines competencies were carried out; however, the results of these competency checks were not documented. In addition, there was no evidence that one member of staff had undertaken medicines training.

This lack of monitoring of staff skills and competence was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- An effective system to assess and monitor risks was still not fully in place.
- Not all risks had been recorded. The registered manager/provider told us that this would be addressed.
- Lessons had not been fully learned from previous inspections and the necessary improvements had not been made.

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

- We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. People were very complimentary about the service and the care and support provided.
- There had been no accidents or incidents at the service since our last inspection.

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

- People told us they felt safe. There were safeguarding policies and procedures in place. However, records were not available to demonstrate that one staff member had completed safeguarding training.

Preventing and controlling infection.

- Systems were in place to prevent cross infection. Staff had access to and used gloves and aprons.

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 best available evidence.

At our previous inspection, we rated this key question as good. At this inspection; we identified shortfalls relating to training and the maintenance of people's care records.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations had not been met.

Staff support: induction, training, skills and experience.

- Records did not evidence that all staff were suitably trained. The registered manager/provider told us, "We are doing online training but we still have more to do, but it is finding the time to sit down and do it."
- Induction records had not been completed for one member of staff who had commenced work in January 2019.
- There were gaps in training provision including medicines management and safeguarding. We asked the registered manager/provider if staff had carried out practical training in areas such as first aid and moving and handling. The registered manager/provider explained that due to the current costs involved, this training had not been carried out.
- The registered manager/provider told us that medicines competencies were carried out; however, the results of these competency checks were not documented.

This lack of staff training was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

- We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. One person told us, "They are marvellous."
- There was a supervision system in place. Staff supervision sessions were carried out.

Ensuring consent to care and treatment in line with law and guidance.

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. Where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- The registered manager/provider 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.
- Records did not always evidence that consent to care was sought in line with relevant legislation and guidance.

- Information about people's capacity to make specific decisions was not fully recorded in people's care file

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

- Assessments of people's needs were not always fully completed. The registered manager/provider was aware of this issue and told us that this was being addressed.

This failure to ensure care records were well maintained was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

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

- People were supported with their nutritional and hydration needs.
- Information about people's dietary needs was included in their care file. We read specific instructions on how to make one person's porridge. The registered manager/provider told us, "Everyone is different in their porridge making."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People told us that staff helped ensure their health needs were met and contacted the GP or nurse if required.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were treated with kindness. People spoke very positively about staff and their caring nature. One person told us, "They are caring, they will do the extra things like pick up a birthday card."
- People received consistent, timely care and support from familiar staff who understand their needs and got along with them.
- The service was small with a team of four staff providing care and support for 13 people. People received care from staff who knew them well.
- We visited people at home with the registered manager/provider. People appreciated seeing her. She talked with people about their families, local news and their hobbies and interests. One person told us, "[Name of registered manager/provider] is a miracle worker." Another person said, "I know this lady. I've known her since she was born, she is marvellous, so kind, there's nothing any bother."
- The registered manager/provider spent time with people. She helped one person with a newspaper puzzle. The person told us, "We do it [puzzle] every morning, it's part of my treatment!"

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect which was confirmed by people. The registered manager/provider spoke with people respectfully during our visits to people's homes.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and support. One person had written their own care plan which gave details on how they wanted their care to be provided.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our previous inspection, we rated this key question as good. At this inspection we identified shortfalls relating to the maintenance of people's care records.

People's needs were not always met. Regulations had not been met.

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

- Care records were not always detailed and did not always fully reflect the care which was provided.
- One person did not have their own care plan and another person's care plan was not fully completed.
- Most of the people's care plans we viewed had been written in May 2018. Reviews of people's care had not been recorded. The registered manager/provider told us, "They will be getting done [reviewed] soon...But because we are a small team we know any changes."

This failure to ensure care records were well maintained was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- Weekly team meetings were carried out. People's changing care needs were discussed.
- We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. People spoke positively about the responsiveness of staff. One person said, "They are first class. I don't know what I would do without them, nothing seems to be any bother." Another person commented, "I am extremely, extremely, extremely, extremely grateful."
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. People's communication needs had been assessed and were identified in their care file.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff supported people with their social needs although this information was sometimes not recorded. We visited one person at home. After the registered manager/provider had supported them with their medicines, she took them to the local shop to get their newspaper.

End of life care and support.

- There was no one receiving end of life care at the time of our inspection.
- The provider's care assessment documentation asked for information about people's end of life wishes. This section was not completed.

- It was not clear from records whether all staff had completed training in end of life care.

Improving care quality in response to complaints or concerns.

- There was a complaints procedure in place. One complaint had been received since our last inspection. Records were available of the actions taken to resolve the issues raised.

Is the service well-led?

Our findings

Well-Led – this 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.

At our previous inspection we rated this key question as requires improvement. 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. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that insufficient action had been taken and the provider remained in breach of Regulation 17.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- A system to ensure regulatory requirements were met, was not fully in place.
- We had not been informed of one notifiable event. We spoke with the registered manager/provider about this issue who told us that she was now aware of her responsibilities and immediately submitted the required notification.
- Medicines audits were now recorded; however, no other documented audits or checks were carried out.
- We identified continued shortfalls with care records. The provider used an external online compliance company who provided their policies and procedures and care plan documentation. We noted that certain care assessment questions had not been completed. The registered manager/provider told us, "It is longwinded and sometimes repeats itself so I don't bother filling it in."
- There were shortfalls with recruitment, the management of risk and staff training. These issues had not been highlighted by the provider's quality assurance system.
- The registered manager/provider told us that /one of the main issues was finding time to carry out management tasks because she was involved in care delivery.

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

- We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- A system was in place to involve people and staff in the running of the service. Surveys were carried out

and weekly staff meetings were held.

Working in partnership with others.

- Staff worked with health and social care professionals to make sure that people received joined up care.
- The service was part of the local community. Staff and people lived in the same area so they shared a common interest in amenities and events in Wooler and the surrounding areas.

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 | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment procedures were not followed. Regulation 19 (10(a)(b)(c)(2)(a)(3)(a) |
| Regulated activity | Regulation |
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing An effective system was not in place to ensure staff had received appropriate training and development. Regulation 18(1)(2)(a). |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not fully 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). |

The enforcement action we took:

We issued a warning notice to be met by 31 July 2019.