

Cheshire Care Services Ltd

Cheshire Care Services Ltd t/ a Independent Living Support

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

Our inspection took place on 27 July 2015. The provider had a short amount of notice that an inspection would take place. This was because we needed to ensure that the registered manager or provider would be available to

answer any questions we had or provide information that we needed. We also wanted the registered manager or provider to ask some people who used the service if we could visit them in their homes.

The service offered personal care and support to adults who lived in their own flats or houses in the community.

Summary of findings

At the time of our inspection 16 people received support and/or personal care from the provider. People who used the service had needs associated with living with a mental health condition and/or a learning disability.

At our last inspection of 16 June 2014 the provider was meeting the regulations that we assessed.

The manager was registered with us. 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.

We found that medicine management systems needed some improvement so that people would consistently receive their medicine safely and as it had been prescribed by their doctor.

Staff had received training about safeguarding the people in their care. People told us that they had not suffered any abuse or bad treatment. People safe and relatives had no concern about their family member's day to day safety.

Our inspection findings assured us that there were enough staff to keep people safe. A number of staff had left that had caused people having to be supported by different staff which led to a lack of consistency. The provider had started to take action to address this.

The people and their relatives that we spoke with told us that the service provided was good and effective and met their or their family member's needs. Feedback that we received provided evidence that the service was effective and met peoples needs in the way they wished.

Staff had understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS). This ensured that people who used the service were not unlawfully restricted.

Processes were in place to induct new staff to ensure that they had the support and knowledge they required when they first started work. Staff were adequately supported on a day to day basis in their job roles, received formal one to one supervision sessions and had the opportunity to attend staff meetings.

People who used the service described the staff as being nice and kind. Relatives told us that the staff were polite and showed their family member's respect.

A complaints procedure was available for people to use. People and their relatives confirmed that they were confident that any dissatisfaction would be looked into or dealt with effectively.

There was a strong and consistent management team that people and relatives could access if they had the need. The registered manager and provider had established systems to ensure people were safe and their needs were met.

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 not consistently safe.

Medicine management was not consistently safe. People did not always receive their medicine as it had been prescribed by their GP.

Systems were in place to ensure that there were adequate numbers of staff that could meet peoples needs.

Recruitment systems helped to ensure that staff employed were suitable to work in adult social care.

Requires improvement



Is the service effective?

The service was effective.

People and relatives we spoke with told us that the service provided was good and effective.

The service provided met people's needs.

Staff had understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS). This ensured that people were supported appropriately and they were not unlawfully restricted.

Good



Is the service caring?

The service was caring.

People and their relatives described the staff as being kind and caring and we saw that they were.

People's dignity, privacy and independence were promoted and maintained.

Staff were aware of peoples choices and wishes. They helped them with their personal appearance and supported them with this to their satisfaction.

Good



Is the service responsive?

The service was responsive.

People and their relatives told us that the service provided met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their concerns.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by a care manager, training and recruitment manager and team leaders.

Relatives we spoke with knew who the registered manager was and felt they could approach them with any problems they had.

Staff told us that they were supported well by the management team.

Relatives we spoke with confirmed that the staff were well led and worked to a good standard.

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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 took place on the 27 July 2015 and was carried out by one inspector. The inspection was announced this was because we also wanted the registered manager or provider to ask some people who used the service if we could visit them in their homes. At the time of our inspection 16 people received personal care/ and or support from the provider.

We asked the provider to complete 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. This

information is then used to help us plan our inspection. The form was completed and returned so we were able to take information into account when we planned our inspection.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

With their permission, we visited and spoke with three people who used the service in their homes. We spoke by telephone to six relatives. We spoke with six staff, the registered manager and the provider. We looked at the care files for three people, medication records for three people, recruitment records for three staff who had been employed within the last year, the training matrix, complaints and safeguarding processes.

Is the service safe?

Our findings

People we spoke with told us that they felt happy. They told us that they had not experienced that worried them. A person said, “No”. Another person told us, “Nothing”. All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. A staff member told us, “If I am concerned about anything I report to my manager”. We found that the registered manager had reported to us and the local authority any concerns and had taken appropriate action to decrease any risks of harm to people.

Relatives told us that people were safe. A person told us, “I am safe”. Another person said, “I do feel safe”. Staff told us that they had received health and safety and moving and handling training. The training matrix confirmed that staff had received the training and the registered manager told us that they were continually arranging further training and/or refresher training for staff. We saw that risk assessments had been undertaken in people’s homes to explore any risks and reduce them. When visiting people in their homes we saw that the risk assessments concerning any risks were being adhered to by staff. The registered manager gave us a detailed account of how they monitored incidents and untoward occurrences. They told us that each case had been discussed with staff teams to see what changes could be made to prevent reoccurrence. This demonstrated that safety practices were in place to ensure that people were not at risk from being injured.

A number of people communicated their needs or distress through behaviour. Detailed care plans were in place that highlighted instances that could make people feel distressed. When we asked staff about people’s individual behaviour ‘triggers’ they gave a good account of them and the actions they took to prevent them. In the event that staff may need to defuse a situation that could place the person and others at risk of injury the provider had equipped staff with specialist Management of Actual or Potential Aggression (MAPPA) training. This demonstrated that the provider had taken action to decrease the risk of injury to people and staff from behaviour that could challenge the service.

There were procedures in place concerning emergency situations. Staff told us what they would do in emergency situations. A staff member said, “I would assess the

situation if I needed to I would summon help or dial 999. I would reassure the person and when everything was sorted I would make a record of what happened”. This demonstrated that the staff knew of the provider’s emergency procedures and could follow them to ensure that people received the required attention they needed.

A person who used the service told us that they were happy for staff to look after their medicines. They said, “I like the staff to do my tablets”. Another person told us, “The staff always give me my tablets, they never miss them”. By looking at records and speaking with people who used the service and staff we found that people had been informed about their medicine and had given consent for staff to give them their medicines.

We had been informed by the provider about a number of medicine recording errors (these were when staff had given people their medicine but had not signed the medication record as they should). The registered manager explained the action that had been taken to prevent the situation happening again. We found that senior staff regularly checked the administration records to confirm that they had been properly maintained. We saw that where one medicine record had not been signed it was highlighted in red and the staff member responsible had been spoken with.

For one person their medicine record read that they had been prescribed a skin medicine that needed to be applied regularly. The medicine record highlighted that the medicine had not been applied as there was not any available. The manufacturer’s instructions on another person’s liquid medicine stated that it should be discarded after a month of opening. The opening date detailed by staff was longer than a month previous. A staff member confirmed that there was no other bottle of the medicine available. We spoke with the registered manager about these issues. They told us that they were aware and the problems had arisen due to a delay in the GP prescribing. They showed us written evidence to confirm that they were aware of, and had attempted to deal with the problem. The registered manager agreed that earlier ordering of medicine may prevent the situation occurring again. We also found that two medicine records had been handwritten by staff. However, these had not been checked by a second staff member to ensure that what had been written on the medicine record was correct.

Is the service safe?

Two of the three people's medicine records we looked at highlighted that they had been prescribed some medicine on an 'as required basis'. For medicines that had a calming effect we saw that there were detailed care plans in place to instruct the staff when they should be given. However, for other medicines for example a pain relief this was not always the case. This meant that there was a risk that medicine could be given when it need not be or may not be given when it should be.

A person said, "I usually have the same staff. I like them". Some relatives told us that their family member had the same staff to support them. A relative said, "They [Their family member] have the same staff usually". Another relative told us, "They have a core staff team who support them". However, the majority of relatives told us that there had been a number of changes with staff. A relative said, "Staff are sometimes regular but there are also some changes". Another relative told us, "There is a rota which tells them [Their family member] the staff names but staffing has not been consistent". The registered manager was open with us and informed us that staffing levels had been a problem. They told us that a number of staff had left which had created a situation where there had been limited contingency to cover if staff went off sick. The registered manager told us and provided evidence that they had taken action to address the situation by recruiting

new staff. They also told us that they were assigning staff to teams to enhance the consistency of staff to people who used the service. All staff we spoke with confirmed that recruitment was on-going. We spoke with a number of staff who had been recently employed. A staff member told us, "A lot of staff had left. It has got better. I only work with this person now so they have consistency". During our visits to people's home we saw that the number of staff supporting them matched the number of staff that had been determined by the funding authorities. This demonstrated that the provider had taken action to ensure that there were enough staff to support people and meet their needs.

Safe recruitment systems were in place. Staff confirmed that checks had been undertaken before they were allowed to start work. A staff member told us, "I had all the required checks before I started to work". Another staff member said, "I had proper recruitment processes". We checked three staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. These systems minimised the risk of unsuitable staff being employed.

Is the service effective?

Our findings

All people and relatives we spoke with were happy with the service provided. One person said, “I think it is good”. Another person said, “I am happy”. A relative told us, “It is a good service that meets his needs. They care for him well”. Another relative said, “I would recommend this service to others”.

A staff member told us, “I had induction when I started. I went through policies and procedures and introduction to people”. Another staff member said, “I went through induction and shadowing (Shadowing is when new staff work alongside experienced staff for them to meet the people who use the service and learn the job role). Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. We saw evidence to confirm that the provider had introduced the new ‘Care Certificate’. All staff we spoke with told us that they felt supported on a day to day basis. One staff member said, “I feel well supported by managers and other staff”.

A staff member said, “Before I started work I had to do all of the training”. Another staff member told us, “I feel able and safe to do my job”. Relatives we spoke with told us that the staff were able to provide the correct care and support. The provider had a training manager. It was this person’s role to ensure that staff had the training that they required. Staff we spoke with confirmed that they had received all of the training they needed. The training matrix and staff files we looked at confirmed that staff had received mandatory and specialist training for their role which would ensure they could meet people’s individual needs.

We found by speaking with staff that they had knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS) and how this impacted their work. The training matrix and staff training certificates that we looked at confirmed that staff had received MCA and DoLS training. The registered manager told us that they had referred some people who used the service to external agencies as they had concern about MCA and DoLS issues. Relatives told us and records that we looked at confirmed that where people were unable to make decisions they had been asked for their view. This demonstrated that the registered

manager and staff knew the processes they should follow to ensure that, people were not unlawfully restricted in any way, and that decisions were made in people’s best interests.

People told us that staff always asked their permission before undertaking tasks or providing support and care. A person said, “The staff ask me”. Staff we spoke with understood the importance of asking people’s permission before they provided support. A staff member said, “I always explain to the person and ask them if it is alright for me to do anything before I undertake a task”. Our observations confirmed this. We heard staff asking one person if they would like to go out and waited for them to respond before making the arrangements.

A person told us, “The staff talk to me about what I want to eat”. Another person said, “I like my food”. We looked at two people’s care plans and saw that their food and drink likes, dislikes and risks had been determined. There were instructions for staff to follow in the care plans to ensure that people were supported effectively. One care plan read, ‘Requires support with preparing food and encouraging to eat’. Staff we asked were aware of what was written in the care plans. Daily notes confirmed that staff had supported the person in preparing meals and encouraging them to eat. People and staff we spoke with confirmed that people were supported to go shopping for food and snacks. During a visit to one person’s house staff supported them to go to the local shop to buy drinks and snacks. Staff were also aware of people’s cultural dietary needs such as people requiring a vegetarian diet. During our visits to two people’s homes we heard staff giving people choices of the meals they would like. We found that records were made by staff of what people had to eat and drink. Staff told us that they tried to encourage people to eat a healthy diet. A relative told us, “They [Their family member] have lost some weight but they needed to”. Training certificates that we saw confirmed that staff had received food hygiene training to ensure that they would prepare meals safely.

A person said, “The staff take me to the hospital or doctor. I see the dentist”. Another person said, “I go to the doctor”. This highlighted that people had access to a range of healthcare services. All relatives we spoke with confirmed that staff supported people to access health or social care services. A relative told us, “I take him to all medical appointments with support from staff”. Another relative said, “Staff support them [Their family member] to attend

Is the service effective?

appointments and they then feedback to me. There are no issues". Staff told us and records confirmed that people who required were seen regularly by specialist health care staff".

Is the service caring?

Our findings

All of the people and their relatives we spoke with were satisfied with the staff. A person said, “The staff are kind”. Another person told us, “The staff are nice”. A relative told us, “I am happy with the way staff support him. They are caring”. During our visits to peoples homes we heard staff asking people how they were. We heard staff asking people about them and their family and showing an interest. A staff member told us, “We are all very caring”.

People told us that they could spend time alone reading or watching the television when they wanted to. People also confirmed to us that staff were always polite and knocked their doors and waited for a response before entering their room. Staff we spoke with gave us a good account of how they promoted peoples privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care. All relatives we spoke with told us that in their view the staff were always polite and promoted their family member’s privacy and dignity. A relative said, “The staff are polite and respectful”. Another relative told us, “The staff treat him with dignity and respect”.

People we spoke with told us that staff encouraged them to be independent. A person said, “I do things for myself”. Another person said, “I do my own drink”. Staff we spoke with all told us that they only supported people do things that they could not do.

People told us that they selected their own clothes to wear each day. A person said, “I pick what I want to wear I like to look nice”. Another person told us, “I get my own clothes”. Care records that we looked at highlighted that peoples appearance was important to them. The person confirmed that staff supported them to their satisfaction with their hair and makeup. Staff we spoke with were aware of this person’s and other peoples wishes regarding their appearance.

People confirmed that staff communicated with them in a way that they understood. A person said, “The staff talk to me in a way I understand”. Care plans that we looked at highlighted how people communicated best. They also highlighted facial expressions and behaviours that people may display if they could not verbally communicate their needs or situations to staff. Staff we spoke with told us the signs they should look for, if for example, a person was feeling sad. Our observations during our inspection demonstrated good communication between staff and people who used the service. We saw that staff spoke with people in a calm way. They made sure that they faced people when they spoke with them. They waited to make sure that people had understood what was said to them and repeated what they said if they thought they had not. This demonstrated that staff knew it was important to communicate with people effectively.

Is the service responsive?

Our findings

The registered manager told us and records that we looked at confirmed that prior to people receiving service an assessment of need was carried out with the person and/or their relative to identify their individual needs, personal preferences and any risks. Once all parties were satisfied that the service could meet the person's needs then a 'matching process' was used to assign staff, who were the most suitable regarding personality, knowledge and skill to the person. People we spoke with told us that they had a good relationship with the staff that supported them. A person told us, "My staff are alright". A staff member said, "I am assigned to this person. I know them well and we get on well".

All the relatives we spoke with told us that the staff knew their family member well. A relative told us, "The staff are very good with him. They understand him and his needs well". Another relative said, "They know him well". All the people we spoke with thought that the staff knew them well. Care records that we looked at contained a 'This is me' document. This document highlighted important things about each person including their family members, where they lived previously, what they liked and did not like and how they best communicated. We read this information and asked staff about individual people. Staff had a good knowledge of what was written in the document. A staff member said, "Before we work with anyone new we look at all records and care plans. We also speak with other staff and managers. We know the people we support".

A person told us, "I have a plan". Care plans that we looked at had either been signed or dated by the person who used the service or a reason for them not signing had been documented. Relatives who we spoke with told us that care and support needs were regularly reassessed and that they were involved. A relative said, "There is a care plan in place and it is regularly reviewed". Another relative told us, "The staff support him well and in accordance with the plan". When we visited people in their own homes we saw that care plans and records were available for them to read. We saw that the care plans were person centred, clearly detailed people's needs and wishes and were working. A relative said, "They [Their family member] are making

progress with his communication skills and their behaviour improving". This demonstrated that the provider ensured that the care plan was used to capture people's views on their care and/or support to ensure that it met their needs.

People we spoke with told us that they were supported to attend religious services when they wanted to. A person said, "I do attend when I want to". A relative told us, "Their [Their family member] religious and cultural needs are met". Another relative said, "He attends church weekly, and staff support him with this in respects of transport". This demonstrated that the provider knew it was important that people had the opportunity to practice their preferred faith if they wished to.

People we spoke with confirmed that they were supported by staff to enable them to enjoy their chosen individual leisure time pursuits. One person said, "They take me for a walk". They also told us about a recent trip they had been on to the zoo and how much they had enjoyed that. Another person told us all about a day trip they were going on to London. They said, "I like London". The registered manager and staff told us that a number of people undertook voluntary work and attended day facilities regularly and that they enjoyed and benefitted from this.

People told us that staff asked them about their care. We saw completed surveys on care files. The overall feedback was positive and confirmed that people were satisfied with the service.

People who used the service and their relatives told us that they were aware of the complaints procedure. One person said, "I would tell the staff". A relative said, "I have never had to complain. If I needed to I would raise the issues and feel they would be resolved". Another relative told us, "If I have had issues I have spoken with the keyworker or management and they have addressed and resolved them". We saw that a complaints procedure was in place. This had been produced in words and pictures to make it easier for people to understand. We looked at complaints that had been recorded. We saw that the complaints had been responded to in writing and complainants were given the opportunity to say if they were satisfied with the handling of their complaint. We found that the complaints system in place would identify patterns or trends to alert the provider that they needed to take action on specific areas to make changes or improve.

Is the service well-led?

Our findings

All relatives and staff we spoke with were positive about, and had confidence that the service was well led. A relative told us, “It is a good service”. Another relative told us that in their view the service was also good.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a care manager, a training and recruitment manager and team leaders. Relatives we spoke with knew who the registered manager was and felt they could approach them with any problems they had. A relative told us, “If there are any issues I go to the manager”. Another relative said, “I would speak to management if I needed to and I have confidence they would address any issues raised”.

Relatives told us that they had been given written information about the service and contact telephone numbers in case they needed to ring the service office to speak to a manager. One person said, “I can ring the office and speak to them if I need to”.

The registered manager made themselves available and was visible within the service. The provider was actively involved in the running of the service at least four days a week. Our conversations with the provider confirmed that they knew people who received a service well and that they also had a good knowledge of the running of the service and any current areas that required improvement. People we visited and spoke with had a good relationship with the registered manager. Our observations during a visit to one person confirmed that they were familiar with the registered manager. The person smiled when they saw the registered manager and they immediately started a conversation with them.

The Provider Information Return (PIR) completed prior to our inspection by the registered manager gave us a good insight to how the service was performing. Our inspection findings generally confirmed what had been detailed in the PIR. The registered manager highlighted in the PIR what improvements and changes they wanted to make in the next 12 months. This demonstrated that the registered manager knew what was happening in the service and had a vision for its development.

Relatives confirmed that the management did spot checks to ensure that the service was being run as it should be. A

relative said, “Spots checks are undertaken by the management and we are made aware of this but the staff are not informed”. The provider had developed and implemented a range of audits to ensure that people were receiving a safe, high quality service. We saw that where shortfalls were identified (medicine records not being signed) action was taken to address the issue. We did find however, that there were some issues with medicine systems that needed to be addressed to prevent people being placed at ill health from not having their medicine as it had been prescribed.

The provider and staff had been keen to secure input from external agencies to ensure that the support provided to people with complex needs was appropriate. They had listened to what the agencies said to them and had made adjustments where they were required. The external agency had since invited the registered manager to a conference to share the good practices and support systems that they offer within their service with the audience.

Staff told us that they were supported well by the management team. A staff member told us, “I feel very well supported by the managers. They are very good. I can contact any of them for advice”. Another staff member said, “We have meetings regularly where we are given information and can have our say”. We looked at a selection of staff meeting minutes and found that the meetings were held regularly. Staff also told us that the service was well organised, and that they were clear about what was expected from them. Relatives we spoke with confirmed that the staff were well led and worked to a good standard. A relative told us “The staff attitude and behaviour is fine and they meet his needs”. Another relative said, “I have no issues about the care that staff provide”. A third relative told us, “The staff are fine and care in the way we want”.

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, “If I saw anything I was concerned about I would report it to the manager. We have policies and procedures regarding whistle blowing”. We saw that a whistle blowing procedure was in place for staff to follow. This demonstrated that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.