

Cachet Care Services Limited

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Inspection report

Victoria House, 29 Victoria Road
Horwich
Bolton
Lancashire
BL6 5NA

Tel: 07889728023

Website: www.cachetcareservices.co.uk

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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

Cachet care Services Limited is a small domiciliary care company whose office is located close to Horwich town centre. It is situated on the ground floor of Victoria House which provides the space necessary for the running of the company and management of the regulated activity and its employees, including facilitating staff meetings, training and supervision. Cachet Care Services Limited does not provide accommodation or equipment for people who use the services.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager at the service. 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.

People told us they felt safe when receiving a service at home and were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient staff available to ensure people's wellbeing, safety and security was protected. An appropriate recruitment and selection process was in place which ensured new staff had the right skills and were suitable to work with people living in their own home.

Staff had a good understanding of systems in place to manage medicines and safeguarding matters. People's medicines were managed so they received them safely.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People we spoke with said they involved in care planning and were confident that their comments and concerns would be acted upon. The provider took account of any complaints and comments to improve the service.

Risk assessments were in place for a number of areas and were regularly updated, and staff had a good knowledge and understanding of people's health conditions.

Feedback received from people who used the service and their relatives was overwhelmingly positive and people were encouraged to contribute their views. People were positive about the staff who supported them and told us they liked the staff and were treated with dignity and kindness.

People were satisfied with the support they received in relation to nutrition and hydration. There was an open and transparent culture and encouragement for people to provide feedback.

People told us they were aware of how to make a complaint and were confident they could express any concerns which would be addressed.

Staff told us they enjoyed working for the organisation and spoke positively about the culture and management of the service. They also told us that they were encouraged to openly discuss any issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

People we spoke with told us they felt safe using the service.

Care file information included a variety of risk assessments and suitable arrangements were in place to ensure the safe management of medicines.

There were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

Is the service effective?

Good ●

The service remains Good.

Staff received training to support them to undertake their role and were provided with regular support.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People had consented to their care.

Is the service caring?

Good ●

The service remains Good.

Care plans were in place identifying care and support needs.

Staff were knowledgeable about the person they supported in order to provide a personalised service.

People spoken with felt that staff were kind and very caring.

Is the service responsive?

Good ●

The service remains Good.

Complaints were managed appropriately.

Care plans were person-centred and information about people's life history, likes, dislikes and how they wished to be supported was documented.

People spoken with felt that staff responded well to their changing needs.

Is the service well-led?

Good ●

The service has improved this key question to Good.

The staff we spoke with told us they enjoyed working at the service and felt valued, were able to put their views across to their manager, and felt they were listened to.

The service had policies and procedures in place to monitor the quality of service delivery and had appropriate auditing systems and processes.

People we spoke with were very complimentary about the registered manager and the service provided to them.

Cachet Care 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 was a planned comprehensive inspection which took place on 07, 08 and 11 June 2018. The provider was given 48 hours' notice because the location provides a small domiciliary care service; we needed to be sure that someone would be in to facilitate the inspection.

The inspection was undertaken by one adult social care inspector. At the time of our inspection 15 people were using the service.

Before the inspection visit we reviewed the information we held about the service, including information we had received since the service registered with the Commission at their new office address on 11 December 2017.

We did not ask the service to complete the Provider Information Return (PIR), prior to the date of the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the care and medication records of six people who used the service and records relating to the management of the service. We looked at four staff personnel files, policies and procedures and quality assurance systems.

During our inspection we went to the provider's head office and spoke with the registered manager, two office staff members and four members of care staff. We also spoke with a local authority professional and

with four people who used the service as part of the inspection; this was in order to seek feedback about the quality of service being provided.

Is the service safe?

Our findings

People who received support from Cachet Care Services continued to tell us they had complete trust in the staff and felt safe when staff supported them in their own homes. One person commented, "I feel totally safe and staff do a good job when they come to see me." A second told us, "Staff always make sure I am okay before they leave."

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and had been proactive in identifying any concerns they had about people.

Prior to supporting people in their own homes, staff were required to read documentation and become familiar with individual routines. Care plans were reviewed each month and fully updated every six months and were well organised and easy to understand. One staff member was employed as a care plan coordinator and visited people at home to undertake reviews and capture their views and opinions about how they wished to be supported. One person told us, "They treat me with respect and always involve me in care planning."

Systems were in place to identify and reduce the risks to people living in their own homes. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these; environmental risk assessments were also undertaken

People told us there were enough staff available to meet their needs and to keep them safe. One person told us, "They are very friendly and turn up on time and stay the full length of time. The same staff come every day and they don't rush off to the next person." We saw visits were not time limited and staff told us they had plenty of time to travel from one home to another and stayed as long as they needed if extra support was identified in addition to the identified care and support plan. The manager told us it was the ethos of the company not to provide short home visits and we saw the majority of visits were for at least one hour or more.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines, were being obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, such as

analgesia, plans were in place for these including the minimum time gap between doses, the maximum number of doses allowed in 24 hours and the reason for giving the medicine. Spot checks on staff were carried out regularly to ensure they administered medicines safely and any issues were discussed individually; learning was shared with the overall team and documented.

Accidents and incidents were managed appropriately and there was a log of any incidents, including a tracker sheet for each person, and the action taken to reduce the risk of a reoccurrence.

Staff had received training in infection control and wore personal protective clothing (PPE) when supporting people in their own homes. Staff told us there was plenty of PPE available and people we spoke with confirmed staff wore PPE and disposed of this safely before they left their premises.

Is the service effective?

Our findings

People continued to tell us staff had the knowledge and skills needed to provide an effective service. One person said, "The manager has come to see me recently and my family was involved in care planning; staff always wear protective clothing like gloves and aprons. The office answers the phone quickly and always happy to give advice." A second person told us, "I've no concerns with this service and I'm happy with everything." A third commented, "Staff are competent at what they do and the office staff are lovely; they always ask how I am and what I want doing."

There continued to be a focus on delivering training to all staff regardless of their role. Our observations determined a 'whole team' approach continued to be a driving force in delivering a truly person-centred service. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. Staff were subject to a period of induction before being assessed as competent to work independently.

One member of staff told us, "I did induction and shadowing for about six weeks; I did lots of training and got feedback from colleagues about my performance which was really useful. I got a high degree of in-depth information about people before I started supporting them and this is different to what I have experienced before with another company." A second staff member said, "I have enough time to spend supporting people and we're definitely not under any pressure; we let the person dictate the speed of our work and there is no rush to go to the next call."

The provider had an effective robust system in place to record the training that care staff had completed and to identify when training needed to be repeated. Where necessary training was in keeping with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care.

Staff continued to receive supervision approximately every two months or more often if this was required, for example during the induction period. This was in addition to an annual appraisal. The areas discussed during supervision included a review of the previous supervision notes, personal development and training, any current concerns, teamwork and standard of work completed. One staff member said, "I get regular supervisions and find these useful as I can discuss any issues I have." A second commented, "I get supervisions and [manager name] would not let me start working independently until I was properly trained and assessed as being competent; the difference here is the level of professionalism in this company with constant team meetings, supervision and training; I was ready to leave this type of work but it's so different here and it makes your life enjoyable."

Knowledge of policies and procedures was tested out at supervision meetings and as part of the process of induction. This meant staff were clear about the standards expected by the service and how the service expected them to carry out their role in providing effective care to people in their own homes.

The service ensured that staff were matched with people who used the service to ensure they were happy

and comfortable with them providing support. The staff member was initially introduced to the person by looking at their information file which identified their individual circumstances and requirements and this was followed by a series of visits to the person to ensure they were happy with the staff member available. People who used the service could choose to discontinue the support of any individual staff member without any problem.

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.

We checked whether the service was working within the principles of the MCA. We found the service had an up to date MCA policy and procedures in place and staff had all received training in this area. We saw that mental capacity assessments had been completed and best interest meetings held with the involvement of the relevant people including family members, where applicable and necessary.

There remained a strong emphasis on the importance of people eating and drinking well. People identified the food they wanted to eat and a list of their favourite foods and portion sizes was written in their care files.

At the time of the inspection no person who used the service was at high risk of malnutrition or dehydration. However, if it was identified assistance was needed in this area, support workers recorded people's nutrition and hydration intake. Staff confirmed if a person had little appetite then they would encourage the person to eat each time they visited and would inform their manager with a view to accessing the appropriate professional support if required.

The service gave people the appropriate support to meet their healthcare needs. Staff liaised with healthcare professionals to monitor people's conditions and ensure people health needs were being met. We saw any communication between professionals such as GP's or district nurses was documented to ensure staff supporting people knew of any changes or issues.

We looked at the way the service managed consent and found that before any care and support was provided consent was obtained from the person who used the service and/or their representative; we were able to verify this by checking people's care files. Care files contained consent to care and treatment; the use of photographs; the receipt of medicines and the sharing of information with other relevant professionals.

All the people using the service we spoke with and their relatives told us staff sought their consent before providing care. We asked staff how they knew people had consented to their care and one staff member said, "Consent is firstly agreed in people's care plans which are signed and dated; when we visit people we always check with them what they want doing because they may want something different each day."

Is the service caring?

Our findings

The service continued to demonstrate a strong visible person-centred culture. Both staff and management were fully committed to ensuring people received the best possible care in a loving and caring environment within their own homes. Staff were encouraged to share their emotions, which was viewed as a positive attribute, not a weakness in the way care and support was delivered.

We found staff were not afraid to show love and affection towards people when describing them. One staff member told us, "It's important to ensure people feel important in their own homes; I tell them it is their home that I am working in and I always ask for their permission before I do anything. We have to put ourselves in their shoes and then we will know how to act."

Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. One staff member said, "If a person is living with dementia they may not be able to tell us clearly what they want so we have to be mindful of things like body language and facial expressions. We go shopping with people and some people attend the local memory café as this helps to maintain their independence." One person told us, "They do promote my independence by allowing me to do what I can for myself such as with bathing." A second person said, "They help me to be as independent as possible; they help me to do as much as I can for myself."

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided.

People told us they valued their relationships with staff. One person said, "Staff are always respectful to me when they're in my house; I get on with them and they get on with me. They're all great and can't do enough for me, they're like good friends."

We saw people had been involved in discussions about their care plans and how they wished to be cared for and care files contained clear guidance about each person's needs and wishes and how staff should support them.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs and promoted their independence.

People using the service provided positive feedback regarding the support they received. The service had also received a high number of compliments in the period since the last inspection. Comments included, 'A massive thank you for all the love and care shown to our mum, it was exceptional; nothing was too much trouble and all the carers went the extra mile to ensure mum's day was as pleasurable as possible,' 'You [the

manager] and the girls cared for mum with such love, patience, good humour, kindness and professionalism that we will never be able to thank you enough; you are all angels.'

Is the service responsive?

Our findings

People's care plans confirmed an assessment of their needs had been undertaken by the service before any care and support was provided. People confirmed they had been involved in this initial assessment and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

We found the provider was meeting the requirements of the Accessible Information Standard (AIS) by identifying, recording and sharing the information and communication needs of people who used the service with carers/staff and relatives, where those needs related to a disability, impairment or sensory loss.

People's care plans provided information to staff on how to manage specific health conditions or acquired conditions such as chest infections. Individual care plans had been produced in response to risk assessments, for example where people had attended and received planned hospital treatment. Records of professional visits were kept in people's care files, including doctors, nurses, specialist nurses and other healthcare professionals. One person told us, "Staff have taken me to hospital appointments and stayed with me; they've got me back on my feet again."

We found people who used the service had care plans in place with copies continuing to be held at both the head office and in their own homes. The structure of the care plans was clear and it was easy to access information which provided staff with clear guidance on people's individual support needs.

We found care plans captured information such as people's history, contact details of relatives and health professionals, dietary requirements, mobility and continence issues. Each file contained a task sheet which clearly set out what tasks were required on each visit made to the person's home. We saw historical task sheets had been fully completed with good range of detailed information, including the administration of medicines, personal hygiene, domestic tasks and involvement in any social activities. We found care plans were regularly reviewed by the service and involved people who used the service and/or their relatives.

The service policy on compliments and complaints provided clear instructions on what action people needed to take. The details of the complaints process were contained within the 'service user guide' and included contact details for CQC, the local authority and Local Government Ombudsman.

Every person we spoke with told us they had never had cause to complain about the service they received and that in the event of a concern, they would speak directly to the registered manager. One person said, "Staff speak to me with respect, they are very nice and I have no complaints." A second told us, "I'm really happy with everything; I know how to make a complaint and would ring the manager directly but all the staff are great and I haven't got anything to complain about."

We saw positive feedback had recently been received from a social care professional which stated, 'The clients I have worked with, who receive their support by this team, are all success stories, and have been

able to live in their own homes indefinitely due to the level of care and support they have received from Cachet Care.'

People were asked about where and how they would like to be cared for when they reached the end of their life and this was recorded in their care files. The service did not deliver end of life care directly but supported relevant professionals such as MacMillan Nurses where applicable. At the time of the inspection, the service was not involved in supporting any person or relevant professional in providing care for people who were at the end stages of life.

Is the service well-led?

Our findings

There continued to be a registered manager 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.

At our last inspection we found the service did not regularly record audits to monitor the standard of service delivery, such as medication audits and competency/spot checks on staff, although we found this had minimal impact on people who used the service and there was no breach of regulations. At this inspection we found a comprehensive range of audits and staff checks were now in place and detailed records were now kept. Audits included medicines, care plans, staff competencies, health and safety, complaints, risk assessments, staff training, safeguarding, accidents/incidents, nutritional and personal care records.

The spot checks on staff included time and attendance records, care plans, medicines records, and discussions with the people who used the service regarding the quality of care they had received. We saw that detailed records of these spot checks were kept and information was cascaded to the relevant staff member concerned in order to identify good practice or areas for improvement. Any problems observed or incorrect procedures were noted and discussed with all staff individually or at staff meetings as appropriate.

The registered manager was very visible in the team and proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements in the service. Feedback was obtained from people who used the service and their relatives at different times whilst people were receiving care and support, for example via annual surveys/questionnaires and as part of the process of monthly care file evaluations. This meant the manager had gained feedback from people who used the service at different stages of their 'care journey.'

Strong and visible leadership was demonstrated at Cachet Care Services. Our discussions throughout the inspection demonstrated that there was an open culture which empowered people to plan and be involved in the high quality care provided at this service. This meant that people continuously had a say in how they wanted their care to be delivered. This positive and inclusive management approach resulted in people receiving a tailored inclusive service which focused on them receiving individualised care.

Recent feedback from a healthcare professional stated, 'Cachet Care is most effective home care agency that I have ever worked with. The manager and her team support with all aspects of our client's life in order to make it safer and more comfortable. I have never heard any disparaging or negative remarks about Cachet Care or even minor niggles from the clients themselves, their families, or other social workers; only good recommendations.'

Feedback from staff we spoke with about the manager was overwhelmingly positive. One staff member said, "The managers are all very supportive and I have my voice heard." A second said, "I think the manager is very good; she thinks about people and staff equally. I can approach her and have confidence in raising any

issues; she looks after us." A third commented, "The difference here is that the manager will always help you and you are never alone. [Manager name] puts the people who use are services first, then the staff, then herself."

The service had a clear set of aims and objectives which were referenced in the service user guide/statement of purpose; a statement of purpose is a legally required document that includes a standard set of information about a provider's service. These were the guiding principles which determined how all staff approached their work and were based on person centred, individualised services that demonstrated love and care for each person, the promotion of independence to allow people to remain in their own homes for as long as possible, access to the local community and other services/activities.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were all up to date. The service appropriately submitted statutory notifications to CQC.

There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises as required. The service had a business continuity plan that was up to date and included details of the actions to be taken in the event of an unexpected event such as the loss of staff or office power failure.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people. Formed in 1991, Investors in People was established by the UK Government to help organisations get the best from their people. Organisations that demonstrate the Investors in People Standard achieve accreditation through a rigorous and objective assessment to determine their performance.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service, for example changes to the statement of purpose.

