Cheriton Homecare Limited

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Inspection report

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Date of inspection visit:
20 January 2017

Date of publication:
27 February 2017

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

The inspection took place on 20 January 2017. Cheriton Home Care provides a live-in care service to people in their own homes. At the time of the inspection four people were receiving a service. This was the first inspection since the service was registered with CQC. The provider was also the registered manager. 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.

The people who used the service were either unable to talk to us or preferred not to speak to an inspector however we did ask their relatives or legal representatives for their opinions on the care provided. People were said to be very happy with the service and their relatives or representatives told us that the service made them feel safe.

Staff had a firm understanding of how to keep people safe and there were appropriate arrangements in place to manage risks. There were enough staff employed to care for people safely and the provider had robust recruitment procedures to ensure that staff were suitable to work with people. People were supported to receive their medicines safely in line with current regulations and guidance.

Staff told us they had received training and were confident to meet people's needs. Staff were happy with the level of support they received and told us that communication with senior staff was good. One care worker said, "Providing live-in care is different to what I have done before. It can be challenging but I have access to support all the time." People's relatives and representatives told us that they had confidence in the staff. One relative said, "I have absolute trust in them." Staff had a firm understanding of the responsibilities with regard to the Mental Capacity Act 2005 (MCA). Records confirmed that where people lacked capacity to make specific decisions the service was guided by the principles of the MCA to ensure any decisions were made in the person's best interests.

People were supported to have enough to eat and drink. Care plans guided staff in offering people choices and risks of dehydration or malnutrition were assessed and monitored. Staff were proactive in supporting people to have access to health care services when they needed them. One relative said, "My relation finds dealing with medical practitioners difficult and the care worker has liaised with them wonderfully." Staff told us they knew people well and recognised if they were unwell.

Staff told us they had developed positive relationships with the people they were caring for. One care worker said, "I have had to take things slowly and we have developed trust over time." People's relatives and representatives spoke highly of the caring nature of the staff. Their comments included, "The care had been exceptional," and "They are incredibly kind and always cheerful." Staff had a firm understanding of how to protect people's privacy and maintain their dignity. People were involved in planning their care. A relative said, "They met with my relation and discussed their needs and expectations and asked what they required."

Care plans were personalised and detailed. They guided staff in how people wanted their care to be provided. Staff were responsive to changes in people's needs. A health care professional told us, "It is a very person-centred service." Staff were able to support people to maintain relationships and to follow interests, for example by accompanying people on outings. One care worker told us, "It's important to keep them occupied with interests that stimulate them."

The provider had a complaints system in place but had received no complaints. People's relatives and representatives told us there was regular contact with the provider and they confirmed that any issues raised were dealt with appropriately. One relative said the registered manager was, "Quick to resolve any problems." The provider had processes to collect feedback from people, their relatives and representatives as well as health care professionals and their own staff. They described an open culture where views were welcomed to drive improvements in the service. There were systems and processes in place to monitor the provision care.

The office was based in Brighton but people received care in their own homes which were in London, Surrey and Sussex. Staff had made links with local communities where people lived such as a hospice local to one person. Staff, relatives and representatives spoke highly of the registered manager. They were described as " Easy to talk to," "Incredibly kind," and "Helpful, professional and reliable." There was clear leadership and staff were clear about their roles and responsibilities. The ethos of the service was about "Putting the clients at the centre of everything we do." Staff had a clear understanding of this and had embedded the principles of person centred care within their practice.

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 was safe.

People were supported by staff who understood how to keep them safe.

Risks were identified, assessed and managed effectively.

There were robust recruitment procedures in place and there were enough staff to provide care safely.

Is the service effective?

Good

The service was effective.

Staff had received the induction, training and support they needed to carry out their roles effectively.

People were supported to have enough to eat and drink and to access health care services when they needed to.

Staff were knowledgeable and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

Is the service caring?

Good

The staff were caring.

Staff were kind, caring and knew people well.

People's privacy and dignity were respected.

People were supported to express their views about their care and support.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised and reflected their

needs and preferences.

People were supported to maintain contacts and to follow their interests.

People knew how to make a complaint and were confident that any concerns would be addressed.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor service provision and record keeping.

There was clear leadership and staff understood their roles and responsibilities.

There was open communication within the staff team and staff felt comfortable and supported in discussing any concerns.

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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.

This inspection took place on 20 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager and other staff were available to speak to us on the day of the inspection. The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service including, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing relevant areas at the inspection.

We received feedback from the relatives or legal representatives of four people who used the service. We interviewed two members of staff and spoke with the registered manager and other staff members. We received feedback from a health care professional. We looked at a range of documents including policies and procedures, care records for four people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information and we looked at the information systems and records relating to the management of the service.

This was the first inspection of the service since registration.

Good

Is the service safe?

Our findings

Relatives and representatives of people using the service told us that the care provided was good and helped people to feel safe in their homes. One relative described some specific risks affecting their relation saying "This was managed extremely well." A health care professional, who had involvement with a person receiving the service, told us that staff had been effective in supporting the person to remain safe in their home. A care worker told us, "I know how to make (person's name) feel safe, they need to know I am there because they get scared if they think they are alone. I make sure they see me every 15 minutes or so, just so they know I'm around."

Staff had a clear understanding of how to keep people safe. They were able to describe how they would recognise signs of abuse. One care worker said, "I have had safeguarding training and I know what to look for." Another care worker said, "I would report anything immediately, it's my responsibility to make sure they are safe." We saw that a safeguarding alert had been raised in line with local safeguarding procedures. Staff told us that they were confident that any concerns they raised would be acted upon but they were aware that they could also report matters to agencies outside of their organisation if they had concerns. This meant that people were protected by staff who knew how to raise any concerns quickly.

Risks to people were identified and assessed. Care plans contained clear guidance for staff in how to manage risks. For example, one person had limited mobility and there were specific and detailed manual handling guidelines in place for staff to follow when assisting them. This included instructions for how to support the person with personal care and dressing using rolling techniques on their bed. This ensured that staff were provided with the guidance they needed to support the person safely. Environmental risks were identified, assessed and managed to ensure that staff had a safe environment to work in and that people were protected from risks such as trips and falls.

There were enough staff employed to provide the service to people safely. The registered manager said that they would recruit staff to work with people who were referred to the service and would only agree to provide care when enough care staff were in place to support the person. The registered manager said that staff had access to support 24 hours per day. They explained that there was always a senior member of staff who could respond if an emergency situation arose. This meant that procedures were in place to ensure that people were safe in the event of an unexpected occurrence such as staff sickness. The registered manager had ensured that staff recruitment procedures were robust. Staff files included application forms, previous work history, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with people. Records seen confirmed that staff members were entitled to work in the UK.

People were supported to have their medicines safely. Staff had received training in administration of medicines and were able to describe the process. One staff member said, "I always have to make sure I have seen the person take their tablets before recording it." Medication Administration Record (MAR) charts were completed and checked by a senior member of staff.

Any incidents or accidents were recorded and reported to the registered manager. They explained that they would undertake an investigation and identify any changes that might be required to the person's care plan to prevent a reoccurrence of the incident.

Good

Is the service effective?

Our findings

People's relatives and legal representatives told us that the service was effective and they had confidence in the staff. One relative described the care workers as "Either good or excellent" and said that they were all well trained. Another relative told us the care worker was "Very professional and imaginative with care. They communicate well with me and medical practitioners." They added, "I have absolute trust in them."

Staff told us that they had received the training and support they needed to carry out their roles and responsibilities. One care worker told us, "The induction was very good, really informative and specific to the person I would be working with, I felt confident when I started." The registered manager told us that staff had received training relevant to the needs of the people they were caring for. For example one care worker had received specialist training from a Parkinson's Nurse to provide them with additional knowledge relevant to the person they were caring for. Staff spoke highly of the support they received. One care worker said, "Providing live-in care is different to what I have done before. It can be challenging but I have access to support all the time. Any questions or issues I just have to ring, I don't have to struggle alone." Records confirmed that staff received training and supervision regularly. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Care workers told us that they had opportunities to meet with the registered manager and to discuss any concerns. They also said that they had regular informal contact often by phone or text. We saw evidence that this was happening. The registered manager also monitored staff performance during review meetings in the person's home. They used this as an opportunity to get feedback from people who used the service about the conduct of the care worker as well as observing their practice.

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 to see that the service was working in accordance with the MCA.

Staff had a clear understanding of the MCA and were able to describe their responsibilities with regard to the legislation. One care worker said, "It's about how you approach things, although their capacity has clearly declined they are still able to make their own decisions about most things. I might try and persuade but you can never force someone." Another care worker said, "I must never impose my views or beliefs onto someone else. I respect their right to make decisions themselves. That's why I ask and check that I have their permission before doing something." Where people had been assessed as lacking capacity to make some decisions this was clearly documented in their records with details of people who had the legal right to make decisions on their behalf. We saw that mental capacity assessments had been undertaken where needed to determine if people had capacity to make specific decisions. When a best interest decision had been made on their behalf this was also documented in their care record.

People were supported to have sufficient to eat and drink. Care plans included detailed guidance for staff

about the level of support that people required and their needs and preferences with regard to food and drink. For example one care plan stated, 'Ask about dessert, they like, grapes, melon, strawberries and bananas.' Care workers were aware of the importance of maintaining fluid intake for people who were at risk of dehydration. There was a clear monitoring tool in place that gave a visual depiction of the amount of fluids the person had taken. One person had contracted a urinary tract infection (UTI) and it was important for them to increase their fluid intake. We noted that the monitoring tool clearly indicated an increase in their fluids. This shows that staff understood the importance of providing sufficient fluids.

Staff supported people to maintain their health and to access health care services when they needed to. One staff member described how they had supported the person they care for. They said, "I know them so well that I recognise the signs when something is wrong. For example they are prone to developing UTI's. I noticed that they were more confused than usual and had trouble maintaining their position, I spoke to the GP who prescribed anti-biotics." A relative told us that they had confidence in care worker's ability to recognise if something was wrong and to seek help. They told us, "My relation finds dealing with medical practitioners difficult and the care worker has liaised with them wonderfully, they will allow medical help now. An extraordinary feat frankly." A care worker told us that the person they cared for had been admitted to hospital recently and they had been able to stay and support them throughout the period. The registered manager said, "Staff always let us know if there are any changes in people's health so we are able to update the paper work accordingly.

Good

Is the service caring?

Our findings

Comments received from relatives and legal representatives of people described the caring nature of the staff at Cheriton Home Care. Their comments included, "The care had been exceptional," and "We are very pleased with the standard of care, they are very caring." A recent compliment received by the service stated 'The team is always prepared to go that extra mile.' A relative told us, "The carers are discreet and tactful, they respond to (person's name)'s distress. They maintain a friendly and helpful stance not matter what the time, day or night. " Another relative said of a care worker, "They are incredibly kind and always cheerful."

Staff had developed positive relationships with the people they were caring for and knew them well. Care workers were able to describe in detail people's particular care needs, preferences and personality traits. One care worker said, "I have had to take things slowly and we have developed trust over time. I find if I introduce any changes slowly they cope well with that." A relative described the caring approach that a care worker had applied saying, "They took every opportunity to improve trust, for example they assisted my relation with an outing and spent time with them to help cement their relationship."

Another care worker spoke about how they have got to know the person they care for saying, "They are a very private person and didn't want care, they have accepted me now because they need more help. I know how they prefer me to support them, I respect their privacy and know when they want to be left alone." The person's relative told us, "My relation's health has deteriorated in recent months and they need more help. They were extremely reluctant at first but through the kindness and clever approaches of the care worker they have agreed to accept the help."

People were included in developing their care plans. A relative said, "They met with my relation and discussed their needs and expectations and asked what they required." Care plan reflected the views and preferences of people. For example, daily routines included personal preferences such as how and when a person wanted to be woken up in the morning. One care plan gave details of things that were important to the person such as, soaking their hands and brushing their nails. House rules were included so staff were clear about the boundaries of their role when living in the person's house. Care plans guided staff to offer people choice and to have control of their care. For example one care plan stated ' Always communicate your intentions and ask for (person's name)'s guidance when performing tasks.' Another guided staff to 'Offer options for breakfast.'

Staff had a firm understanding of how protect people's dignity and privacy. One care worker described how they would support someone with personal care saying, "I always check that they are ready first, if they agree we go to the bathroom and I make sure the door is closed to protect their dignity." Another care worker spoke about the importance of maintaining the confidential information that they have access to when living in someone's home. They described, knowing when to withdraw to respect people's privacy when friends or relatives visited and not leaving personal information lying around."

Good

Is the service responsive?

Our findings

People were receiving care that was responsive to their needs. A relative described the care provided as "Highly responsive and sometimes creative in addressing my relation's needs." Another relative told us that the care was responsive to their relation's needs saying, "The care package that has been put in place has been adapted immediately when necessary." The legal representative of one person told us that their client highly valued the standard of care and the 'ability to adapt to what is needed.'

People's needs had been assessed and their care plans were personalised according to their particular needs, preferences and wishes. This provided staff with the information they needed to deliver care in a person centred way. For example, one care plan identified that a person with sensory loss needed support to be able to lip-read. It guided staff to 'Limit visitors and ensure that people don't all talk at once.' Another care plan detailed the order in which the person preferred to get dressed. It guided staff in which items of clothing to start and finish with. Staff knew people well and care workers had a very clear understanding of how to provide care in the way that people preferred. One care worker told us, "I have to make sure that I pace things correctly because (person's name) tires easily, so I space activities throughout the day." We noted that this was reflected in this person's care plan. Staff were responsive to changes in people's needs. We saw that care plans and risk assessments had been updated regularly.

A health care professional told us that the service received by the person she was involved with was "very responsive" to their needs. They said "I have been impressed with how well they have managed in what can be a pressured situation. It is a very person-centred service." A relative described how care workers were knowledgeable about dementia but also had a good understanding of the particular needs that their relative had. They described the complexity of their relations needs and said that the registered manager was, "Quick to resolve any problems and to help with the person's environment and general well- being."

Staff told us that care workers were able to support people to follow their interests and to maintain relationships and contacts. Records confirmed that staff supported some people to go out. A care worker told us that the person they cared for had an active social life and that they supported them to make arrangements, to maintain contacts and accompanied them on outings if required. One care worker said that they spent time with the person they cared for saying, "They are no longer able to read but they still enjoy looking at books. I know they love flowers so I will sometimes pick a flower from the garden. It's important to keep them occupied with interests that stimulate them."

There was a complaints system in place and the registered manager said that any complaints would be recorded and passed to them for review and actions. No complaints had been received but we noted that there was regular contact between the registered manager and the relatives and representatives of people receiving care. People's relatives told us that they were confident that any issues or concerns would be addressed.

Good

Is the service well-led?

Our findings

People's relatives and legal representatives spoke highly of the management of the service. They described the registered manager as, "Helpful, professional and reliable," and "Incredibly kind and calming." Staff also spoke highly of the registered manager describing them as easy to talk to and always happy to help. One care worker said, "Any problems are always sorted quickly." Another care worker told us, "The service is well managed, staff are very well looked after. I wouldn't change anything I am very happy with how it is run."

There were systems in place to monitor the quality and standard to the service. Some of these systems were not robust in identifying errors or omissions in recording. For example, MAR charts were checked regularly but where gaps were found it was not always clear why or what actions had been taken. A system was in place to check that care plans were accurate and reflected care provided. One care plan referred to specific guidance for staff performing a particular task. However this guidance was not in place. These issues were brought to the attention of the registered manager. They took immediate steps to resolve these issues.

The registered manager sort feedback from people in a number of ways. This included through regular contact, reviews and a survey. Feedback was positive. The registered manager said that whilst they had not received any complaints they welcomed all feedback as a tool to improve and develop the service. Incidents and accidents were monitored to identify any patterns that needed to be addressed. Staff were encouraged to contribute to service development and they told us their views were welcomed. One care worker said, "Communication is very good and we can input our views and ideas."

The registered manager explained that staff meetings were not currently arranged as the team was small. It was also difficult for live-in carers to attend a staff meeting. Any changes or developments were communicated to staff via email, text or phone calls. Care workers told us that the registered manager also visited them in their live-in accommodation on a regular basis. They spoke highly of the leadership style of the registered manager and understood their roles and responsibilities. The staff had made links within the community for the people who were receiving care. This included a range of health care professionals such as GP's and nurses and organisations such as a hospice local to one person. The ethos of the service was described as "Putting the clients at the centre of everything we do." Staff had a clear understanding of this and had embedded the principles of person centred care within their practice.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager understood the requirement to submit notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014. For example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

The registered manager was committed to using their personal experience to develop the service further whilst maintaining their focus on the people being cared for.