

# Review of compliance

Cheshire East Homecare Limited T/A Surecare  
Cheshire East  
Cheshire East Homecare t/a Surecare Cheshire  
East

<b>Region:</b>	North West
<b>Location address:</b>	Office W4 Macclesfield Business Centre, Sunrise House Hulley Road Macclesfield Cheshire SK10 2LP
<b>Type of service:</b>	Domiciliary care service
<b>Date of Publication:</b>	July 2012
<b>Overview of the service:</b>	Cheshire East Homecare Limited is a domiciliary care service launched in summer 2011 and is part of the Surecare Cheshire East provider group. This branch is based in Macclesfield and provides personal care for people in

	their own homes in the East Cheshire area.
--	--

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Cheshire East Homecare t/a Surecare Cheshire East was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 9 July 2012, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

We completed an unannounced inspection on 09 July 2012 at Cheshire East Homecare Limited, which is part of the Surecare Cheshire East provider group.

We met with three people who used the service in their own homes. We also spoke with four family members of people who used the service. As part of our inspection, we reviewed the records held in the branch office in Macclesfield and in people's homes.

People who used the service and their family members all told us that they were happy with the care and support provided by the staff.

There had been no complaints received by the service and people who used the service told us that they were confident the manager would appropriately address any issues they had.

Comments from people who used the service included: "The staff are genuinely lovely people, all of them act in a professional way."

"The staff are very kind and do all they can in the short time they are here to make me comfortable. They are respectful and friendly and I am treated with dignity."

"I've not needed to comment on anything really, but if I did I'd tell the carer directly and let them tell the manager, or I would ring to speak to the manager at the office." They also told us: "I have my regular carer's who know me very well. I'd like continuity of staff, except in an emergency, you'd expect there to be a hiccup then."

We spoke with four family members of people who used the service. One told us: "The staff discussed the care they could provide with my relative and how often, and my relative made her own decision about how much support she needed to have and it seems to work very well."

Other comments from family members included:

"The staff are kind and caring, I have no concerns about the staff they are respectful of my relatives' privacy and dignity."

"We have used other home care services and find this service to be five star."

## **What we found about the standards we reviewed and how well Cheshire East Homecare t/a Surecare Cheshire East was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

### **Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people receive.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect. People who use services: \* Understand the care, treatment and support choices available to them. \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support. \* Have their privacy, dignity and independence respected. \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We met with three people, in their homes who told us that the care workers took account of their privacy and dignity and treated them with respect. An example was given of a time when visitors arrived at their home and how the staff had acted with discretion. They told us: "When my visitors arrived my carer was still here. They (the staff) checked to see that I had everything I needed before they left and were very discreet."

One person told us: "The staff are genuinely lovely people, all of them, they act in a professional way."

Another person said: "The staff are very kind and do all they can in the short time they are here to make me comfortable. They are respectful and friendly and I am treated with dignity."

We spoke with four family members of people who used the service. One told us: "The staff discussed the care they could provide with my relative and how often, and my relative made her own decision about how much support she needed to have and it seems to work very well."

Another said: "The staff are kind and caring, I have no concerns about the staff they are respectful of my relatives privacy and dignity."

**Other evidence**

The manager told us that people who were planning to use the service received an information pack that outlined the services they could provide. This included a home visit to discuss people's needs and an assessment to ensure these needs could be met by the service they provided. People who used the service confirmed that they or their family had received an information pack.

We asked people who used the service if they were involved in planning their care and how they were able to contribute. We were told that the manager or senior members of staff had developed support plans for each person, and that they had been asked what things were important to them when these plans were drawn up. We saw in the three support plans reviewed that family members, social workers and doctors had informed their plan of care. We saw that people who used the service had signed a consent to their plan of support and care.

We observed that the care workers were respectful of people and used the person's first name as their preferred form of address. Three people who used the service told us that the care workers respected their wishes, maintained their privacy and dignity.

We observed that care was unhurried and saw one care worker assist a person who used the service at their pace, to their bedroom to rest following a lunchtime visit.

People who used the service said that they had their own arrangements in place regarding access and security to their homes. In the records reviewed, we noted these arrangements were recorded and had been agreed by the person who used the service. People said that the staff arrived within what they considered a reasonably acceptable time frame.

Our findings from the people spoken to, the records reviewed and the staff we met, showed that people who used the service expressed their views and were involved in making decisions about their care and treatment.

**Our judgement**

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect. People who use services: \* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke with three people who used the service in their own homes. They all told us that they were happy with the care and treatment provided by the staff.

One person told us: "I normally have a copy of the rota of staff that I am to have each week in writing as it helps me to know who to expect and when." They also said: "Staff arrive on time and it would be a rare event if someone was late."

Another person said: "I like my meal times to be spaced out more which I had discussed with the manager and my meal at lunch was changed to accommodate this but now I feel I should change my dinner too as that is a little early now. They do change things when they can."

We spoke to four family members their comments included: "The staff I have met have been very pleasant."

"Staff would contact me if there are any concerns about my relative's health."

"I've no complaints at all, the staff are kind and offer good care."

##### Other evidence

The manager told us they were in the process of developing their electronic records and that peoples care plan details were included on their computerised records. The electronic records were password protected and staff member specific and a printed hard copy of each person's care plan was kept securely in their locked office and within the person's own home.

We looked at three care plans. These care plans were basic but informative and covered health needs, care and support needs, their preferred social, leisure and spiritual information, likes and dislikes and hobbies. The information within the care plan was not detailed, we saw information such as 'full body wash' but it did not contain person specific information such as the preferred products to be used or where this care was to be provided, for example in the person's bathroom or bedroom. It was clear from the information provided by the manager and staff that they were aware of people's wishes and preferences and provided answers to these queries but they were not documented. The manager told us that they would source further support planning and risk assessment training for the management team and senior staff.

The risk assessment documentation we reviewed identified the risks individual people experienced as well as the hazards and general risks within their home environment. Risk assessments should balance safety and effectiveness with the right of the individual to make choices, take account their capacity to make these choices and their right to take informed risks in their daily life. We saw in one care plan that where a risk was identified this had not been translated into a plan of care to reduce the risk. This related to a moving and handling risk assessment where a person used a stick for their mobility. The manager advised that she would update this record immediately as this had been completed and was held on the person's support plan within their home but that they had not updated their office record.

The manager told us they were going to appoint a care worker to a senior care worker role, which would include the completion of care plan and risk assessment reviews.

Care workers told us that the staff 'shadowing' arrangements enabled them to be introduced to users of the service, their care plan and risk assessments with a senior member of staff over a two day period.

We observed that care workers on completion of their visit wrote a brief summary of each visit in the communication record within the care plan. The manager said these were collected from people's home and together with the care plans and risk assessments were reviewed on a regular basis.

The manager told us that they had a 24 hour on call service for emergencies. Two senior staff members managed this on a rota basis. The manager told us that should there be an unusual circumstance such as two emergencies at the same time they had contingency plans in place.

We observed and people who used the service and their family member's told us that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

### **Our judgement**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect. People who use services: \* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We spoke to three people who used the service and four relatives in the course of our inspection and we asked if they had any worries or concerns about abuse. No one expressed any concerns to us.

##### Other evidence

We spoke to the manager and two staff members about safeguarding vulnerable adults. They were clearly able to explain what to do in the event of any allegations or suspicion of abuse. People who used the service and staff said they would talk to senior staff if they had any concerns. Senior staff would then inform the Local Authority safeguarding team and inform the Care Quality Commission.

We saw that a copy of the safeguarding procedure was kept in the agency office and was accessible to all staff during office hours. The manager told us that staff would contact the senior management team for advice in the out of hour's period.

Staff had completed safeguarding vulnerable adults training and had completed their common induction standards with 'Skills for Care'. We were told that staff received basic training and awareness of Deprivation of Liberty Safeguards (DoLs) and Mental Capacity Act 2005 during this induction training. These are legal requirements that need to be followed if people, do not have the capacity to make decisions about the care and treatment they receive to ensure these are made in their best interest. Staff training records reviewed confirmed that safeguarding training had been provided in 2012.

People who used the service said that they had their own arrangements in place

regarding access and security to their homes. We saw that any key safe arrangements were recorded in the care and support plans as agreed by the person who used the service.

We contacted the Local Authority as part of this review. They confirmed that they had no issues with the service at this time.

**Our judgement**

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect. People who use services: \* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

People who used the service told us they were confident that staff acted in their best interests and cared for them properly.

One person said: "They know what they are doing, they notice if I'm under the weather and ask me about it and if I needed help to contact the doctor they would I'm sure assist me with that."

##### Other evidence

We spoke with two staff members, the manager, and two senior members of the management team. We were told that at the time of the inspection they had ten care workers and had recruited a further three staff who had yet to start work. They confirmed that there was an induction programme in place and this had been completed as well as their mandatory training. Mandatory training included basic food hygiene, moving and handling, first aid awareness and included the safe administration of medicines.

One member of staff told us: "I had an induction and then I shadowed people for a few days to get to know people and their routine, before I started looking after people".

We were told by staff: "I love working for the agency" and that they 'worked well as a team' and one staff member said: "I get good support from everyone, they are very good you can go to them with any questions and we always talk to each other on the phone or pop into the office."

The manager said their first user of the service was in October 2011 and as a new

service they had recruited staff members and conducted their training over three days so that staff could cover each other's shift to enable full attendance at the training. The manager confirmed that three staff had completed their National Vocational Qualification (NVQ) to level two or three and that six staff were enrolled onto the Qualifications and Credit Framework (QCF) for July 2012. This demonstrated that care staff had been supported by the manager and provider to achieve a recognised qualification to enable them to do their jobs well.

We randomly reviewed three staff records. The staff recruitment and personnel files were well organised. The records reviewed included application forms outlining the skills and experience relevant to the roles applied for, references received prior to commencing work, medical questionnaires and a full Criminal Records Bureau (CRB) check, which had been completed prior to commencing employment. The manager told us that they always conducted face to-face interviews, appropriate checks were undertaken before staff began work. Not all files contained a copy of the staff member's job description, which the manager told us, would be rectified immediately.

We noted in two staff files, gaps in staff employment history and that interview notes were not kept. We discussed this with the manager who demonstrated their knowledge and awareness of the reasons for the gaps in staff employment histories, and told us that this would be rectified and fully documented. The manager said that they had not documented the questions or replies by the candidates in their interviews but would document these in any future recruitment.

#### **Our judgement**

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect. People who use services: \* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People who used the service told us they felt confident that any issues they raised with the senior staff about the service would be reported appropriately and acted upon.

One person told us: "I've not needed to comment on anything really, but if I did I'd tell the carer directly and let them tell the manager, or I would ring to speak to the manager at the office." They also told us: "I have my regular carer's who know me very well. I'd like continuity of staff, except in an emergency, you'd expect there to be a hiccup then."

Another person said: "I've no complaints at all, they are all really nice, " they also said: "I'd prefer it if any new carers came with someone who knows my whole routine first, day afternoon and evening, so I don't have to repeat myself all the time, when they ask me what I normally like doing during the visit."

Family members we spoke with spoke highly of the service. One person said: "I think the service is excellent and they do a really good job."

Another person said: "I'm happy with the service, the staff are kind and we have good communication about the care my family member receives."

##### Other evidence

Cheshire East Homecare Limited was launched in summer 2011 and the first person to use the service was October 2011. The information available for the service to assess its annual overall quality assurance was therefore limited.

The manager discussed the value of gathering people's views consistently, including

those of professionals to enable their service to have an informed view of the standard of care they provided. The manager told us that they had started to carry out checks of the care plans, medication charts and had started direct observation of care in the form of 'spot checks' to monitor the service but had not documented these as completed audits. As the service developed the manager told us they hoped to audit all aspects of the care they provided, to use the information gathered to inform their future planning and development and improve services for people.

During our inspection we spoke with people who used the service and four relatives. They told us that although they had not yet been asked to complete quality surveys or questionnaires they were satisfied with the service provided.

Comments we heard from people who used the service were that of wanting continuity of staff, or if a new staff member was introduced to them, that they were with an experienced staff member who knew their routine. The manager told us that they had recruited new staff and that they did 'shadow' more experienced staff. However on occasions, such as emergencies or staff holidays, people's regular carer may not be available and to provide care a carer may visit who was not as familiar with the person's routine but would have the person's care plan available to read and could contact the office or manager for information or support.

The family members spoken with told us they would speak with the manager or staff if they had any worries or concerns. They also told us that they felt confident that any worries or concerns they had would be listened to and acted upon.

Some informal quality assurance checks were in place. The provider had reviewed staff training and was awaiting the appointment of further administration support to transfer the training dates onto a training schedule to ensure that staff training remained up to date to maintain good practice.

The manager told us that the first full staff meeting would be held in July 2012 and quarterly thereafter. Smaller staff group meetings in each of the three geographical areas where they had staff were to be held in August 2012, to gather staff views and to gain their feedback.

The manager provided us with an action plan devised following their recent management meeting to begin to formalise their quality assurance processes. The action plan suggested various methods of collection, telephone, face-to face and questionnaires to meet people's capabilities. They included follow-up of missed or late calls, holding staff meetings and medication administration, care plan and training audits amongst others

We saw that the service had a complaints process in place and a complaints log for the manager to track any complaints made and the actions taken. At the time of the inspection there had been no formal complaints made. The manager told us they would also document comments made by people who used the service and their family members. We saw the service also had a compliments log which contained correspondence from two family members of people who had used the service.

There had been no accidents or incidents reported but the manager explained how these would be recorded and reported appropriately.

**Our judgement**

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people receive.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA