

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Cheshire East Council Domiciliary Care Service

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Cheshire East Council
Registered Manager	Mrs. Sarah Webb
Overview of the service	Cheshire East Domiciliary Care Service provides short term care and support, usually when there has been a health and/or social crisis, to enable people to gain confidence, independence and maintain links within the community. It also aims to promote recovery and independence following an illness or accident. The agency operates from an office within Macclesfield Town Hall.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 January 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Care records contained enough information to show how people were to be supported and cared for. We spoke with three people using the service and with one relative. They were complimentary about the staff and the care and support provided. Comments made included, "They are looking after me very well and are helping me to regain my independence" and "They are supporting me to get well, the staff are excellent, every single one of them".

We saw that systems were in place to help prevent and control infection within people's homes. The documents we looked at showed that staff were appropriately trained in infection control procedures.

The system in place for managing medicines in people's homes was safe. This helps protect the health and welfare of people using the service.

Arrangements were in place to ensure that people using the service were cared for by staff who were safely recruited. Management gathered relevant information and carried out checks on people who had applied to work for the agency. All the relevant checks were in place prior to people commencing work.

People benefited from a well-managed agency that had systems in place to monitor the quality of the service provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The agency provides short term care and support, usually when there has been a health and/or social crisis, to enable people to gain confidence, independence and maintain links within the community. It also aims to promote recovery and independence following an illness or accident.

The manager told us that people were referred to the agency from a range of health/social care professionals, either from the local hospital or from within the community. The referrals were made by a health/social care professional who assessed if the needs of the person might be met by the service provided by the agency.

We were told that a referral was sent to the agency and on receipt of the person's details a senior support worker was allocated to undertake a further assessment. We were told the senior support worker would visit the person in their own home and, following the assessment, a support plan would be put into place. A support plan details the individual care and support needs that a person may have and shows how those needs are to be met by the staff.

During the first visit the senior support worker also undertook risk assessments. These included assessing risks if people had problems with certain aspects of their health, such as a history of falls, a need for support with moving and handling and the administration of medicines. Assessments were also completed around risks associated with their home environment and fire safety. Information was documented to show staff what they must do to minimise any identified risk to people using the service and also any risks to themselves.

We were shown the computerised support plan of one person. It contained detailed information to show how the person was to be supported. From the information in the support plan it was clear that the person had been involved in the planning of their care and support. We were told by the manager and a support worker that people using the

service had a copy of their support plan in their own home. We were also told that after every visit staff wrote down in a report sheet what care and support had been provided. The people using the service that we spoke with confirmed that this information was correct.

The four people we spoke with were very complimentary about the service provided by the agency. They told us, "They are looking after me very well and are helping me to regain my independence" and "They are supporting me to get well, the staff are excellent, every single one of them". Also, "The staff are very considerate and I feel very safe with them; really nice people" and "I am quite satisfied".

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We asked the manager to tell us what systems were in place to protect people using the service, and also the agency staff, from the risk of acquiring infections.

We were shown the infection control policy that was in place. It provided instructions for staff on processes such as hand hygiene, personal protective clothing, waste disposal and the management of outbreaks of infections. We were also told that a stock of protective clothing was kept at the agency office for staff to access as they required.

We spoke with one of the care support workers who told us they always wore protective clothing, such as disposable gloves and aprons when delivering personal care to people. We were also told that the agency provided all care staff with a bactericidal hand gel, used to supplement routine hand washing. This staff member also told us that they had undertaken infection control and food hygiene training.

We asked two of the four people that we spoke with if staff washed their hands and wore protective clothing when attending to their personal care needs. We were told, "Always" and "Yes, they do".

We looked at staff training records, which showed that all staff had undertaken training in infection control. Staff had also undertaken training in food hygiene.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We asked the manager to tell us what systems were in place to ensure the handling of medicines in people's homes was safe.

We were told that all staff who handled medicines had received medicine management training. A discussion with one of the care support workers and an inspection of staff training files confirmed that this information was correct. We were also told that, following their training, the staff had to undergo a test to check if they were competent to handle medication.

Of the four people we spoke with, two told us they were capable of managing their own medicines, one told us the staff checked to see if they had taken their medicines when they should, and another person told us they were responsible for giving their relative their medicines.

We were shown a detailed policy and procedure in relation to the safe management of medicines that all staff had access to. The document gave clear guidance on ordering, obtaining, storing, recording and the administering of medication. We were also shown the Employee Handbook, given out to all staff to enable easy reference to the medication policy and procedure.

We were told that when senior support staff visited people in their homes to review their care, support and progress, they would check to see if they had received their medicines as prescribed. They did this by speaking to the people who use the service and by checking that the medication administration record (MAR) sheets had been filled in accurately.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

A safe system of recruitment was in place, helping to ensure that people were being cared for by suitable staff.

Reasons for our judgement

We asked the manager to tell us how they ensured their staff recruitment procedure protected the health and safety of people using the service and that the people they employed were fit to do their job.

We were shown the detailed recruitment policy and procedure that was in place. It gave clear guidance on how staff were to be properly and safely recruited. We were told that the job specification and the in depth interviews undertaken helped to ensure that only people with the correct qualifications, skills and experience were employed.

We looked at three staff personnel files. They contained proof of identity, application forms that documented a full employment history, a medical questionnaire and at least two professional references. We saw that checks had been carried out with the Disclosure and Barring Scheme (DBS) (previously the Criminal Record Bureau (CRB)) prior to the staff commencing their employment.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We asked the manager to tell us how the agency monitored the quality of the service that people received. We were told that, as well as regular checks/audits being undertaken on all aspects of the running of the agency, there was regular formal and informal communication with the people using the service.

We were told that each month a specific topic of practice was audited. We saw evidence of some of the monthly audits that had been undertaken; such as medication, support plans and risk assessments.

We saw evidence in the support plan that we looked at to show that environmental health and safety risk assessments were undertaken in the person's home. The support plan also provided evidence that assessments had been undertaken in relation to any hazards that may have presented a risk to the person's health and welfare.

We were told that seeking the views of people about the service they received was an ongoing process. We were told that regular telephone surveys were undertaken asking people for their views about the service they received. We were told that senior management undertook visits every six months to the homes of people using the service. This was to make sure their needs were being met and to seek their views on the support provided. In addition to this, after the person no longer required the service, they were sent a satisfaction survey form asking for their views on the service that had been provided.

We looked at some of the responses from the surveys. Comments made included; "Cannot say a bad word about the staff. They have done a very good job. Thank you so much" and "A very good and much appreciated team whose help has been invaluable. Also all the information received during conversations has been very helpful and necessary".

We were told that, in addition to individual staff supervision meetings, monthly group supervision meetings were undertaken for the care support workers. Separate monthly meetings were also held for senior support workers, senior management and

administration staff. We were told that the meetings gave staff the opportunity to discuss any issues in connection with all aspects of the running of the service.

The provider had a number of emergency procedures in place, which identified and mitigated the risks arising from emergencies that could affect the provision of care. There were procedures in place for dealing with staffing issues, utility failures and other factors that could affect the provision of care.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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