

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

Cheshire East Homecare t/a Surecare Cheshire East

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Cheshire East Homecare Limited
Registered Manager	Ms. Susan Mary Ritchie
Overview of the service	<p>Cheshire East Homecare Limited is a domiciliary care service launched in summer 2011 and is part of the Surecare Cheshire East provider group.</p> <p>This branch is based in Macclesfield and provides personal care for people in their own homes in the East Cheshire area.</p>
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 unannounced 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 25 November 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and talked with commissioners of services.

What people told us and what we found

We spoke with a range of people about the agency. They included the owner, manager, staff, relatives and people who received a service. We also had responses from external agencies including social services. This helped us to gain a balanced overview of what people experienced using the agency.

During the inspection we looked at care planning, staff training and supervision records.

People who used the agency told us they provided a good service. Comments included, "This is the best agency we have had."

People told us they had received a visit from the manager of the agency before the service commenced. This was to introduce themselves and carry out an initial assessment. They told us their needs had been discussed and they had agreed with the support to be provided. One relative spoken with said, "They continually provide a high level of service for my husband."

We found that there were enough skilled and experienced staff so that people had their care delivered at the right time, usually by the same people and in ways they wanted. One person who used the service said, "They do try and keep to the same carers which is good." Also, "The staff are so professional and competent."

We spoke with Cheshire East council's contracts monitoring team, they confirmed there were no concerns with the service being provided by the agency.

There were a range of audits and systems in place to monitor the quality of the service being 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

People can be assured that their right to make decisions is respected.

Reasons for our judgement

We looked at care plan support arrangements the service had in place. We found staff had recorded information to ensure the people they supported were receiving the appropriate level of care. Records showed that people were at the centre of planning and decision making about their care. Those using the service and their carers had been consulted about the support they required. This was confirmed by talking with people who used the agency. One relative we spoke with said, "We had the decisions to make to contribute to the care we needed."

Support options were always discussed with the person concerned if at all possible and their consent sought. Alternatively the family member or carer were asked to sign the care and support plan on behalf of the person. This helped to provide a clear audit trail of consent being sought and agreed.

Discussion with the manager confirmed they and senior staff had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards. This should enable them to assess peoples' mental capacity should there be concerns about their ability to make decisions for themselves.

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

Our judgement

The provider was meeting this standard.

People who received a service experienced appropriate, effective care and support to ensure their needs were met and their rights protected.

Reasons for our judgement

People who used the service and carers we spoke with told us they were receiving effective, safe and appropriate care which was meeting their needs. They told us written information relating to the tasks to be carried out, was available to staff. One person said, "I know when they come here to help my wife they always fill in the care sheet."

Risk assessments were completed for the environment as well as personal risk. We saw evidence that risk assessments and care records were reviewed and changes made when circumstances changed.

People who used the service told us the agency aimed to use the same staff to ensure continuity. This meant there was consistency and relationships were able to develop. One person who used the service said, "The carers are wonderful, they try and keep the same people coming all the time."

The manager informed us they had arrangements in place to enable people to contact a member of the management team at any time. This included an out of hours, on call service. This was confirmed by talking with people who used the service.

The care and support format used a person centred approach. This described in detail the support and care that people required. The care and support plan format reflected people's personal routines and the support they received.

Staff members we spoke with were knowledgeable about individual needs and how they were being met. This meant staff had the knowledge and understanding of the support people required.

Supporting workers

✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were supported by a competent staff team.

Reasons for our judgement

Staff members we spoke with told us they were all being encouraged to undertake training and attend courses.

Staff members we spoke with confirmed they had access to a structured training and development programme. Records we looked at confirmed this. These included mandatory training covering health and safety, food hygiene, and safeguarding. One staff member we spoke with said, "The access to training for this company is excellent." Another staff member said, "We are always encouraged to do more training and develop our skills."

Staff members we spoke with told us they received regular formal supervision sessions with their manager. This meant staff were being supported in their roles as well as identifying their individual training needs.

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.

Appropriate systems were in place for monitoring the quality of the service people receive.

Reasons for our judgement

The manager had policies and procedures in place to monitor the quality of the service. These included seeking the views of the people they supported by way of spot checks in people's homes, surveys, care reviews and staff meetings. One staff member said, "The manager and seniors regularly visit the home of clients to see how things are going."

We looked at questionnaires sent to homes of people who used the service in October 2013. Comments were positive and included, "We are very pleased with all the carers." Also, "Always on time and stick to regular staff." The manager told us surveys were analysed and any negative comments would be investigated.

We saw evidence that regular staff meetings were held. This was confirmed by talking with staff. Management and office staff meetings were held on a regular basis. One staff member said, "We do have regular meetings to discuss things."

The people we spoke with confirmed they were satisfied with the service being provided. They told us communication with the manager and staff was good. They said they felt confident they could talk with the manager regarding their views about the agency.

Staff we spoke with felt they could raise issues with the manager at any time. One staff member told us, "The manager is excellent she is hands on and always approachable."

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

Records relevant to the management of the services were accurate and fit for purpose.

Reasons for our judgement

We saw evidence that records kept at the location offices were maintained and stored safely. These included care records and personnel records for staff. The manager told us they were aware of the procedures and policies they must follow to make sure all records were confidential. This meant safe and secure record management systems were in place.

All peoples care records we looked at were seen to be accurate and up to date. They included information relating to care, support required and personal information. There was evidence of changes to the support some people required, so information was kept up to date.

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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