

Stockport, East Cheshire, High Peak, Urmston &
District Cerebral Palsy Society

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Inspection report

Meridian House
Pepper Road, Hazel Grove
Stockport
Cheshire
SK7 5BW

Tel: 01614321248
Website: www.stockportcp.co.uk

Date of inspection visit:
03 March 2020
04 March 2020

Date of publication:
24 March 2020

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

About the service

Stockport, East Cheshire, High Peak, Urmston & District Cerebral Palsy Society is a domiciliary care service providing personal care to eight people at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People were satisfied with the support they received and felt safe. Risks were well managed. Medicines were managed safely, and staff worked with other healthcare professionals to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed. Care and support had been planned proactively and in partnership with them.

People were positive about the service. People told us staff were kind and caring. People were treated with dignity and respect and were involved in their care planning and delivery. People's right to privacy was upheld. The registered manager could provide people with information about local advocacy services, to ensure they could access support to express their views.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed. People knew how to complain, and felt concerns raised would be listened to and acted upon.

The management team worked in partnership with a variety of agencies to ensure people received coordinated care which met their needs. People were happy with how the service was managed. Staff felt well supported by the management team. The registered manager and provider completed regular audits and checks, which ensured appropriate levels of quality and safety were maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 8 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Stockport, East Cheshire, High Peak, Urmston & District Cerebral Palsy Society

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are

often out and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 3 March 2020 and ended on 4 March 2020. We visited the office location on 3 March 2020 and telephoned people and relatives on 4 March 2020.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also requested feedback from Healthwatch Stockport and East Cheshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, service manager, deputy service manager, training manager, three support workers and a locality manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The provider managed risk through effective procedures. Care plans confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their own self development.
- Each person had individual risk assessments. Risk was managed and addressed to ensure people were safe. Staff kept these under review and updated them where required to ensure staff had access to information to support people safely.
- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm.

Staffing and recruitment

- The provider ensured suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way.
- There was good out of hours support for staff.
- Staff had been subject to appropriate checks when the service recruited them.

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely and people received their medicines when they should. One relative said, "The support staff support [person] with their medicines as directed."
- The management team conducted regular audits of medicines to ensure any concerns were identified and addressed.
- Staff had access to protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.

Learning lessons when things go wrong

- The provider had systems in place to record and review accidents and incidents.
- Accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- The management team completed comprehensive assessments to ensure people's needs could be met. Records were consistent and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them.
- Staff regularly reviewed care and support and updated care plans where people's needs had changed. This ensured people received the level of care and support they required.
- People's nutritional needs were included in their care plan.

Staff support: induction, training, skills and experience

- All staff had completed various training courses specific to the people they supported. Additional training could be sourced by the provider if this improved the knowledge and support staff could provide.
- Staff were competent, knowledgeable and carried out their roles effectively. New staff had received a thorough induction on their appointment to ensure they had the appropriate skills to support people with their care.
- Staff told us they were supported in their roles and received regular supervisions. One staff member told us, "I have regular supervision sessions and attend team meetings. I feel well supported to do my job properly."
- The provider was committed to developing manager's skills and knowledge. The registered manager told us, "We have focused career progression and personal development for operational service managers. We considered a number of management training opportunities and arrived at the 'Skills for Care Well Led Programme' and made a commitment to train a manager every year."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The management team obtained the necessary detail about people's healthcare needs and had provided guidance to staff regarding what action to take if people became unwell.
- Staff had a sound understanding about the current medical and health conditions of people they supported. Plans relating to mental wellbeing and behaviours were particularly detailed.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records contained evidence to demonstrate care planning was discussed and agreed with people. Consent documentation was in place and signed by the person receiving care or their relatives where this was necessary.
- People were not subject to restrictions at Stockport, East Cheshire, High Peak, Urmston & District Cerebral Palsy Society. The management team understood when and how to apply if this was needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were supported by caring staff. People and relatives told us that staff were attentive.
- Staff had a compassionate approach and talked to us about people in a respectful and kind way. They knew people's communication needs well and were able to communicate effectively with them.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen documented people's preferences and information about their backgrounds.
- The marketing team and locality managers worked hard to secure funding so one person could have a state-of-the-art new piece of equipment which allowed them to access their favourite sporting activity.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. People told us they were always treated with respect and felt comfortable in the care of staff supporting them.
- Staff gave examples of how they respected people's privacy and promoted their independence. One staff member said, "I aim to ensure people remain as independent as possible and are learning new skills."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager and staff team supported people with decision making. Care records contained evidence the person who received care had been involved with and were at the centre of developing their care plans.
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care files were person-centred and individualised documents reflected each person's assessment of needs. Care plans included people's personal care needs including nutritional support, social interests and communication needs. Staff spoken with were able to describe people's needs and how these were met.
- The registered manager and staff team ensured support was focused on individual needs, preferences and routines. People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care.
- People's end of life wishes could be recorded in care files if they chose to discuss this. People were invited to join a collaborative project relating to end of life planning.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and support required documented.
- The provider could produce information in different formats or languages if required. For example, the complaints procedure was available in an easy-read format.
- The complaints procedure was shared with people when they started using the service. People and relatives told us they knew how to raise concerns and were confident any complaints would be listened to and acted upon in an open and transparent way.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their legal obligations, including conditions of CQC registration and those of other organisations.
- People spoke positively about how the service was managed. The management team was visible and had a good understanding of people's needs and backgrounds.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. Action plans were created following audits and shared with all appropriate staff for completion.
- The registered manager demonstrated appropriate knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary. Staff confirmed they were clear about their role and between them and management provided a well-managed and consistent service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager promoted an open culture and encouraged people to provide their views about how the service was run. People's views were gathered through care plan reviews, surveys and meetings. People told us they felt the service was well managed.
- People received safe and coordinated care. There was good partnership working with relevant healthcare and social care professionals. This ensured people consistently received the support they needed and expected.
- Staff contributed to the way the service was run through team meetings and supervisions. The provider had reviewed their embedded supervision process for staff. In response to these findings they planned to implement staff appraisal and install a new live care management system to improve how they communicated with staff later in 2020.

Continuous learning and improving care

- The provider had systems in place to ensure the quality of service was regularly assessed and monitored. The service had a wide range of effective audits such as medication and care records.
- The service had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.
- The management team attend various networking groups including the 'Skills for Care Learning & Development Group' and 'Registered Managers Group'. The registered manager told us, "The networks we

have developed there have informed and influenced our practice across a number of areas, training and recruitment to name a few."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people. One staff member said, "I feel that the service is in a really good place. There is a strong management team and we all support one another."