

Side by Side (Care) Limited

Side by Side (Care) Limited

Inspection report

3 Regent House
Beam Heath Way
Nantwich
Cheshire
CW5 6PQ

Tel: 01270627755

Date of inspection visit:
17 August 2018

Date of publication:
10 September 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

We carried out this inspection on 17 August 2018. The inspection was announced. We gave notice because this is a small service and we needed to ensure the registered manager would be available to speak with us.

This was the first inspection of the service since it was registered in June 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older people, people living with dementia, adults who have a learning disability and adults who have a physical disability. The service is provided in Nantwich and the surrounding area.

There were 15 people receiving regulated activity at the time we carried out our inspection.

There was an experienced registered manager responsible for the day-to-day management of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us this was a good service and said they would recommend it.

People's needs were assessed and care was planned and provided to meet their needs. However, we did see that risk assessments were generic and non-specific about the people they were for. Staff were able to tell us about people's needs where these were not always clearly documented in relation to the risks. We asked the registered manager to make improvements in this area.

The staff knew people well and treated them in a kind and caring way. People valued the service they received. There were enough staff to support people. People received support from a small team of staff who they knew. Safe systems were used when new staff were employed to check they were suitable to work in people's homes.

The staff were well trained and skilled to care for people. They knew how to provide people's care and to protect people from abuse and harm. 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 consented to the care they received and their rights were respected. People's needs were assessed and care was planned and provided to meet their needs.

The service was responsive to people's needs and wishes. If people requested changes to their planned care these were agreed. People were asked for their views and the registered manager took action in response to their comments. People's privacy, dignity and independence were promoted.

People knew the registered manager and how they could contact her. The registered manager set high standards and checked the service to ensure these were met.

People received the support they needed to take their medicines. The registered manager and care staff worked with local and specialist services to ensure people received the care they needed.

The registered provider had a procedure for receiving and responding to complaints about the service. They prided themselves on being responsive to any concerns raised before they became complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was almost always safe.

Risk assessments were generic and did not detail specific people's needs as required.

The staff were trained in how to identify and report abuse.

There were enough staff to provide people's support. People received support from a small team of staff who they knew.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and skilled to provide their care.

The staff supported people to eat and drink enough to maintain their health.

People gave consent to the care they received and their rights were respected.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way and with respect.

The staff were skilled at supporting people in the way that they chose.

People's privacy and dignity were protected and they were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Care was planned and delivered to meet people's needs.

People knew how they could complain about the service provided. The registered manager took action to resolve any concerns raised.

People were supported to remain comfortable and in their homes as they reached the end of life.

Is the service well-led?

Good ●

The service was well-led.

There was an experienced registered manager employed. People knew how to contact the registered manager as they wished.

The registered manager asked people for their views and took action in response to their feedback about the service.

The registered manager checked the quality of the service to ensure people received a good standard of care.

Side by Side (Care) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 August 2018 and was announced.

We contacted the registered manager of the service 16 August 2018 to give notice of our visit on 17 August 2018 because this is small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be available to speak with us.

We visited the office to see the registered manager and care coordinator; and to review care records, staff records and records related to the management of the service.

The inspection was carried out by one adult social care inspection manager.

During the inspection we spoke with three people who used the service and two relatives. We spoke with the registered manager and care coordinator. We looked at care records for three people who used the service and recruitment, training and personnel records for three staff. We also looked at records around how the service was managed including quality audits, records of staff meetings and feedback the registered manager had received from people who used the service and their families. We also spoke with a district nurse who had worked alongside the service providing care.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the agency, including the information in the PIR, before we visited the service. We also the local health and social care team to gather their views of the service. We used the information we held about the service to plan our inspection.

Is the service safe?

Our findings

People we spoke with said they felt safe with the staff who visited their homes. One person told us "I feel safe. They are lovely and I think the world of them" Another person said, "The staff treat me with respect and make me feel safe."

Risks to people's safety had been identified and the registered manager told us about them but we could not see that these were clearly documented in the care records. The staff were aware of the risks and were managing them but these were not documented in a safe way. For example, we were told that one person had diabetes and other associated health problems. These issues were not clearly risk assessed but the staff were aware of the person's needs and how to support them. We spoke with the registered manager and they agreed to take immediate action to improve the risk assessments.

There were no personal emergency evacuation plans in place for if the staff needed to help the person leave their home in an emergency. The registered manager told us that she had identified that these were required and was prioritising the work as a matter of urgency.

People who used the service told us there were enough staff to provide their care. They said they were supported by a small team of staff who they knew. They told us it was important that they had a team of regular staff and knew which staff would be visiting their homes. They told us that this helped to make them feel safe. There had been no safeguarding concerns since the service had been registered. The staff did understand about safeguarding and had were all trained in what to do if they had concerns about harm and abuse. The service had demonstrated that they understood what to do in response to concerns as they had raised a safeguarding about the care provided by another service.

People told us the care staff usually arrived at the agreed time and said there had never been an occasion when the staff had failed to arrive to provide their care. We saw that the rotas were well planned and gave staff the time they needed to provide people's support and then travel to their next appointment.

Robust checks were carried out before new staff were employed. All new staff had to provide evidence of their good character and were checked against the records held by the Disclosure and Barring Service. This checked they had not been barred from working in a care service. The checks completed helped to ensure new staff were suitable to work in people's homes.

The staff had completed training in how to support people to take their medicines. People who required support to take their medicines said the staff helped them as they needed. We looked at a range of medication administration records and saw that these were always completed and that a record was made if for any reason medicine was not administered. The registered manager also observed staff handling medicines in people's homes to check they were handling the medicines safely and were competent to support people as they needed.

The staff told us they had received training in how to provide people's care in a safe way. This was confirmed by the staff training records we looked at. The staff had completed training in moving and handling and

using equipment, infection control and the safe handling of food. People told us they were confident the staff protected them from the risk of infection.

The registered manager monitored the safety of the service. Where she identified issues she shared these with the staff team to ensure shared learning to protect people who used the service.

Is the service effective?

Our findings

People told us they received a good quality of care and said the staff who provided their support were excellent. One person said "I'm very, very happy. I would give them twenty out of ten."

We looked at the training that staff were provided with and saw that it was good. We saw that staff received training in all of the areas required to work safely in care. We also saw that staff had training in supporting people with specific needs such as dementia and mental health problems. Staff received training before they commenced working for the service as part of their induction and then we could see that this was regularly updated. The service had facilities to provide moving and handling training for staff at the office and saw that updated training had been planned in the near future.

We saw records that showed that regular supervision where staff could discuss their performance, raise any issues and discuss their training and development needs took place. We saw that dates had been scheduled for the rest of the year. The staff were also observed whilst providing support to people so the management team in the service could assess their skills and competence. This helped to ensure people continued to receive a good quality of care.

People who required staff to assist them with preparing their meals told us they received the support they required. They told us the staff asked what meals they wanted and prepared these for them. One relative told us "They cook for her. Not just ready meals – proper food. I'm so pleased that she gets to have a well-balanced diet."

Most people did not require support from the staff to access health care. They told us they were confident the staff would assist them to contact their doctor if they were unwell and needed support. One relative did tell us that the care staff had stayed late on a number of occasions to support their relative when they were unwell.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager and care coordinator we spoke with were aware of their responsibilities under the MCA. We did see mental capacity assessments but we noted that it was not always clear as what decision they were referring to. The registered manager took action to correct this during the inspection. At the time of the inspection the service was not providing support to anyone who did not have capacity to make their

own decisions. The registered manager was able to talk us through the steps that they would take to ensure that a person who did not have capacity was supported lawfully.

People told us the staff always asked for their agreement before providing their support. People gave consent to the care they received and their rights were respected.

Is the service caring?

Our findings

Everyone we spoke with told us they received a good quality of care and told us the care staff and management team treated them in a kind and caring way. One relative told us "I live 70 miles away and it gives me peace of mind to know that she is in good hands. They are brilliant and she is very happy with them."

The registered manager had received cards from people who used the service and relatives of people who had been supported by the agency thanking the staff for the high quality care provided. One comment stated the care provided had given an individual "care and support at a difficult time." A relative told us "They are patient and responsive and give her the time that she needs." This showed the service provided good quality care that people valued.

The care coordinator we spoke with told us, "We [care staff] try to give people a good quality of life." The care coordinator went out at lunch time during the inspection to cover some calls and they told us that they and the registered manager often covered calls when needed.

People told us the staff who visited their homes asked for their views about their care and included them in all decisions about their support. They told us the staff knew them well and respected their preferences about their support. One person told us, "I like things to be done my way and they always go along with that" Another person told us, "They are lovely and I think the world of them."

People told us the support provided by the agency helped them to maintain their independence and to remain in their own homes. They told us this was very important to them. One person told us, "Without them I wouldn't be able to do the things I can now."

The care staff understood how to respect people's privacy and dignity. People who used the service told us the staff "always" ensured their privacy and dignity were maintained while they were receiving personal care. One person told us that it had taken them time to get used to receiving care but now that they knew the carers personally it made it easier to accept their help.

People we spoke with told us they would speak to their families or friends if they needed support to express their views or to make important decisions about their care or lives. The registered manager had details of local advocacy services that people could contact if they needed independent support to share their views.

Is the service responsive?

Our findings

People told us the service was responsive to their needs and wishes. They told us if they asked for the times of their planned visits to be changed this was agreed. One relative told us that they had requested that the times were changed of their family members visits to accommodate medicines and that this had been arranged straight away.

The registered manager had also received written compliments which referred to the responsiveness of the service provided. One relative of a person who had received care from the service wrote to the registered manager to express their thanks for the flexibility of the service.

Each person who used the service had a care plan that gave information for the staff about the support they needed and their preferences about their care. We saw that these were not always very detailed but that staff knew people very well. The registered manager told us that they were working on improving the information in care plans to make them more person-centred.

The registered provider had a procedure for receiving and responding to complaints about the service. People we spoke with said they would raise any concerns with the registered manager. They said they were confident the registered manager would take action to resolve any concerns they raised. We looked at the service user guide and saw that the complaints procedure was clear. We saw the complaints log and saw that compliments were also recorded. There had been no formal complaints raised since the service had been registered. We saw that one incident had been recorded where a relative telephoned the service to say that the carer was late but the carer arrived whilst she was on the phone. The registered manager had recorded this and then sent a letter to the person apologising that the carer had been late. This showed that the service cared about feedback and were striving to provide the best service possible.

The aim of the service was to support people to remain in their homes and local community, including as they reached the end of life. The staff had completed training in supporting people who required care at the end of life. The service worked with local and specialist health services to support people to remain comfortable at home as they approached the end of their lives. We spoke with a district nurse who had worked alongside the agency to support a person at the end of their life. They told us "The care they provided was superb. Their input cared for the whole family, not just the person who was at the end of their life. It was not an easy case. I would have no concerns whatsoever to recommend them."

Is the service well-led?

Our findings

People told us this was a good service and said they would recommend it. They told us they were happy with the care they received and valued the support provided by the management team of the service and the care staff. One person told us, "The service is very good." Another person said, "I filled in their quality form and I marked everything excellent." We were also told, "I would certainly recommend this service to anyone."

The registered manager had not been the registered manager for long but prior to that they had worked for the agency in a different role but had significant management experience and had quickly made improvements to the service. They also recognised where further improvements were needed and were committed to making these.

People who used the service told us they knew the registered manager and how they could contact her. There was an on-call system in operation that was covered by the registered manager and the care coordinator.

The registered manager told us that they had a positive relationship with the registered provider and that the registered provider frequently visited the office and offered their support when it was required.

People told us the registered manager asked for their views and took action in response to their feedback. One person told us, "[The registered manager] visits and asks for my views." We could see that quality forms where people could give feedback on the service was regularly completed and that people had expressed their delight with the service.

This was a small service and the registered manager and care coordinator carried out some care visits. This gave them oversight of the quality of the service and gave people they visited the opportunity to share their views and to raise any concerns.

People who used the service and the staff we spoke with told us the registered manager set high standards. We saw the registered manager, care coordinator and senior carer monitored the service to ensure these were met. They had carried out checks on care records to ensure these held accurate and up to date information and checked medication records had been completed properly. Accurate records are important in ensuring people receive the support they require safely.

They also observed staff while they supported people to check care was being provided as planned and that the staff provided support safely and respected people's rights.

Services registered with us must notify us of significant events that happen such as allegations of abuse or serious injuries related to the care they provide. This is so we can check appropriate actions have been taken. The registered manager of the service understood the incidents that had to be reported to us and had completed notifications when they were required.

The registered manager worked with organisations who commissioned the service and health care providers to ensure people received the support they needed. Where people had complex needs advice had been taken from appropriate services to ensure they received the support they needed and their rights were protected.