

# Mrs Paula Ann Shepherd

# Families Care

## Inspection report

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### 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

Families Care is a domiciliary care agency. The service provides personal care to people with dementia, older people, younger adults and people with physical disabilities. At the time of our inspection there were 24 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were kept safe. Policies were in place and staff knew how to keep people safe. There were enough safely recruited staff. People received medicines safely by trained staff. People were kept safe from the risk of infection by staff wearing suitable Personal Protective Equipment (PPE) and lessons were learned when things went wrong.

People had care plans which were reviewed regularly and adjusted in line with people's needs. Staff received training. People were supported to have enough food and drink in line with their assessed needs. Staff worked closely with other organisations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity, respect and kindness. People were involved in their care and felt listened to by staff and the manager. Staff promoted people's independence.

People's care plans were electronic and personalised and detailed. Staff accessed these while in people's homes and could record any changes immediately. Complaints were dealt with appropriately by the manager. People who were receiving end of life care were supported by staff who had completed specialised end of life training and they worked with family and health professionals to ensure people were comfortable at this time.

People and staff felt the manager was supportive and approachable and felt confident issues would be dealt with appropriately. There were systems in place to support the manager to identify issues and these would then be dealt with promptly. The service worked in partnership with health and social care organisations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 20 August 2019 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Families Care

## Detailed findings

### Background to this inspection

#### Inspection team

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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Notice of inspection

We gave the service almost 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We visited the service's office location on 29 June 2022. We spoke with five members of staff including the owner, who was also the manager, senior care staff and care staff. The Expert by Experience spoke with three people and eight relatives over the telephone to gain their views after the office visit.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were kept safe from the risk of harm.
- People told us they felt safe. One person said, "Yes, and I feel comfortable with them [staff] in my home." Another person said they felt, "Absolutely safe."
- Relatives told us they felt people were safe. One relative said, "Yes, my [relative] does feel safe."
- Staff told us how they would report any concerns and knew where to access the safeguarding policies.

Assessing risk, safety monitoring and management

- Risk assessments were in place to mitigate risks to people.
- Risk assessments were detailed and staff knew how to access them as well as what people's risks were.
- Quality audits were effective and supported the manager to respond swiftly if risks were identified.

Staffing and recruitment

- There were enough, safely recruited staff to support people.
- People and relatives told us the right amount of regular care staff attended at the right times and for the right length of time. One person told us, "I know the carers and they come three times a day, every day." A relative told us, "[Person] has two carers four times a day every day and receives all the care [person] needs." Another relative told us, "Yes they do [arrive on time] and they stay longer if needed to."
- Staff confirmed having enough time to spend with people.
- The manager told us they were always looking to recruit more suitable staff and aimed to have enough staff to support people.
- Pre-employment checks, including criminal records checks, were completed before staff started their employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People who needed support with their medicines told us they received their medicines appropriately. One person said, "Carers give me a regular dose of medicines morning and evening."
- Relatives told us people were having their medicines as prescribed. One relative said, "Staff do discuss [person's] medicines and provide them when they are needed."
- Medicines were regularly audited to ensure errors could be identified and rectified swiftly.
- Medicines were managed safely by suitably trained staff. Staff told us they had medicine training and

regular competency checks. Records showed this.

#### Preventing and controlling infection

- People were kept safe from the risk of infection by staff.
- All people and relatives spoken with told us staff were wearing appropriate PPE while in their homes and disposing of this upon leaving the call.
- Staff knew what Personal Protective Equipment (PPE) they should wear such as face masks, aprons and gloves as well as how they should be testing themselves for COVID-19. The manager checked staff were testing through staff submitting their results.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- A complaint from a person was being addressed by management, and actions were taken to ensure the issues did not reoccur. This included additional support for the member of staff involved as well as further competency checks being completed.

# 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.

This is the first inspection of this newly registered service. We have rated this key question good.

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

- People's care needs were assessed before the care started.
- People and relatives told us they had reviews and were kept up to date. One person said, "Every so often we have a care plan review meeting." A relative told us, "We are involved in discussions as the manager keeps us up to date with regular care plan reviews."
- The manager told us, and we saw evidence of people having regular care plan reviews.

Staff support: induction, training, skills and experience

- Staff had completed training to be effective in their role.
- People felt staff were competent, one person said, "They [Staff] seem to have the training."
- Relatives told us they felt staff had the training to support people, a relative told us, "I would say the staff are well trained." Another relative said, "Staff seem competent."
- The manager was passionate about staff training and encouraged staff development. Staff had additional training to support people with specific health needs.
- Staff told us they had training on their induction as well as on-going training and competency checks. One staff member said, "I cannot fault the training." Another member of staff said, "[We] can have any extra training, even if it is a college course we want to do".
- Staff completed mandatory training in their induction as well as shadowing other care staff before working with people on their own.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their food and drinks if needed.
- People's needs were recorded in their care plans and staff had access to risk assessments if they were needed.
- Staff were aware of how to support people with specific or modified diets, for example with diabetes or choking risks.

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

- Staff worked closely with external professionals, including health and social care professionals, to ensure people had the right support for their needs.
- Care plans were updated with professionals' advice, and staff were made aware of any changes promptly



through the relevant communication channels.

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 MCA 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.

- Staff had received MCA training, understood the principles and supported people to make their own choices.
- People told us their consent was sought before staff supported them. One person said, "Yes, they [staff] do [ask for consent]."
- Most relatives thought people were asked for consent, "I would say so, but I am not always there." Another relative said, "I believe so." While another relative said, "As far as I know, yes."

# 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.

This is the first inspection of this newly registered service. We have rated this key question good.

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 and relatives felt the staff were caring and knew people well.
- One person told us, "[Staff are] definitely kind and caring." Another person told us, "They are very much so kind and caring."
- Relatives told us, "The staff are very kind and caring and they do know [person] well."

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

- People and relatives felt listened to by staff and management.
- People had regular input into their care from the regular reviews and staff completed regular reviews with people and relatives.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to have privacy, maintain dignity and promoted independence.
- People told us how staff supported them to maintain their dignity. One person said, "If someone knocks on the door, they [staff] always cover me up." Another person told us, "They [Staff] tend to place a towel over me for privacy."
- Relatives told us how staff respected people's dignity, "They [Staff] always close the curtains and ask people to leave the room." Another relative said, "They [Staff] knock on [person's] door, close doors and cover [person] to respect their dignity."
- People and relatives told us staff tried to help people to maintain their independence.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- People had detailed person-centred care plans.
- People and relatives told us staff knew their likes and dislikes.
- The manager said, "I don't want to be a great big company that has hundreds of clients. I want to keep it small so care is personalised."
- Staff told us they had time to look through people's care plans, as well as being alerted to any changes. This meant people were supported in line with their assessed needs and staff were aware of any changes swiftly.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information about people's communication needs.
- Staff knew people and how they would need to communicate with the people they support.
- All information was stored electronically so the service was 'paperless'. The manager told us documents could be printed in different formats to be more accessible if required, and this had been done in the past.

### Improving care quality in response to complaints or concerns

- People and relatives we spoke with had not felt the need to complain but felt they would be able to raise concerns should they need to.
- Where concerns had been raised, records showed the manager had carried out an investigation and provided a response to the satisfaction of the complainant. This has been done in line with the service's own complaints policy.

### End of life care and support

- The service was providing support to people who were receiving end of life care.
- Staff had received specialised training to support people who were receiving end of life care, and staff worked closely with people's relatives and healthcare professionals to make sure people remained comfortable during this time.
- Staff told us they had this training and training records reflected this. A member of staff explained how

they continued to treat the person with respect and dignity and that staff, "ensure [person] is comfortable... letting [person] know that people are there... and as pain free as possible." Another member of staff said, "I still ask for consent and make sure they [person] know what is going on."

# 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.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives felt staff were doing things well, and one relative said, "They tend to go above and beyond caring for [person]." Another relative told us staff, "They [Staff] bring the outside world in to [person]."
- The manager was passionate about the care people received and worked hard to instil this culture in the staff.
- Staff felt well supported by the manager, worked as a team and staff morale was high. A member of staff said, "It's a fantastic company to work for - I would not go anywhere else. I love the company. We lift each other's spirits."

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;

- The manager understood their duty of candour and told us how they accept responsibility when things go wrong, apologise, and try to rectify issues where possible.
- The manager explained how they responded to a complaint about the standard of care. The manager apologised to the person as well as addressing the issues with the staff member.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff knew their roles, who to raise issues with and felt confident they would be dealt with appropriately. Senior care staff worked together when the manager was not available. Staff we spoke with said that the manager would always be there to support if needed. One staff member commented, "[The manager] does go above and beyond for staff and clients."
- The manager advised CQC of significant events in line with regulatory requirements.
- The manager regularly completed quality assurance audits which were effective at identifying and addressing concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were regularly consulted, through service reviews and quality assurance checks to monitor and improve the service.

- People and relatives felt happy with the support received, one relative said, "I am more than happy. I don't think it could be improved."
- Training was completed by all staff to support understanding and consideration of people's characteristics. Equality characteristics in the Equality Act 2010 include a person's age, disability and religion or beliefs.
- The manager had implemented an electronic system to become 'paperless' and this contained all details to support a person, including their medicines details. This meant that missed medication or any accidents or incidents could be identified immediately on the system and prompt action could be taken by the manager or senior care staff.
- Staff had regular supervisions and felt able to discuss any concerns.

#### Working in partnership with others

- The staff worked in partnership with other health and social care professionals to achieve good outcomes for people.
- Records showed the service worked in partnership with others.