

Assured Care (Stockport) Ltd

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## Inspection report

Armstrong House  
Swallow Street  
Stockport  
Cheshire  
SK1 3LG

Tel: 01614776507

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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

Assured Care (Stockport) is a domiciliary care agency providing care and support to 180 adults at the time of the inspection.

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. At the time of our inspection 170 people were receiving personal care.

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

People were kept safe by the service assessing people's needs and the risks associated with supporting people in the way they chose. Staff had the skills they needed to support people safely. Checks were done on people's backgrounds and previous conduct before they were offered employment.

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.

At the time of our inspection, the service was working to make people's care plans more about the person and what they wanted rather than task based information. People using the service told us they were asked for their consent by care workers before they supported them and that care workers supported them in the way they wanted to be supported.

People were encouraged to be as independent as possible. People told us they usually saw the same team of care workers and built good relationships with them. People and their relatives spoke highly of the care workers and felt the care workers looked after them well.

The service was responsive to people's needs and we saw how people's commissioned packages had been amended, in conjunction with the person's social worker, to better suit people's needs. Information was available for people in ways they understood.

Managers of the service worked to continually try and improve. They welcomed comments and feedback from people and made changes to the way staff worked to improve people's experiences. Other organisations involved with the service were complimentary about them.

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

The last rating for this service was good (published 30 November 2016)

#### 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?

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.

# Assured Care (Stockport) Ltd

## **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 team consisted of 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.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 29 May 2019 and ended on 28 June 2019. We visited the office location on 29 May and 6 June 2019.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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. This information helps support our inspections. We used all of this information to plan our inspection

### During the inspection

We spoke with the registered manager, the nominated individual and two members of office staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with six people using the service, two relatives of people using the service and four care workers.

We reviewed a range of records. This included recruitment records of three care workers and support plans for four people. We looked at the daily records and medicine records relating to four people. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse.
- Care workers underwent training in safeguarding and understood the importance of raising any concerns they had if they felt people were at risk of abuse.
- Concerns were investigated, and findings shared with appropriate organisations such as CQC and the local authority.

Assessing risk, safety monitoring and management

- Risks to people were assessed and recorded in their support plans along with any measures put in place to minimise the risk of the person coming to harm.
- Assessments of risk included both risks arising from the way the person chose to be supported and by the environment. Where appropriate, people were signposted to other agencies such as the fire service to help improve their safety.
- Where people chose to do things that may put them at risk, the service identified ways to enable the person to do what they chose in as safe a way as possible.

Staffing and recruitment

- The service ensured there were enough staff to support people.
- Staffing levels were assessed before new referrals of support for people were accepted.
- Records confirmed checks into care workers' previous conduct and character were completed before they were offered employment with the service. These included checks with the Disclosure and Barring Service (DBS). The DBS informs potential employers about any previous cautions or convictions a person has helping the employer make safer recruitment decisions.
- Care workers we spoke with told us the induction process gave them the skills they needed to support people safely.

Using medicines safely

- People were supported to have their medicines safely, in line with national guidance.
- A care worker we spoke with told us, "We do practical examples in the training which are really good as it's the sort of things we come across."
- People's medicine records were audited regularly to ensure people were receiving their medicines as prescribed. Where errors were identified, appropriate action was taken.

Preventing and controlling infection

- The service reduced the risk to people of infection by providing training to care workers in infection control and food hygiene techniques.
- People we spoke with confirmed care workers wore personal protective equipment like disposable gloves and aprons when they supported them with personal care.

#### Learning lessons when things go wrong

- The service used learning from incidents and used feedback from people to try and identify how the service could improve.
- The registered manager told us, "We have to learn from feedback to improve. People told us they weren't always told about changes to the rota and we weren't always easy to get hold of so now we've got someone in the office to act as the first point of call for people."

# 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 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 needs were assessed and recorded in their support plans.
- To ensure people with more complex needs continued to receive appropriate support, their support plans were reviewed more frequently than others.
- The service was using guidance provided by the local authority to make people's support plans more person-centred. The registered manager told us, "We want to make them more about the outcomes the person wants to achieve and focused on what the person wants to do."

Staff support: induction, training, skills and experience

- Care workers we spoke with told us they felt well trained and well supported. Records confirmed care workers received regular update training.
- The registered manager explained, "We have to keep supporting people, it doesn't just stop when they do their induction. We tell [the care workers] if they need anything at anytime to give us a ring."
- Care workers told us, "The office are brilliant. You can speak up at any time and they will help you. I've phoned when I wasn't sure and they've come out to support me."

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

- People told us they were supported to eat and drink well. One person we spoke with told us, "They will cook whatever I ask for. It's all nice."
- Records were kept of any out of date food that was thrown away by care workers to assist with understanding whether a person was eating well and help plan the person's shopping needs to reduce waste.
- If care workers were concerned about whether a person was eating and drinking enough then their needs were reviewed to see what additional support could be provided.

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

- Staff worked well with other agencies to ensure people they were supporting received the care they needed.
- Where people needed a referral to other healthcare services, such as a GP, district nurse or speech and language therapist we saw the referrals were made promptly. Advice from other professionals was incorporated into people's support plans.
- Care records we reviewed showed care workers were empowered to contact other agencies to ensure

people had the equipment they needed. One example read, "Phoned the pharmacy to ask for more needles and strips for [person] to check their blood." The registered manager told us, "The care workers will phone GPs and pharmacies directly as they are best able to answer any questions from the GP about how the person is."

- Relatives of people using the service were able to use the daily record books to share information with care workers.

#### 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- People told us care workers asked for their consent before they supported them.
- Care workers had been trained in the MCA and were able to give practical examples of what it meant. One care worker we spoke with told us, "People might lack capacity to make some decisions, but they might be able to make others."
- As part of the review of support plans, assessments of which decisions people were able to make was being made clearer.

# 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 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 we spoke with told us they were very well treated by the care workers.
- One person we spoke with told us, "I'm very happy. I've seen the same carers for years. I trust them implicitly." Another person said, "I couldn't be better pleased. My normal carer is wonderful, absolutely marvellous." A relative of a person using the service told us, "[My relative] is really well looked after. When you get the same group of carers you get to know each other well."
- Care workers we spoke with told us they enjoyed working with people they supported and felt there was a strong sense of teamwork. One care worker we spoke with said, "You get a huge amount of satisfaction when you see someone smile when you've done something with them."

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

- People were involved in deciding how they wished to be supported.
- People we spoke with told us, "They do what I ask them to do, they're very helpful."
- Rotas were kept under regular review to ensure care workers had sufficient time to spend with people and time travelling between visits was minimised. The nominated individual told us, "We keep all our visits close together so most of our runs are walkable."
- Some people we spoke with said they weren't always informed when care workers were running late but were confident the care workers would arrive.
- People's support plans emphasised that people should be involved in making decisions. One example read, "[Person] has a shower twice a week. They will tell you when they want one."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent.
- People we spoke with told us, "They've been very good and helped me get back on my feet. They've let me do what I can and given me reassurance and I need them less now."
- Support plans emphasised the importance of allowing people to do the things they could for themselves. One example we saw read, "'Assist [person] with personal care if needed as [person] likes to be independent."
- The nominated individual told us, "We've got people who are slow but can get to the bathroom in their own time. Carers understand that they need to support them rather than do things for them."

# 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 good. 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

- People were supported in ways that reflected their needs and choices, including any choices based on the person's culture or background.
- A person we spoke with told us, "I choose what I want to do and we do it." Another person told us, "I prefer female carers and they make sure that's what I get."
- We saw how the times of people's visits had been changed to enable them to maintain links with their family. The nominated individual explained, "We discussed the package with the person and their social worker and agreed that putting the visits together would enable them to go out of the house more. Their relative is in a care home so it will enable us to escort them to see them."
- The service was keen to use technology to support people. A secure messaging system was used to communicate with care workers and allow care workers to pass messages to office staff. The service was also piloting a mobile phone 'app' with the local authority to make it easier for care workers to record when they had arrived at visits.

Meeting people's communication needs

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 were identified and recorded in their support plans. The service was able to share this information with other organisations involved in supporting the person to ensure they communicated with the person effectively.
- The service had access to the local authority translation services and was able to record audio versions of information if people needed it. Some care workers were able to use British Sign Language (BSL) and if people using the service communicated using BSL then these care workers were allocated to their visits.

Improving care quality in response to complaints or concerns

- People told us they felt able to complain and knew how to raise concerns.
- One person we spoke with told us, "I've got the office number but I just speak to the carers and they will sort it."
- Complaints and concerns were logged and analysed to see if there were any patterns or trends that could be identified and used to improve the service.

End of life care and support

- At the time of our inspection, no-one was receiving support at the end of their life but the service was able to support people in this way if that was what people chose.
- Care workers had received training in caring for people at the end of their life but if required the service would provide refresher training.
- The nominated individual explained, "If people want to stay at home then we work with the hospital and GP to make sure they can."

# 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 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

- The service had an open and friendly culture.
- Care workers we spoke with told us the office staff were supportive and made them feel part of a team. One care worker we spoke with told us, "You can speak up at any time and they will listen. There is always someone there."
- The registered manager told us, "We're really proud of our team and what they do. We genuinely do care about them as well as the service users."

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 nominated individual and registered manager understood their responsibilities and obligations.
- Notifications of incidents and events happening in the service were sent through to CQC and other organisations in a timely manner.
- Confidential information was kept securely and in line with data security standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sought the views of people using the service, their relatives and care workers to see what they were doing well and what they could improve.
- The registered manager told us, "We send questionnaires to people every year and analyse the feedback. We have made changes this year so we have a dedicated person in the office and people have told us this had helped."
- Where people who weren't able to fill in questionnaires they were sent to relatives to help the person or care workers would assist the person to complete them.
- The managers of the service were planning a newsletter for people using the service and staff to keep them informed of things happening in the service, such as trips to local events or day centres and also to praise staff when positive feedback about them had been received.

Continuous learning and improving care; Working in partnership with others

- The managers of the service worked hard to keep improving the service and welcomed input from other agencies that would help them.

- A range of quality checks and audits were conducted to monitor the quality of the service. The registered manager told us, "We break down all the audits and questionnaires into areas and we try to identify any issues that need addressing or things that could be improved." The nominated individual added, "We monitor which packages we aren't getting to see why and see if people need different types of support that we can begin to offer."
- The registered manager explained, "[The person] from the quality team is great and their visits are really positive. We can have a grown-up conversation with them and we can work with them to keep improving. We don't feel like they just come to pick holes." A representative from the local authority confirmed, "We feel we have achieved very good partnership working with Assured Care."