

Care Needs Limited

# Care Needs Limited

# Stockport

## Inspection report

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Tel: 01614287628

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11 June 2019

24 June 2019

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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

Care Need Limited Stockport is a domiciliary care service providing personal care to 84 people 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.

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

People told us they were safely and consistently supported by staff who knew them and their care needs. Assessments of needs and risk had been undertaken and guidance was in place to support staff to mitigate these risks. Staff were trained in their responsibility to safeguard people from abuse and they were confident the registered manager would act upon any concerns they raised about people's safety.

People were supported by staff who had suitable knowledge, training and support. Staff supported people to maintain their health by working alongside community health professionals such as district nurses and GPs. 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 happy with the support they were receiving and felt involved in making decisions and having their independence promoted. People and family members spoke about how caring and kind staff were. People told us that staff respected their dignity and privacy when providing support with personal care.

People's choices and preferences were respected, and care delivered was in line with these preferences where ever possible. The service was working with people to reduce social isolation and engage them with resources available within their local community when people wished for support in this area.

People and their relatives knew how to complain about the service if they needed to and were always asked for feedback about their experiences of the care and support being provided. They told us the registered manager was very approachable and they were confident the registered manager would respond promptly to any issues they raised.

People told us they felt the service was well led. The registered manager and nominated individual were committed to driving improvements within the service. People and staff told us the registered manager and office staff were very approachable and acted promptly to address any issues.

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 23 December 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?

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 ●

# Care Needs Limited Stockport

## **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 undertaken 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. This Expert by Experience has personal experience of supporting people who use adult social care services in a variety of settings

#### 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. 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 June 2019 and ended on 24 June 2019. We visited the office location on 11 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 commissioners of the service, adult social care and healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all this information to plan our inspection.

### During the inspection

We spoke with 12 people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and other related records. We looked at four 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.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from harm. They told us, "I have the same carers which makes me feel safe." and, "I feel very safe that they come and see me." Relatives told us, "I feel [family member] is safe with the staff as they know their needs." and, "[Family member] tells me they feel happy that carers are coming in. This makes them feel safe."
- Staff completed training in safeguarding adults and had a good understanding of how to safeguard people. There were policies in place to underpin this.

Assessing risk, safety monitoring and management

- The service had risk assessment in place to cover a number of areas of risk including moving and handling and health and safety.
- There were systems in place to ensure equipment provided within people's home was maintained appropriate by external organisations as required. This ensured they were safe for staff to use when supporting people in their own homes.

Staffing and recruitment

- Staff were recruited safely and suitable checks with the disclosure and barring service and previous employment was in place. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.
- The service was continually recruiting to various positions. Staff felt that there were enough staff available to cover the calls. However not everybody we spoke with agreed. One person said, "I don't feel there is enough staff." whilst others told us, "Having a stable team is brilliant." and, "We have the same group of carers."

Using medicines safely

- People's care records contained detailed information about how people were to be supported with their medication which included a 'Medication and health related task risk assessment' and 'Medication concordance assessment'.
- Staff received training to administering medicines and checks of knowledge and competency were undertaken by senior staff.
- We saw that there had been one complaint made about how a person was supported with medicine in relation to the record keeping. No one we spoke to had any concerns with how they were being supported in this area and said, "All my needs are met. They are great."

Preventing and controlling infection

- Staff told us they had received training in this area and knew how to prevent the risk of infection. Appropriate equipment such as disposable gloves and aprons (PPE) were provided and available for all staff.

#### Learning lessons when things go wrong

- The service reviewed and audited all care records included care notes, accidents and incidents, and medicine administration records to ensure appropriate care and support was being provided. Where issues were identified this was discussed with the staff involved and action taken to prevent any future reoccurrence. Themes and learning were shared across the staff team where appropriate.



# 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.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were generally well trained. They told us, "I feel that staff are trained well, they do shadow shifts with [family member] as they have complex needs." "Staff know what they are doing." and, "Training seems consistent as the staff are very good." However, one person said, "I feel the staff need more shadow shifts."
- Records demonstrated that staff completed training in a variety of areas including moving and handling and food hygiene, as well as specific training in areas such as dementia, catheter care and managing pressure ulcers. Staff felt they had all the training they needed and said, "The induction was brilliant. I had all the relevant training."

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

- People told us they were happy with how they were supported in this area and said, "I'm always asked what I would like to eat or drink." and, "I like all my carers and they always ask me what I would like to eat and drink."
- Care records contained information to guide staff when providing support with eating and drinking. Records of people's food and fluid intake was being monitored when required.

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

- People told us they felt staff would be responsive if they became unwell and said, "If I'm unwell they will call the GP or my family." and, "If my [family member] is unwell they would call the GP."
- Care records contained details about people's health needs and what this meant for the person. This provided staff with guidance in relation to meeting an individual's health needs, such as pressure relief and catheter care.
- Records demonstrated that staff worked closely with other health care professionals when delivering specific health care support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed which included information about how best to support the person. This enabled the service to be sure they could safely support the person prior to agreeing the package of care.

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, the DoLS cannot be used. Instead, 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.

- Records demonstrated that the service actively contributed to best interest meeting and decisions.
- Staff completed training in the mental capacity act and understood the principles of MCA and DoLS.
- People told us that staff always asked consent when providing person care. One person told us, "I am always asked my consent [by staff] before completing tasks."

# 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

- Staff were very positive about working for the organisation and supporting people. They told us the best part of working for the service was, "The people we support." and, "I love helping my community."
- People spoke very positively about the staff supporting them and told us, "Staff respect me and my home." "The staff are very caring. They feel like family." and, "The staff take the time to listen and pay an interest." Family members agreed and told us, "They are fabulous carers." and, "Wonderful care staff."

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

- Care records focused on people's goals and outcomes as well as their physical care needs. There was detailed information to guide staff on what support needed to be offered, and how, for each call.
- People told us they were involved in discussing their care needs and decision. They told us, "The staff encourage me to make decisions." "I was involved in the care plan and reviews." and, "Staff and office staff always listen to me and try and help me." Family members told us they had also been involved as required and said, "The care planning was good. I could give my views."

Respecting and promoting people's privacy, dignity and independence

- The Staff we spoke with understood how to ensure people's privacy and dignity was maintained when supporting them with their care.
- People told us they were supported to be independent and their decisions and choices were respected. One person told us, "Having the care staff encouraging me to do as much as I can is a good thing to keep me active."

# 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 told us they felt involved in developing their care package and told us, "My views and likes and dislikes are taken into account." and, "They are very caring staff. They cannot do enough for me." Family members told us, "I was involved in the care plan and any additions, they talk to me about or I talk to them to make changes."
- Care records demonstrated that care needs were reviewed, and people and their families had a variety of opportunities to contribute to this. One family member said, "Any changes to the care plan they listen and make changes."

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.

- The registered manager told us they had the resources to provide information in a variety of different formats according to the individual.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Care records included detailed information about people's hobbies and interests. The service had collated a list of resources and leaflets of activities run within the local community and shared this with the people they were supporting.
- The registered manager told us about a project they had begun to support people to engage in activities and reduce isolation. This had included taking people out for coffee and to the garden centre. The service has resourced equipment so that they were able to support people to have contact with their family members over the internet should this be something they wished to be supported with.

Improving care quality in response to complaints or concerns

- The people we spoke with told us they did not have any complaints but felt able to raise concerns with the office if needed. They told us, "Any complaints are dealt with." and, "Any problems... I call the office and they will make changes."
- Records demonstrated that complaints were investigated and oversight to monitor themes and trends were in place. Learning was shared throughout the staff team when appropriate, through supervision and staff meetings.

## End of life care and support

- At the time of the inspection the service was not providing support with anybody who required this type of support. We spoke with the registered manager about how they would support people with this care and they demonstrated they had a clear understanding of how to meet these needs and work with other appropriate services.

# 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.

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

- There was an open and honest culture within the service. Staff were valued for the work they did and felt positive about working for the service. They told us, "I love it here." and, "It's good here. They have supported me to develop."
- The registered manager would share positive feedback and sent staff thank you letters when they had received positive feedback for good practice. There were quarterly awards for staff which acknowledged staff performance, flexibility, reliability and team work.

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

- Staff told us they felt well supported and that someone was always available if they required support and guidance. One staff member told us, "There is always someone on call, there is always someone there who can advise you." and another said, "Communication is really good."
- The registered manager and nominated individual understood their responsibilities in line with the duty of candour and their responsibility to report events to the CQC through statutory notifications.

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

- The service had regular quality assurance calls with people and their family members. When areas for development were identified, action was taken to improve people's experience of the care they were receiving.
- People told us they felt involved in the service and said, "I have been asked for feedback with a questionnaire." "The office ask me how the care is." and a family member told us, "They welcome feedback."

Continuous learning and improving care; Working in partnership with others

- The service took opportunities to engage in training and meetings arranged through the local authority. This provided opportunities for new learning and the sharing of best practice.
- Team meeting were held and provided an opportunity for staff to discuss any issues, provide feedback from analysis of themes and trends, and drive improvement within the service.
- The service worked closely with other organisations to deliver a comprehensive package of care to people. This included working with district nurses and other health care professionals.

