

## Acute Need CIC

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### Inspection report

Unit 1A  
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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Acute Need CIC is a domiciliary care agency providing personal care for people living in their own homes. At the time of our inspection there were 8 people using the service.

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

#### Right Support:

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 had a choice in who supported them; staff knew people well and trusting relationships had been formed.

The support people received enabled them to maintain their employment and also to pursue leisure interests in their local area. The provider demonstrated a commitment to offering opportunities for people to reduce the risk of experiencing social isolation. Through the support offered there was also a real focus on supporting people to develop independence skills in all aspects of their life.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity, understanding and responding to their individual needs.

People received good quality care and support because appropriately trained staff could meet their needs and wishes. People could communicate with staff and understood information given to them because staff supported them consistently and understood their individual communication needs.

#### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the registered managers and staff employed. The provider had clear and effective governance systems in place which identified and managed risks through audits and regular reviews of people's support. People receiving support, and those important to them, were fully involved in the development and review of their support.

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 and update

The last rating for this service was requires improvement (published 26 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### 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.

# Acute Need CIC

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors. A regulatory co-ordinator also supported the inspection by making telephone calls.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 December 2023 and ended on 22 December 2023. We visited the location's office on 8 December and 14 December 2023.

#### 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 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 spoke with 2 people who used the service and 2 family members about their experience of the care provided. We received written feedback from 2 health/social care professionals who worked closely with the service.

We spoke with 8 members of staff including the registered manager, the nominated individual, nurses and support 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 4 people's care records and multiple medication records. We looked at 8 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure that robust safe recruitment practices were in place at the service. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People who used the service, and their family members, where appropriate, were actively involved in the recruitment of new staff. A person told us, "I helped to recruit my staff and I help with their training." All the staff we spoke with described a detailed interview and recruitment process.
- Sufficient numbers of staff were employed, and recruitment procedures were safe. Checks were carried out on all staff prior to starting their employment including Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Some of the interview records needed further detail recording to demonstrate prospective staff were being asked appropriate questions during the interview process. We discussed this with the registered manager and nominated individual who told us they would review their existing systems.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure appropriate systems were in place for the ongoing monitoring of risk. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to protect people from the risk of abuse.
- Since the last inspection, systems had been introduced which now demonstrated appropriate management oversight of the clinical care delivered to people by the nursing staff employed as well as by none nurse qualified staff operating under their supervision.
- Staff received training and understood the actions they must take if they felt someone was being harmed or abused.

- Staff also understood how to respond to, record and report incidents and accidents safely and told us they were confident any concerns would be treated seriously by the registered manager.
- Accidents and incidents were appropriately reported to external agencies. Records were reviewed on a regular basis to identify any lessons learnt. A family member told us the nominated individual had been, "Very proactive" when arranging to meet with them to discuss the lessons learnt following a recent event which had occurred.

#### Assessing risk, safety monitoring and management

- People who used the service also told us they felt confident in the ability of staff to keep them safe. Comments included, "I am still here live and kicking so they are doing things right" and, "I feel very safe with my support."
- People's needs were appropriately assessed and detailed support plans had been developed to minimise any risk to people's health and wellbeing. Staff told us the support plans were accessible and assisted them to provide safe care.
- When needed, people had detailed positive behaviour support plans which assisted staff to understand how to support them through periods of anxiety or distress. Staff demonstrated a supportive attitude and worked closely with other health and social care professionals to develop positive approaches. A family member commented, "I feel [Name] is settled and staff are consistent."

#### Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. Detailed and accurate records were maintained.
- Medicines were only administered by staff who had the correct training to do so. Regular checks and observations on the competency of staff to administer medicines were undertaken.

#### Preventing and controlling infection

- Systems were in place to protect people from the risk of infections. Staff had completed training and had access to adequate supplies of personal protective equipment (PPE).



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had not ensured they had protected people's rights under the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. When appropriate, referrals to the Court of Protection had been made and legal authorisations had been obtained.
- People confirmed staff sought their consent before delivering any aspect of care.
- Further detail was needed in 1 support plan to describe why particular restrictions were used with a person and how this had been deemed to be the least restrictive option needed to mitigate risk. We raised this with the registered manager who told us they would review this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure the system for providing and monitoring staff training and support was effective. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People who used the service and their family members spoke positively about the skills and competence of staff. People we spoke with told us they were involved in the training of their own staff team. Comments included, "I have no concerns about staff competency. The training is really good" and, "I enjoy having everyone round for training. It's something different."
- Staff received an induction when they started employment and completed the training they needed to support people effectively.
- All staff, including nursing staff received ongoing support through supervision and observations of their practice.

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

- People's needs were assessed before they received a service. Detailed transition plans had been developed to ensure people were offered a support service which met their needs.
- People confirmed they were involved in developing their support plans. We were told, "[Acute Need CIC] discussed my care needs and really involved me."

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

- Staff were aware of people's nutritional needs and had clear information within support plans with regards to this.
- Information within support plans, and people we spoke with confirmed they were supported with their dietary needs. This included staff providing assistance where needed to prepare meals, as well as to eat and drink.

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

- Staff worked with other agencies to ensure people received consistent, effective and timely care. Support plans reflected professional input and advice.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Respecting and promoting people's privacy, dignity and independence

- People were well treated and supported. People who used the service and their family members spoke positively about the care they received. A family member told us, "[Name] is always clean, shaven, looks well, eats well. The care is fantastic. Its brilliant."
- People also told us they were supported to be as independent as possible when being supported with their personal care and to develop new skills and experiences. For example, A family member described how their loved one's disabilities were not a barrier to accessing the things they liked to do. Acute Need CIC staff had supported the person to go ice skating and had also been mountain climbing.
- Staff spoke about people in a respectful manner and with fondness. They knew people well and how they liked to be supported. Several staff told us they had moved from other employers specifically to continue working with people who used the service.
- Support plans identified peoples' protected characteristics under the Equality Act 2010.

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

- Support plans and reviews demonstrated people were involved in making decisions about their care. People also told us they were fully involved in developing and reviewing their support plans
- . Staff met with people on a regular basis to discuss and agree personal outcomes and goals which people wanted to achieve. We observed there was a focus on achieving these personal outcomes through the support which was provided. A person told us, "[Acute Need CIC] involve me in every aspect [of my care]. They are client led and person centred."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; 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

At our last inspection the provider had not ensured that care planning was always effective in keeping a record of the decisions taken in relation to the care and treatment provided for people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People received personalised care which reflected their needs and preferences. A family member told us, "I can't fault them. They are fantastic. They have been outstanding."
- We also observed 1 person supported by a staff member who ensured the person was able to make appropriate choices and be in control of their decisions.
- People's social and cultural interests were an important focus when developing support plans with people. People were encouraged to develop and maintain relationships with family and friends to avoid the risk of social isolation.

### 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.

- The communication needs of people were assessed and reflected within support plans. Communication plans enabled staff to help ensure that people were communicated with in a manner they understood and was meaningful to them.

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

- There was a system in place for recording and responding to complaints.
- People confirmed they knew how to raise concerns and felt confident any issues would be addressed. One family member told us, "[The nominated individual] is very responsive. I am not afraid to raise a concern."

### End of life care and support

- Nobody was receiving end of life care at the time of our inspection.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving 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

At our last inspection the provider had failed to have an effective system in place to assess the quality, safety and regulatory compliance of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had registered additional activities to ensure they were now operating within the appropriate regulatory framework. Appropriate systems had also been introduced to ensure people were in receipt of safe care from staff who were appropriately trained and effectively supervised.
- The provider had also informed CQC they were now providing support to people with a learning disability and autistic people. We found support was designed and delivered in line with our guidance 'Right support, right care, right culture'.
- Audits and other checks undertaken to assess the quality of the service were effective in identifying and driving improvements.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service. This included responsibilities under the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to offer feedback about the service through regular contact with the registered manager and the nominated individual. There were localised staff and management teams to respond to any feedback raised. Comments included, "[The registered manager] is good. Very approachable" and, "We work in partnership."
- People told us that the service was person centred and achieved good outcome for people. One family member told us, "I think they are the best care company we have worked with."

- Staff told us they felt valued, spoke positively about the registered manager and about working for the provider and told us they felt listened to. A staff member we spoke with said, "I feel 100% supported by everyone and would be more than comfortable to raise any concerns I may have."

#### Working in partnership with others

- The registered manager and individual staff teams worked closely with other agencies and professionals to ensure good outcomes were achieved for people.
- Professionals who worked with the service spoke positively of these relationships and told us the provider was always responsive and flexible when responding to people's needs. This included supporting people through periods of distress or significant change.