

C&D Family Care Ltd

# C&D Family 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

C&D Family Care is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of inspection 84 people were receiving a service.

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

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed. We identified a discrepancy in documentation in regard to topical medications, however the registered manager immediately acted on this and rectified the issue.

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 felt safe with staff, who had the appropriate training and skills to provide care safely and effectively. The provider had systems in place to ensure people were protected from abuse and avoidable harm.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of infection.

Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. There was an ongoing process of staff recruitment to ensure people were supported safely and effectively. Staff received an induction and were supported through a programme of regular supervision and training.

People, relatives and health and social care professionals spoke positively about the service provided. People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with kindness, care and compassion, whilst respecting their privacy and dignity.

People were involved in their care and consulted when planning and agreeing their care and support needs. Close working partnerships with other agencies and health and social care professionals had been formed.

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 18/06/2019 and this is the first inspection.

### 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.

# C&D Family Care

## 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

This inspection was carried out by one inspector and an 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 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 a short period notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 17 August 2021 and ended on 23 August 2021. We visited the office location on 17 August 2021.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with five members of staff including the registered manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly worked with the service.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed appropriately. However, we identified a discrepancy in the documentation in regard to the administration of topical medications (creams). This was immediately acted on by the registered manager.
- Regular checks were undertaken to ensure people had received their medicines correctly and at the correct time.
- Checks were also undertaken to ensure staff were competent to safely support people with their medicines.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe while they were being supported by care staff and having them in their home. One person said "It does feel safe. It is quite pleasant having them around."
- Staff understood how to protect people from harm and had completed safeguarding training.
- The registered manager understood their obligations to report any concerns they might have in relation to people's safety.

### Assessing risk, safety monitoring and management

- People's care needs were assessed and recorded in their care files for staff to refer to.
- People told us their care needs were reflected appropriately. Risk assessments were detailed in people's care plans and had been reviewed and updated as appropriate.
- Environmental risk assessments had also been carried out prior to care commencing in the persons home.

### Staffing and recruitment

- The provider's recruitment process was robust and included background checks and references to ensure they were safe to work at the service.
- There were enough staff to support people safely. The provider made sure people received care from a consistent team of staff who knew them well. However, due to staffing there had been a small number of times different staff had had to cover certain shifts. One person told us "They are more or less familiar faces. Because I have two carers at a time, there's always one familiar face if one of them is someone new."
- The registered manager tried to match people to care staff and accommodate any preferences.

### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was promoting safety through the hygiene practices of the service.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The registered manager reviewed accidents regularly to identify any trends/risks and update people's care as appropriate.
- The provider had systems to identify and learn from any incidents and learning was shared with the staff team.



# 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 for this newly registered service. This key question has been rated 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

- Assessments of people's needs were shaped following input from health and social care professionals prior to their care package commencing.
- People and their families were invited to participate in the assessment process to enable staff to further understand people's needs.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively.
- The majority of people we spoke with told us that they believed the staff were well trained one person told us "They appear to be well trained because they get things right. I'd not thought about it before, but I suppose that shows they are well trained." However, we did receive a comment that staff did not always have an awareness of mental health needs. This was discussed with the registered manager during the inspection process.
- The provider had a robust supervision and spot-checking system in place. This ensure staff had the ability to discuss their role and the quality of the service was monitored.

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

- Care plans documented the nutritional and hydration needs of people using the service.
- People told us staff always checked what they preferred before preparing a meal or drink for them.

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, such as district nurses and social workers to ensure people's needs were met. Community based health professionals provided guidance to support people with ongoing health conditions. We received very positive feedback from professionals we contacted. One professional told us "We have a good working relationship with C&D Family Care and find them responsive and reliable. We have also had good feedback from patients and families."

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.

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.

- There was no one being supported by the service who required restrictions on their liberty to receive the care they required.
- People maintained control of their lives and their rights were protected.

# 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 for this newly registered service. This key question has been rated 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's lifestyle choices were respected.
- People spoke highly of the regular staff who supported them comments we received included "They are very friendly and will do anything for you. Sometimes, not very often, when I feel fed up at not being able to do things I have a little cry. They are lovely, they sit talking to me to help me feel better," "They are pleasant and have a sense of humour. They are really kind" and "I like the company, I get excited when they are coming."
- One family member told us "[Person] seems to get on with all of them. They laugh and sing together. The staff are very friendly and one or two go over and above what they have to do." Another told us "They are all lovely and nice, they are respectful to mum and her home."
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

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

- Care plans we looked at showed that people were involved in planning their care and we were told that people were asked on a daily basis. One person told us "They do ask my opinion. I like the same sorts of foods and they ask me which I want each time." Another person told us "They ask me what I want to eat and they cook that."
- Another person said "Someone asked me questions about what I needed help with and my needs and everything. I've got a folder they write in each day. It's in the other room, but I could look at it if I asked them to bring it to me."

Respecting and promoting people's privacy, dignity and independence

- Care plans contained information on how to support people with their independence.
- We were told that staff respected people's privacy. Comment we received included "'They wash my back and dress me. They absolutely respect my privacy. They respect my choices on what to wear" and "They are very respectful when they wash me."

# 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 for this newly registered service. This key question has been rated 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's care was planned around their needs and wishes. The registered manager worked with people, and those acting on their behalf, to ensure planned care continued to meet their requirements. People's care was regularly reviewed, and immediately if there was a change in someone's needs.
- Each care plan we looked at was specific to the individual. Each visit was planned and there was clear guidance on the person routine and how they wanted to be supported. One person told us "They've got a pink folder about what they are going to do for me and a bit about my needs. Staff write in there to show what they have done." A family member said "The manager came to mum's home and we talked about her needs and what they will do, it was fairly comprehensive."

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 provider assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for receiving and responding to complaints about the service. Guidance about how people could raise concerns was included in the information given to people.
- Complaints were used as an opportunity to learn and improve the service. The registered manager logged and investigated all complaints. We saw they provided a response to the person who complained. Any learning or actions taken to improve the service were shared with staff.

End of life care and support

- Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.
- The service worked with other agencies to ensure people were supported, where possible, to remain in their homes as they reached the end of their lives.

# 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 for this newly registered service. This key question has been rated 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 were assured they could contact the administrative office. People told us "I've got a phone number for the office but I don't need to phone because I'm alright with the carers." Another person said "I've got a number to phone the office, any time. I've phoned once and that worked well."
- Staff said that in regard to their role as care staff they were supported and enjoyed providing the care to the people in their own homes.

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 registered manager and staff team understood their responsibilities under the duty of candour. The provider had notified us of significant events, as required. The notifications showed the provider had been open and honest and shared information about incidents with relevant people.
- Policies and procedures were in place, including safeguarding, infection control, recruitment and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Staff received supervision and support from the registered manager and senior support workers to develop their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and staff worked with external professionals to ensure outcomes were achieved for people.
- Professionals we spoke with all told us that the communication with the provider was good and that there were no issues.
- Staff were supported to express their views and contribute to the development of the service at team meetings.

Continuous learning and improving care

- The provider was committed to the continuous improvement of the service.
- They assessed the quality of the service to identify how it could be further improved. Methods they used included regular reviews of people's care, regular observations of staff and audits.

