Stockport, East Cheshire, High Peak, Urmston & District Cerebral Palsy Society

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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

This inspection took place on 14 and 16 August 2017 and was announced. This was the provider's first ratings inspection. The service provides personal care to young adults and children with physical and learning disabilities in their own homes and the community. There were 11 people receiving personal care support from the service at the time of the inspection.

There was a manager in post who was in the process of registering with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from harm and the risk of abuse because staff and managers knew what to do if they suspected abuse. Risks of harm to people were assessed and minimised through the effective use of risk assessments. People were kept safe whilst their independence was promoted.

There were sufficient numbers of suitably trained staff to safely meet the needs of people. The provider followed safe recruitment procedures when employing new staff to ensure they were of good character and fit to work with people.

People were consenting to or when they lacked mental capacity were being supported to consent to their care and support.

Staff were supported and trained to fulfil their roles effectively. Staff were trained to administer people's medicines safely when required to.

People were supported to eat and drink food of their choice to remain healthy. If people became unwell or their health needs changed, staff gained the appropriate health care support in a timely manner.

People were treated with dignity and respect and their right to privacy was upheld. People were encouraged to be as independent as they were able.

People received care and support that met their individual needs and preferences. People's care was regularly reviewed and reflective of their current needs.

The provider had a complaints procedure and people knew who to and how to complain of they needed to.

People were asked their views on the service they received and there were systems in place to monitor and improve the quality of service.

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.

People were safeguarded from harm as staff knew what to do if they suspected abuse and followed the provider's safeguarding procedures.

Risks of harm to people were minimised through the effective use of risk assessments.

There were sufficient numbers of suitably trained staff who had been employed through safe recruitment procedures.

Staff had received training to support people with their medicines.

Is the service effective?

Good

The service was effective.

People who used the service were supported by staff who were trained and competent in their roles.

The principles of the MCA 2005 were being followed to ensure people who lacked capacity were being supported by their representative to consent to their care.

People were supported to eat and drink in a way that met their individual needs.

When people became unwell or their needs changed health care advice and support was sought.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were encouraged to be as independent as they were able to be.

People's right to privacy was upheld.

Is the service responsive?

Good

The service was responsive.

People received a service that was personalised and met their individual needs and preferences.

The provider had a complaints procedure and people knew how to complain if they needed to.

Is the service well-led?

Good

The service was well led.

People who used the service, their relatives and staff were regularly asked their views on the service and the provider was responsive to people's opinions.

The systems the provider had in place to monitor and improve the service were effective.

Staff were supported to fulfil and improve their roles.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 16 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to facilitate the inspection.

The inspection was undertaken by two inspectors and an expert by experience who made phone calls to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications that the provider is required to send us by law such as notifications of serious incidents and safeguardings'.

We spoke with one person who used the service, 11 relatives, four care staff, the head of service, the head of

service for children, the chief executive and a social care professional.

We looked at six people's care records and four staff recruitment files. We looked at the training records and the systems the provider had in place to monitor and improve the quality of the service.

Good

Is the service safe?

Our findings

People who used the service and their relatives we spoke with told us that they felt safe. One relative told us: "I know my son is safe", another relative told us: "They are very safe, definitely". All staff had undertaken training in the safeguarding of adults and children. A member of staff told us: "If someone told me about abuse at home I would record it, reassure them and pass the information on immediately to my locality manager". Another member of staff told us that they too would report any signs of abuse and if it was not dealt with they would whistle blow to other agencies such as us (CQC). A social care professional told us: "Yes, the service provided is safe. They have high standards for recruitment and training of their staff and they are careful to raise concerns promptly if safety or potential safety of children and young people becomes an issue". We saw that appropriate safeguarding referrals had been made to the local authority for further investigation. This meant that people using the service were being safeguarded from abuse.

People were supported to take risks to promote their independence. A relative told us: "I have so much trust in the carer I trust them to take my relative swimming". We saw that there were clear and concise risk assessments in place which identified risks to people whilst partaking in certain tasks and activities. We saw a risk assessment for one person who enjoyed gardening at a local garden centre and the use of gardening tools. The risk assessment supported staff to be able to fulfil the person's goal of volunteer work whilst maintaining their safety. A member of staff told us: "I would only support a person once I have read and understood their care plans and risk assessments so I know what to do to keep them safe". This showed that risks of harm to people were being assessed and minimised.

Some people who used the service became anxious at times and required support with their behaviour to prevent harm to themselves or others. Staff supporting these people had received training in positive strategies, initial interventions and reactive strategies to keep people safe. Risk assessments were in place and staff monitored and recorded incidents of behaviour. For example, we saw one person had a risk assessment for traveling in a car. The assessment stated that if the person became anxious they were to be offered a 'catalogue' as a distraction as this had been proven to be successful through monitoring. This showed that people were being supported to remain safe and manage their behaviour in a positive way.

People told us that there were enough staff available to deliver their support. No one we spoke with reported any missed visits or support. The relatives we spoke with confirmed that the carers arrived on time. One relative said "They are very rarely late. They are very good at being on time". Another said "They always turn up on time". All the relatives we spoke with told us that the carers stayed with them in line with what had been agreed at the initial assessment. A member of staff told us: "I do think there is enough staff, a lack of staff has never impacted on me or my service users. There is an on call if we need any advice".

The provider was actively trying to recruit through a recruitment drive. We saw that new staff were employed through safe recruitment procedures as references and checks were completed prior to an offer of employment. Pre-employment checks would include the completion of disclosure and barring service (DBS) checks. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

Most people using the service required minimal support with their medication as they were either independent or supported by their relatives. However, staff were trained to administer medication if necessary and specialist training was supplied if people had individual medication needs. One relative told us: "I am absolutely delighted that the Society has arranged for some of their staff to be trained by the local specialist diabetes team in the administration of insulin injections".

Good

Is the service effective?

Our findings

People were supported by staff who were trained and competent in their role. One relative told us: "My relative's carer is very competent and well trained". Another relative told us: "The carer is absolutely fantastic, a superb carer. She does exactly what my son needs". Staff we spoke with told us that they received the training and support they needed. One member of staff told us: "We are always training and updating our skills and I have regular one to one time with my manager". Another member of staff told us: "I have been spot checked a few times when on a care visit and I always get feedback and praise". We spoke with the training coordinator who showed us records of up to date training which the staff had received. We saw that training was also sourced dependent on people's individual needs, such as training for staff to administer rescue medication for one person.

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. We looked at six people's care records and could not see that people's capacity to consent to their own care had been assessed. We saw that people's relatives and representatives had been involved in the consent process but could not see that the person themselves had been involved. We discussed this with the head of service and the head of service for children and they immediately addressed this by implementing a MCA assessment process at the point of initial assessment to ensure that people's capacity to consent was assessed.

Staff we spoke with knew to seek people's consent. One staff member told us: "Some people don't have the capacity to make wise choices, like I support a person who is very overweight and I try to help them choose healthy food but ultimately it is their choice". Another member of staff said: "We have to assume people have capacity unless proved otherwise. My role is to offer choices and act on those choices; it's also to support people in decision making". Relatives we spoke with confirmed that staff sought consent from people before delivering care. This showed that staff were following the principles of the MCA and ensuring that people were offered choices and consenting to their care.

Most people required minimal support with eating and drinking, however staff who did support people with simple snacks had been trained in the safe food and hygiene practises. One staff member told us: "I have to support one person to choose gluten free food when we are out as they are gluten intolerant". Another member of staff told us: "I support some people with their meals, I follow their eating and drinking plans, everyone has one of them". We saw an eating care plan for one person which had recorded; [Person's name] likes all foods except spicy food. Encourage to eat salad and assistance is required with the cutting up of food. This meant that people were being supported to eat and drink foods of their choice and maintain a healthy diet.

People were supported with their individual health care needs. For example people who had epilepsy had clear and comprehensive plans detailing how to support them when they experienced epileptic activity and

staff had received training in how to support people with epilepsy. A relative told us: "The carer went above and beyond' when my relative had a seizure. The way that the carer dealt with that was fantastic. It shows how well trained they are and the carer stayed on late until the ambulance arrived". Staff we spoke with told us that if a person became unwell or their needs changed they acted and reported on it to ensure their health care needs were met. For example, one staff member told us: "Just recently I noticed someone I care for was struggling to get in and out of the car, so I reported it to my manager and we are seeking medical advice".

Good

Is the service caring?

Our findings

Relatives of people who used the service told us that staff treated their relatives with dignity and respect. One relative said: "The staff are very kind. My relative's carer is a marvel. It's like having a best friend". Another relative told us: "The staff are very caring, they are very friendly". One relative gave us an example of how they felt their relatives' dignity had been protected. They told us that they had been impressed when a member of staff had brought her relative back home to collect clean clothes after a toilet accident. This demonstrated that staff were caring and considerate.

Staff we spoke with demonstrated a kind and caring value base. One staff member told us: "I always have in mind, how would I like to be treated in their situation. It's about establishing a respectful relationship. I support someone who is blind and loves the countryside so I make sure I describe what I see to them".

People were encouraged to be as independent as they were able to be and involved in decisions about their care and support. Some people who used the service had recently been involved in the interviewing of prospective new staff and there were regular meeting for people who used the service to have input in how their service was run. This showed that people were being respected and their opinions being sought.

Staff told us how they offered people choices and how they respected the choices people made. The care plans we saw clearly stated what people were able to do for themselves and staff we spoke with demonstrated an understanding of respecting people's right to independence. One staff member told us: "I always provide choice to people and promote their independence all the time". Another staff member told us: "I let people do as much as they can for themselves until they ask for help".

Relatives we spoke with that they had no concerns around confidentiality or people's right to privacy. We saw a care plan for one person which had recorded 'the person was able to take themselves to the toilet and staff should stand discreetly out of the way so as to be on hand if they required any help'. This demonstrated a respect for the person's right to privacy.

Good

Is the service responsive?

Our findings

People who used the service received a service that was personalised and based on their individual assessed needs. Each person had an assessment prior to being offered a service; this was to ensure that the provider could meet their individual needs. We saw people's care plans and risk assessments were clear and comprehensive and regularly reviewed with people and their representatives. The provider was responsive to people's changing needs for example, a relative told us: "It's been agreed, at short notice, to change the times that my relative receives support to accommodate the need for me to visit another sick relative".

People's likes, dislikes and preferences were also recorded throughout the plans. Staff we spoke with told us that they ensured that they knew people's needs before providing care. One staff member told us: "I always make sure I read the care plans before I start working with a person". Another staff member told us: "I consider people's preferences, what they like and how I can make it a positive experience for them". This meant that people would be offered consistent care that met their individual needs and preferences.

People had a communication care plan and staff we spoke with demonstrated that they knew the people they provided support for. One staff member told us: "One person I support uses their eyes and say yes and they use their tongue to say no, you need to know the person. I have to ask closed questions so it is very clear what they want and don't want and another person I support becomes very vocal when they are enjoying themselves. You have to know people".

People's individual religious and cultural needs were respected. A relative told us: "We are members of a particular religious community, and our carer always respects our cultural traditions". Staff supported people to access the community and be involved in hobbies and interests of their choice. One staff member told us: "Most people like to go to the same places but we do try and expand their opportunities and horizons".

Relatives we spoke with told us that if they any concerns that they felt able to complain. The provider had a complaints procedure which was available in a 'property pack' in every person's home. The complaints procedure was also available in an easy read format for people with communication difficulties. Staff we spoke with told us that they would pass on any complaints to their manager. One staff member told us: "If someone had a complaint, I would document it all down, date, time and everything and pass it into my manager straight away. That has been drilled into us". We saw the complaints log and saw that complaints received had been managed according to the provider's policy.

Good

Is the service well-led?

Our findings

Relatives we spoke with told us that they felt the service was well led. One relative told us: "Yes, they are well organised". Another relative told us: "They responded to difficulties by restructuring". Another said "I think they are well organised. They are now planning ahead, sending out visit rotas a few weeks beforehand".

The service was going through a period of restructure and the manager told us that they were having difficulty in recruiting staff to the service. They had devised a recruitment strategy with adverts and incentives to encourage new staff to apply. The manager told us that there had been occasions that they had had to say no to new care packages as they did not have sufficient staff to meet their needs. This demonstrated that the provider was ensuring that they could safely meet people's needs before agreeing to offer care.

We saw there was a leadership structure with managers having clear responsibilities. There were monthly quality inspections conducted by the locality managers, which audited safeguarding issues and incidents. Staff performance was monitored through policy and procedures including the management of sickness absence. This meant that the quality of care being delivered was continually improved.

Staff we spoke with told us that generally they felt that the management were supportive. One staff member told us: "My manager is great and we have staff meetings where we can all get together. I love my job; I'm supported to do it. We have competency checks, so many observations a year to make sure you're up to standard and then you get feedback on it, and I've no complaints". Another staff member told us: "The management are very good; I would not have stopped so long if they weren't. They ask service users and their relatives for feedback on the support I provide and I get feedback on it to".

We saw records that confirmed that people who used the service, their relatives and staff were asked their views on the service in the form of quality surveys. The information gained from these was analysed and action was taken when issues had been identified. For example, the relative's survey had identified that people were not sure how to complain, so the property pack with the complaints procedure had been devised and reintroduced into everyone's home. This meant that feedback received from people was acted on to make improvements.

The manager responded immediately to our feedback during the inspection and implemented a comprehensive mental capacity assessment process to ensure they were able to evidence they were following the principles of the MCA. This showed that the manager and provider were responsive and committed to continual improvement to the quality of care for people who used the service.

The manager was in the process of registering with us (CQC) and was aware of their responsibilities within their CQC registration.