

Sefton New Directions Limited

# Sefton New Directions Limited - Domiciliary Service

## 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

Sefton New Directions – Domiciliary Care is a home care provider which offers domiciliary care services and personal support. The service provides care and support for people of all ages within their own homes. There were 220 people being supported at the time of the inspection.

People's experience of using this service

People told us they were settled and happy with the service provided by Sefton New Directions. They told they received their medicines on time and staff supported them when needed.

Arrangements were in place for checking people's home environment to help ensure it was safe and any obvious hazards were assessed, and plans put in place to reduce the risk.

People told us that staff had the skills and approach needed to help ensure they were receiving the right care. The service had been newly registered a year ago and managers were continuing to build a solid staff team. The service was staffed appropriately and consistently, and most staff had been employed for several years in care. They were experienced; this helped to develop positive relationships with people they supported.

People told us that they felt safe when being supported and no-one raised any concerns about their care; one person commented, "I feel safe whenever my carer comes."

There were a series of quality assurance processes and audits carried out internally and externally by staff and visiting managers on behalf of the provider. These were effective in monitoring the quality of the service. Feedback was gathered from the people being supported and their relatives.

The formal assessment and planning of people's care in care records had been reviewed and updated. Records reviewed contained very good detail of people's care needs and evidenced their involvement in the planning of their care.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Staff were regularly updated with necessary training.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests when required; the policies and systems in the service supported this practice.

Rating at last inspection:

This service was registered with us on 11 December 2018 and this was the first inspection.

Why we inspected:

This was a planned inspection based on the date of registration.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Sefton New Directions Limited - Domiciliary Service

## **Detailed findings**

## Background to this inspection

### The 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 checked 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.

### Inspection team

The inspection was undertaken by an adult social care 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 in the community as well as specialist housing. It provides a service to older adults and younger disabled adults.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service had a registered manager. 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

This was an announced inspection which took place over two days on 2 and 3 December 2019.

We announced the inspection as we had to plan interviews with people using the service and to ensure key staff were present when we visited the agency offices.

## What we did

Our planning considered information the provider sent us since being registered. This included information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority commissioners 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.

On 2 December we made phone calls to people using the service to gain feedback. On 3 December we visited the offices of the agency to speak with the managers and key staff as well as inspect records.

We spoke with nine people using the service and three family members to ask about their experience of care. We also spoke with the deputy manager [the registered manager was not available at the time], office staff and six members of care staff.

We looked at four people's care records and a selection of other records including quality monitoring records, training records, staff records, and records of checks carried out on equipment used for staff training.

# 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

- People told us they received support with their medicines and they were pleased with the overall management of medicines.
- Medication Administration Records [MAR] checked were easy to follow and showed that medicines had been administered on time by support staff. There were some minor recording anomalies which the deputy manager advised would be monitored by updating existing medication audits.
- Medications given only when needed [PRN] needed to have more detailed support plans rationalising their use.
- Staff were trained to administer medicines and their competency to do so was regularly monitored.

### Staffing and Recruitment

- Enough numbers of suitably qualified and trained staff were deployed to meet people's needs. Feedback from people and their relatives evidenced consistently good care by staff who did not miss calls and were always on time.
- All the people we spoke with said they were satisfied with the support they received; one person commented, "Everything about the carers' visits suits me very well: they come on time, when it suits me, if there's any problem they ring, and they never miss. I look forward to them coming."
- The provider had a recruitment policy that helped ensure staff were recruited appropriately and were suitable to work with vulnerable people.

### Assessing risk, safety monitoring and management

- Assessments were in place to identify potential hazards faced by people during their support as well as in specific activities and wider environments.
- All assessments were up to date and reviewed regularly.
- Regular safety checks were completed on the person's home environment Where people used equipment it was checked to ensure it was safe and met people's needs.

### Preventing and controlling infection

- Staff told us they had received training around preventing and controlling infection and had access to relevant guidance and information. Staff had adequate supplies of personal protective clothing to use when needed.

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

- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report

safeguarding concerns.

Learning lessons when things go wrong

- The service kept a record of any incidents or accidents that occurred.
- Individual accident / incident records contained good detail and a review of risk had been carried out, so any trends could be identified, and remedial action taken if necessary.



# 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.

Staff support: induction, training, skills and experience

- People and family members told us that staff had the skills and knowledge to provide the right support.
- Staff training was ongoing with all routine updates for staff well planned.
- Staff told us they were very well supported by the managers and the training plans in place. Some of these included training to support people using specialised equipment as well as training so that staff had good background knowledge of people's medical conditions. Staff training in end of life care was being planned.

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

- Standard assessments were completed and used to develop care plans. Assessments were obtained from health and social care professionals and used to help plan effective care for people.
- Care and support was planned and monitored in line with people's individual assessed needs. The care plans we reviewed evidenced well-planned interventions for people receiving personal 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.

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 linked well with people they were supporting and also with referring professionals to ensure people's ability to make clear decisions about their care and treatment was assessed.
- The manager and staff understood how some decisions could be made in people's best interest if they lacked the capacity to fully understand or consent.
- People and their relatives told us they were offered choice and control over the care they received. We were told that care staff would always explain and permission sought when they were about to do something different. One person told us, "I don't have any problems with asking for consent, I trust my carer."

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

- People and family members told us that staff supported people when needed at meals times. Care staff

would always make sure that people had food and drink available and place it in reach so that they would be able to eat in comfort. One person told us, "The carers make my meals. If they leave food or drinks for me, they always put it within reach because I can't walk at all."

- We were told in all cases care staff washed their hands and wore aprons for preparing and serving food.
- There was only limited reference to the importance of peoples oral care in care planning documentation. This was discussed as an area for more focus.

Supporting people to live healthier lives, access healthcare services and support

- People received additional support from healthcare professionals and this was recorded within their care records. The manager's and staff were aware of the processes they should follow if a person required support from any health care professionals.
- Professionals who commissioned support for people and work with Sefton New Directions told us that staff supported people well and liaised effectively regarding health-related issues when needed. One professional commented, "The support staff have demonstrated a willingness to work in a flexible manner when needed and this has contributed to managing risk and, in some cases, avoided a readmission to hospital."

# 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 were treated with kindness and were positive about the caring attitudes of staff. The feedback we received about the service was positive particularly regarding the approach of staff when carrying out care. Comments included, "If anything the carers are over-kind", "They treat me with respect, and they listen to me and do what I ask" and "They're lovely people. Always kind and considerate."
- Staff knew people well and had developed positive and warm relationships with the people they supported. One person commented, "They're very nice; they make time to have a talk and a laugh with me."
- Staff understood, and supported people's communication needs and choices. Care records included information on how people communicate their wishes as well as information about people's life history, likes, dislikes and preferences.

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed that personal care such as washing, and dressing was carried out in a respectful manner, and people's dignity was preserved. One person told us, "They're so careful to respect my dignity; they ask all the time if what they're doing is alright."
- People's individuality and diversity was nurtured. People were treated with equal respect and warmth and staff were able to talk about them as individuals.

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

- People were supported to communicate their views and were involved in planning their care. We saw that reviews of care were undertaken which included people's input and involvement as part of this process.
- People and family members were encouraged to share their views about the care they received with review meetings and surveys.
- People and family members told us they were confident in expressing their views about the care and support provided by staff and that staff and managers would always respond positively.

# 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 meet people's needs, preferences, interests and give them choice and control

- Care plans reviewed contained very good detail. They gave staff the information necessary to best meet people's needs. The plans were easy to follow and contained the specific care to be carried out each call.
- Care plans were written in easily accessible language and showed people were considered as individuals.

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.

- Care planning documentation contained information about how people liked to communicate, and any preferences were recorded. One person told us, "The carers are good at remembering even the little things."
- There were notice boards with easily accessible information on display in the services offices including the complaints procedure. There was also information available about the forthcoming general election [for example] which was also written in easily accessible format. This information could be accessed through the services newsletter which was sent out to people.
- The deputy manager advised us that further ways of making information accessible to people was ongoing.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. The registered manager had identified the need for staff to receive training in end of life care and this had been planned.
- There was a section on the assessments which included recording any planning or decisions about care. The deputy manager was able to give an example of where this had been used in the past.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the managers about their experiences of care; the service provided a range of ways to do this through care review meetings and surveys. People told us, "A lady from the office comes every few months to ask questions" and "We're asked for our opinions by phone, twice a year or so."
- Staff, people and family members were given information about how to make a complaint. They were confident that any complaints they made would be listened to and acted upon in an open and transparent way.

# 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.

### Continuous learning and improving care

- The service had a series of audits and checks in place to help identify any shortfalls in service provision. Results of key audits were fed through to the senior management team, analysed and improvements made if needed.
- The registered manager and the deputy manager liaised well to run the service. They were supported by a clear management structure. Care staff were also supported by care coordinators.
- The registered manager continuously worked with the senior management team to sustain improvements to the service. For example, developing staff awareness to support people at the end of their life.
- The manager had developed some links with external organisations to ensure they remained up to date with current practices. This meant that care and support provided was based on current evidence-based guidance, legislation, standards and best practice.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.
- When specific incidents occurred, these were documented through the services accident and incident processes. These were reviewed individually and collectively to look for any trends with care plans updated if needed.
- People and family members were overall confident in the leadership of the service. One person told us, "I've always found there was someone to speak to when I've rung the office, and they're all polite, helpful, and sort my things out for me."
- The registered persons sent CQC notifications as required, informing us of significant events at the service.

### Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service promoted a culture of person-centred care by engaging with everyone using the service and their family members.
- Staff understood the service's vision and felt valued. They told us they felt valued and trusted by the registered manager and provider.

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

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views through regular meetings.

#### Working in partnership with others

- The manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as other external agencies who supported best practice. The local authority commissioners who used the service had no issues of concern.