Care Needs Limited

Care Needs Limited Stockport

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

The inspection took place on 18 October 2016. The inspection was announced. This was because the service was a domiciliary care service and we needed to be sure that someone would be available so we could carry out our inspection.

Care Needs is a Domiciliary Care service that provides personal care and support to older people who live in their own home. The service covers the Stockport area of Manchester and at the time of our inspection provided support to 90 people.

The service had registered manager in place. The 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.

We spoke with support staff who told us that the registered manager was always available and approachable. Throughout the day we saw staff were comfortable and relaxed with the registered manager and each other. The atmosphere was relaxed and we saw that staff interacted with each other positively.

From looking at peoples care plans we saw that they were written in plain English and in a person centred. Person centred means they put the person first, not the service and made good use of personal history and described individuals' care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the registered manager.

Individual care plans contained personalised risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The daily records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP and care managers.

We spoke with people who used the service and their relatives via telephone calls during the inspection this showed us that people who used the service were supported in a person centred way by sufficient numbers of staff to meet their individual needs and wishes within their own homes and within the community. The recruitment process that we looked into was safe.

When we looked at the staff training records and spoke with the registered manager we could see staff were supported to maintain and develop their skills through training and development opportunities. The staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs.

We were unable to observe how the service administered medicines on the day of our inspection. We looked

at how records were kept and spoke with the people who used the service, staff and the registered manager about how staff were trained to administer medicines and we found that the medicines administering process was safe.

During the inspection it was evident from the feedback we reviewed that staff had a good rapport with the people who used the service. We received positive feedback from people and their relatives about the support staff.
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. Any DoLS applications must be made to the Court of Protection.

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. We checked to see if the service had procedures in place and was working within the principles of the MCA. At the time of our inspection no applications had been made to the Court of Protection. From speaking to staff and looking at the training records we could see that training for staff was provided regarding MCA and DOLS.

We saw a complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found that the service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views via an annual quality survey to collect feedback about the service.

We saw that staff had been actively involved in developing a 'do's and don'ts' staff handbook.

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

This service was safe.

There was sufficient staff to cover the needs of the people safely in their own homes.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

People who used the service knew how to disclose safeguarding concerns and staff knew what to do when concerns were raised and they followed effective policies and procedures.

People were supported in their own home with administering medicines.

Is the service effective?

Good

This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's needs and preferences.

People were supported to eat and drink to meet their needs.

Is the service caring?

Good

This service was caring.

People were treated with kindness and their dignity was respected.

People who used the service had access to advocacy services to represent them.

People were understood and had their individual needs met.

People had the privacy they needed and were treated with dignity and respect at all times.

Is the service responsive?

Good

This service was responsive.

People received care and support in accordance with their preferences and interests. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Care plans were person centred, enabled people to set goals and reflected individual needs, choices and preferences.

People, staff and relatives were knowledgeable of the complaints procedure and able to complain if they wished too.

Is the service well-led?

Good

This service was well led.

Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included; dignity, respect, equality and independence, which were understood by staff.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, complaints/concerns.

Care Needs Limited Stockport

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 18 October 2016 and was announced. This was because the service was a domiciliary care agency we needed to be sure someone would be available. The inspection team consisted of two Adult Social Care Inspectors. During the inspection we spoke with; six people who used the service. We also spoke with; the registered manager, service manager, seven relatives and four care support workers.

Before the inspection we checked the information that we held about this location and the service provider. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service and no concerns were raised by any of these professionals.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

We also reviewed five care plans, quality surveys, newsletters, evidence files, and five staff training records, five recruitment files, medicines records, safety certificates, and records relating to the management of the service such as audits, policies, procedures and minutes of meetings.

Good

Is the service safe?

Our findings

The person who used the service that we spoke with told us they felt safe having the registered provider supporting them in their own home. They told us; "Yes I'm safe. We have a key lock in place and the staff lock up when they leave." Another told us, "I feel quite safe, and I feel confident when they are with me."

When we looked at rotas and peoples care needs we could see that the service provided enough staffing levels to meet people's needs. We asked peoples relatives if they felt their family members were safe and they told us; "I have no concerns what so ever, yes there are enough and it's safe."

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. We could see from the records that previous safeguarding alerts had been raised and recorded appropriately.

The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. The staff had attended safeguarding training as part of their mandatory training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "I wouldn't wait until my supervision if I had concerns I would report them straight away." Another told us; "We do have a whistle blowing policy but I've never had to use it."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. The checks we looked at covered the following; entrance to persons home, lighting, path lights, door access, pets, grab rails, smoke alarms, electrical equipment and gas equipment. We saw that fire safety checks were carried out and the support staff were aware of how to evacuate the person's home safely.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that individualised risk assessments were in place in relation to the people's needs and these addressed risk taking as a positive activity and these covered activities such as; taking medicines and environmental risk assessments highlighting the risks of falling. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us the recording system. We saw examples where incidents had taken place with a person's sling and as a result staff received further training and the sling was replaced. This showed us that actions from incidents had been taken to ensure people were immediately safe.

During the inspection we looked at how new staff were employed and this showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring

Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults.

We were unable to observe medicines being administered in people's homes. However looked at the medicines administration record sheets (MARS) and these were reviewed monthly and were up to date with no missing signatures. When we spoke with people who used the service they told us; "My meds are done safely." Others we spoke with administered their own medicines and had risk assessments in place. This meant medicines were administered safely and recorded correctly.

People who used the service who had medicines that were to be used as and when required had protocols in place. These ensure that people are offered these medicines and given them when needed. These were written clearly in peoples care files that we looked at.
We found there were effective systems in place to reduce the risk and spread of infection. We found that staff had access to disposable protective gloves and aprons for carrying out personal care. One person who used the service told us; "The staff always wear gloves and aprons and I was told to tell Care Needs if not."

Good

Is the service effective?

Our findings

During this inspection we found staff were trained, skilled and experienced to meet people's needs. People who used the service and their relatives told us; "They are all very professional and they do a superb job." And a relative told us; "They do their job well, we have a very complex case with lots of problems and they're brilliant." Another relative told us; "The staff know what they're doing they abide by all the rules and especially when using the hoist. They do it all properly."

When we were speaking with the staff team we asked them if they thought they were supported to develop their skills and knowledge one staff member told us; "I love me job, not many people can say that but I can." Another told us; "Care needs are great at keeping your training up to date. I have palliative care training booked for next week." Another staff member told us; "I feel confident that I can make someone comfortable now when they are at the end of their life because of the training I have done."

We spoke with the staff member who did the moving and handling training and they told us; "We do meds training once a year. We regularly review the moving and handling training. If I find out any improvements or new moves I organise training. I also go out with staff to people's homes to assess the staff and to help them with anything."

For any new employees, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. The induction training provided to new starters was the care certificate and this is based on standards set by the Health education England called 'skills for care'.

Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files. Supervisions were also themed for example; safeguarding. One member of staff told us; "Yes we have unannounced supervisions at the home and we come in to the office for others and our appraisals every year."

We saw completed induction checklists, staff training files and a training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses covered specific long term conditions such as; dementia awareness. This was alongside mandatory training including; fire safety, infection control, equality and diversity, medicines and first aid and also vocational training for personal development in health and social care. The registered manager told us; "Staff get a handbook to complete around the service and their training."

Team meetings took place regularly and during these meetings staff discussed the support they provided to people in their homes and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. We could see this when we looked at the staff meeting minutes.

Individual staff supervisions were planned in advance and the registered manager had a system in place to track them. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues and their wellbeing.

Where possible, we saw that people were asked to give consent to their care and we could see in the person's care plan that they had been involved in the development of the plan. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

From looking in peoples care plans we could see that people were supported and encouraged to eat and drink healthily to meet their needs. Where people needed extra support and used a percutaneous endoscopic gastrostomy (PEG) we saw that staff were appropriately trained.

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. Any DoLS applications must be made to the Court of Protection.

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. We checked to see if the service had procedures in place to manage MCA and found that staff had received training in MCA/DoLS. At the time of our inspection staff were trained in MCA and DoLS and no applications had been made to the Court of Protection.

Peoples care plans covered general health and wellbeing. All contact with community professionals that were involved in care and support was recorded including; the community nursing team and GP. Evidence was also available to show people were supported to attend medical appointments.

Good

Is the service caring?

Our findings

When we spoke to the people who used the service and their relatives they told us without exception that the staff were caring and supportive and helped them with day to day living. One person told us; "The staff are brilliant, they really do keep me happy" Another told us; "Yes they are all very caring and we can also have a laugh together." One relative told us; "The staff are practically part of the furniture now. They have been our life saver and we really couldn't be without them."

From speaking with people who used the service and their relatives we established that people were respected by staff and treated with kindness. People told us; "I have no concerns with the staff. We can talk to each other about anything." One relative told us; "The staff are very polite and kind." Another told us; "They're marvellous."

Staff knew the people they were supporting very well. They were able to tell us about their life interests and preferences. We saw all of these details were recorded in their personalised care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times. Staff told us; "I always cover people up whenever we are moving or handling." Another told us; "I always make sure curtains and doors are closed." One relative told us; "Yes this is very important and I don't have any issues there, doors are closed and things are carried out respectfully."

From speaking with people and from the evidence in peoples care plans we could see how people were supported to be independent. One relative told us; "The staff do the things that [name] can't do." One staff member told us; "I always ask people first, give them options and ask 'can you do this?' as if you do everything for people they won't do it or they may even loose that ability. Obviously if someone was struggling with something I would help them." This showed us that staff respected the importance of people maintaining their independence.

We saw that there was information available for the person who used the service about advocacy. When we spoke with the registered manager and the staff about advocacy they were knowledgeable and know how to access advocacy support. We could see examples in peoples care files where advocates had been involved in supporting people. The registered manager told us; "We are supporting one person with an advocate at the moment." This showed us that people were encouraged to exercise their rights, be consulted and involved in decision making about all aspects of their care, treatment and support.

Good

Is the service responsive?

Our findings

The care plans that we looked at were person centred which meant they were all about the person and it put them first. The care plans were in an easy read format. The care plans gave an insight into individual's personality, preferences and choices. Some of the care plans had 'one page profile' in the care plan set out how people liked to live their lives and how they wanted to be supported. The care plan went into detail about how the person liked to be supported, what should be avoided. The care plans were reviewed regularly by the registered manager. The registered manager assured us that all the care plans would have a one page profile.

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw that people's care plans included were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives. We spoke with the staff member who was responsible for setting up care plans and they told us; "I go out to meet the person, their family and I carry out my assessment and we come up with the care plan together."

When we asked the staff about their understanding of person centred care they were able to share their knowledge and give examples of how they had responded to people in a person centred way. One staff member told us; "I see all of my role as person centred it is all about them. I treat everyone with respect it's all about their preferences and choices and they way we work is flexible to do this." Another told us; "I always make sure I spend time talking and asking people what they want. What they want to wear, what they like on TV, books or radio and what food they want to eat." Relatives were also able to share examples with us and one told us; "They are able to meet [names] preferences. [Name] wanted to change the time that they had a shower so the call time was changed to accommodate this."

The complaints policy that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw the most recent monitoring of complaints and we could see how complaints had been responded to and monitored appropriately. From speaking with staff and the registered manager and staff they were knowledgeable of the complaints procedure. One member of staff told us; "I have not had to complain but if I did I know what to do."

When we spoke with relatives they were aware of how to make a complaint and told us; "I haven't needed to complain but I know to call or go to the office if I needed too." Another told us; "I have raised an issue in the past and it was dealt with straight away, I was pleased."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager. A registered manager is a person who has registered with CQC to manage the service. The registered manager carried out regular spot checks to observe the staff team supporting people in their own homes and the registered manager used these observations to ensure quality care and support was delivered. One person who used the service told us; "The manager asks me what I think and they come out to check."

The registered manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements. The registered manager explained how safeguarding, complaints, human resources, accidents and incidents reports were monitored by their manager. Their Owner and previous registered manager was present at our inspection and was complimentary of the registered manager and they told us; "They have blossomed since taking up the registered manager's role."

The staff members we spoke with said they were kept informed about matters that affected the service by the registered manager. They told us that staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this. Staff we spoke with told us the registered manager was approachable and they felt supported in their role. They told us; "The management support is flexible and fair." Another told us "They are available when we need them." And "The manager has supported me with both work and my wellbeing."

When we spoke with relatives they told us that the registered manager was accessible and supportive, one relative told us; "I know where they are if I need them." Another told us; "When I have raised little things with the manager, not a complaint but little things then they are addressed."

We also saw that the registered manager enabled people and those that mattered to them to discuss any issues they might have. We saw how the registered manager adhered to company policy, risk assessments and general issues such as, incidents/accidents moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service at engagement meetings and through an annual quality survey. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service.

The service had a clear vision and set of values that included a person centred approach, consultation, confidentiality, dignity, independence and working in partnership. These were understood and put into practice. The service had a positive culture that was person-centred and open. The registered manager told

us; "I want to be able to provide flexible packages to people personalised calls that are not too short as they are not personalised. I want people to receive a service that doesn't feel like a service."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as the Local Authority and other social and health care professionals.

We found the provider had reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure at the main office, up to date and in extremely good order, maintained and used in accordance with the Data Protection Act.