

CN Healthcare Ltd

CN Healthcare Limited

Inspection report

2 Lower Road
Sutton
Surrey
SM1 4QW

Tel: 02086426870

Date of inspection visit:
09 March 2017

Date of publication:
10 April 2017

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 9 March 2017. This was the first inspection of this service since it was registered on 13 June 2016. CN Healthcare Ltd provides personal care and support to people in their own homes in Merton and Sutton. On the day of our inspection four people were using the service.

At the time of the inspection, there was a registered manager. 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 felt safe and were supported by staff who knew how to keep them safe. Risks to people's health and safety were assessed and appropriately managed and people were supported by appropriate numbers of staff.

Appropriate staff recruitment procedures helped to keep people safe.

People received the support they needed to safely manage their medicines.

Staff had the knowledge and skills to care for people effectively and felt well supported by appropriate training and effective supervision.

People were all able to make choices and decisions about their care sometimes with the support of their relatives.

People received support where they needed it to have enough to eat and drink and to access a range of healthcare services.

Relatives told us staff were consistently kind and caring and established positive relationships with people and with them. They told us staff valued people, treated them with respect and promoted their rights, choice and independence.

People were treated with kindness and respect by staff. We found there was consistency in the provision of care for people and this enabled caring relationships to be developed. People were supported by staff who understood them and their needs, wishes and preferences.

People and their relatives were able to be involved in the planning and reviewing of their care. Staff supported people to make day to day decisions.

People were provided with support that was responsive to their changing needs and staff helped people to maintain any interests they had. People felt able to make a complaint and the provider had taken action to

raise awareness of the complaints procedure.

We received positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and there were arrangements for people to be asked for their opinions via surveys. Action plans were developed where required to address areas for improvements.

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 received the support required to keep them safe and manage any risks to their health and safety.

There were sufficient numbers of staff to meet people's needs. Staff recruitment processes were appropriate to help keep people safe.

People received the support they needed to manage their medicines.

Is the service effective?

Good ●

The service was effective. People were cared for by staff who received support through appropriate training and effective supervision.

People were able to give consent for their care and they told us they were always asked by staff about the way they wanted their care and support offered to them.

People were supported to eat and drink enough and to have access to healthcare services.

Is the service caring?

Good ●

The service was caring. People were cared for by staff who had developed positive and caring relationships with them.

People were involved in their care planning and made decisions about their care.

Is the service responsive?

Good ●

The service was responsive. People received person centred support and staff were responsive to their needs. People's care plans were regularly reviewed and updated.

People felt able to raise any concerns and complaints were appropriately investigated and responded to.

Is the service well-led?

Good ●

The service was well led. There was an open and positive culture in the service and people were asked for their views about the service.

There was an effective quality monitoring system to check that the care provided met people's needs.

CN Healthcare Limited

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.

The inspection was announced and took place on 9 March 2017. The provider was given 24 hours' notice because the location provided personal care in the community and we needed to be sure that staff and the registered manager would be available to meet with us in the office.

It was carried out by one inspector. Before this inspection we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and safeguarding alerts.

We visited one person in their home and we spoke with them and their relative. We also spoke with one staff member and the registered manager. We inspected four people's care files and three staff files. We also looked at other records related to the running of the service. After the inspection we spoke on the telephone with one healthcare professional, two people and their relatives.

Is the service safe?

Our findings

The people we spoke with told us they felt safe with staff who provided care and support for them. One person said, "I am safe, the carer I have is very good, really reliable." Another person said, "Oh yes, this is a good service, safety is not an issue, I feel very safe." One of the relatives we spoke with told us, "[family member] is safe with this service; we do not have any concerns about their safety."

People were supported by staff who knew what to do to keep them safe. The staff files we inspected evidenced that staff received appropriate training for safeguarding adults. Staff knew what action they should take if they had any concerns. One member of staff told us they would not hesitate to report anything of concern to the registered manager or to the local authority safeguarding team. They described to us the different types of abuse that can occur and they said they felt confident that the registered manager would take appropriate action about any concerns reported to them.

We saw that comprehensive risk assessments were carried out by the registered manager together with people and their relatives. Any risks identified were assessed and managed so as to help to ensure that people received safe and effective care, reducing the likelihood of harm. Staff understood the situations when people might be at risk and ensured that they supported them appropriately. People's care plans contained information about how staff should provide support to people to help keep them safe. The care plans we looked at described how to manage risks whilst also supporting the person to carry out tasks for themselves. Staff told us they found this guidance useful in carrying out their work safely.

The registered manager said the risk assessments were carried out with an emphasis on positive risk taking which enabled people to carry out the activities they wanted to with safety measures in place. Staff told us they were made aware of different risks to people's health and safety and knew how to manage these safely.

People were supported by staff who knew how to safely operate any equipment they had in their home. Staff received training in how to operate different equipment people used, such as hoists to transfer people into and out of their bed and bath. The registered manager ensured all parties were happy that equipment could be safely used prior to a care package starting.

People and their relatives told us there were sufficient numbers of staff to meet their needs. One person said, "We have the one carer and that's fine for my needs." A relative said, "Yes there seems to be enough staff. They are always here when they are supposed to be here." On the visit we made to one person's home while they received care and support, we were told by the person and we saw that there were enough staff available to meet that person's needs. Staff attended on time, stayed for their contracted length of time and carried out the work expected of them.

We inspected staff files to check that staff recruitment was undertaken appropriately. We saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, two references, people's work histories and health checks, and identity checks as part of the recruitment process. The registered manager told us these

checks were an important part of ensuring they made safe recruitment decisions to protect people.

People told us they received the support they required to safely manage their medicines. One person showed us that they managed their own medicines with prompting support from staff. The person confirmed they took their own tablets but said they sometimes needed the prompt staff provided them to ensure they had taken their tablets. They told us this arrangement gave them more independence and control over their life. Another person told us, "Staff tell me when it's time for me to take my tablets, but I always do it for myself." The relatives we spoke with confirmed that staff provided the prompts people required to manage their medicines.

We saw that care plans for people contained clear information about what support, if any, they required with their medicines and this matched what staff told us. Staff completed medicines administration records where required to confirm whether or not people had taken their medicines and these were appropriately completed. The registered manager told us that only staff who had received training and support to do with administering medicines were allowed to support people in this way.

Is the service effective?

Our findings

People and the relatives we spoke with told us that staff were competent and provided effective care and support for them. One person said, "The staff are really good, they do everything that is expected of them and more." Their relative said, "I couldn't hope for a better service for my [family member]. They do exactly what is required of them and they do know what they are doing." Another person told us they thought their care was exactly what was required for them and they were more than happy with the care and support they received. Their relative said, "Oh we have had so many problems with other agencies before this one. This one is really good, that's why we have stayed with them. Neither of us would want a change now. The carers know what they are doing and that makes a change for us!"

When we inspected staff files to review their training and supervision and talked with people and staff, we found that people were supported by staff who were provided with relevant knowledge and skills through effective training and supervision. The staff we spoke with told us they received the training they needed to carry out their duties competently and felt the quality of training was good. One staff member said, "I have had good training, I have covered all the required areas relevant to my job. It's been very helpful for me."

Training records showed staff received training relevant to their role, such as moving and handling people safely, administering medicines to people appropriately and safeguarding people at risk of abuse. Staff's competency and understanding of their training was assessed. There was a system in place to ensure that training was refreshed at regular intervals and staff remained up to date with their training.

Support and guidance through supervision was provided for staff. When we spoke with them they told us they were well supported by the registered manager. One member of staff said, "I can discuss any issues I have with my work with the manager. I feel quite adequately supported actually, no problems there." Records we saw confirmed that staff received comprehensive supervision where they could discuss their work and any support they needed. However we noted that the frequency was four times a year. We discussed this with the registered manager and they told us that informal supervision of staff occurred on a weekly basis and he explained this supplemented the formal supervision. They however agreed that more regular formal supervision would be implemented for all staff with immediate effect.

The registered manager told us that new staff were provided with a thorough induction that covered all the agencies policies and procedures as well as shadowing more experienced staff. We saw evidence all new staff had completed the induction programme referred to. We also saw evidence that the registered manager carried out some "spot checks" annually. This was however not carried out regularly and at consistent intervals We discussed this with the registered manager and they agreed that this would be reviewed and would ensure these were carried out more regularly. The registered manager told us these checks were carried out to assess staff competency against the agency's quality standards. These standards addressed issues such as: did staff arrive on time? Were they seen to carry out the tasks set out in the person's care plan; did they wear their uniform and identity badge and was the person satisfied with the way their care and support was provided for them? The registered manager told us the important point of these "spot checks" was to provide constructive feedback where it was needed to staff in order to make

improvements where necessary. Staff told us they had also received an annual performance appraisal.

The Mental Capacity Act 2005 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.

All of the people in receipt of a service from CN Healthcare had the capacity to make their own choices and decisions, according to their wishes and preferences. A relative said staff were polite and professional and respected their family member's wishes. The person and the relatives we spoke with told us staff always asked for their consent before care and support was provided for them. The registered manager and staff told us that they would work with the person and where necessary their relatives and any health professionals such as the GP to ensure appropriate best interests assessments were undertaken. One member of staff said, "I always ask [the person] what they want and how they want things done." The provider had arrangements to support people with eating and drinking where this was part of their care package. The person we spoke with received support with their meal preparations and shopping for food. Their care plan gave detailed information about their likes and dislikes with food and drinks. We saw from our inspection of the person's file that staff monitored if the person was eating and drinking well or whether they needed to be concerned about their intake or take action. Staff had a detailed knowledge of people's support needs regarding eating and drinking. This support was provided in a way which met people's individual needs. The registered manager told us the focus was on enabling people to be as independent as possible and we saw this was the case when we visited the person at their home.

The people we spoke with told us that staff helped them to make healthcare appointments and, if required, would also attend the appointments with them. That person also said, "I am accompanied by my carer sometimes and when necessary to see the doctor or other health professional." Their relatives who we also saw spoke with confirmed this with us.

Is the service caring?

Our findings

People and their relatives were pleased with the staff who supported them and said they were caring. A relative said, "We are lucky with the carers we have had because they have been consistently here for us and this has allowed us all to build positive relationships. This has helped them understand my [family member's] needs and how they want their care and support to be given to them." We observed this to be the case during our visit to the person's home. Staff spoke in a warm and friendly way with people. It was evident that staff understood the person and were aware of their preferences about their care. Another relative said, "We always have the same carer for my [family member] and that is really good because they are autistic and benefit from consistency in their care."

The relatives we spoke with commented that staff seemed to be genuinely caring and had developed positive relationships with their family members.

The staff we spoke with told us they enjoyed working at the service and valued the relationships they had developed with the people they cared for. One member of staff told us, "I enjoy my work, it's something I have always wanted to do. So I am really pleased to be doing it now and I like spending the time with people."

The positive comments we received were also backed up by the information we saw in care plans. These contained information about people's likes and dislikes and how this impacted on the way they preferred to be cared for. Each person was described in a caring and individualised manner and the care plan gave staff clear information about what was important to people.

We saw that people were cared for by staff who understood the importance of protecting their dignity and respecting their privacy. We observed that staff spoke with people in a respectful manner. Staff told us they treated people as they would wish to be treated themselves and we observed that people were involved in all conversations. Staff explained how they ensured people's privacy was protected, such as by closing curtains and doors and encouraging people to carry out their own personal care where possible.

Is the service responsive?

Our findings

We asked people and their relatives for their views about the service and how the service made sure they received care and support that met their needs. They said they received an assessment visit from the registered manager before their care package started. They said they spent time talking about their needs, likes and dislikes and preferences for meeting their care needs.

The staff we spoke with had an in depth knowledge of people's care and support needs and how these had changed over time. Staff told us they were provided with sufficient information about people's needs and were updated when anything had changed. The care plans we inspected contained detailed and up to date information about people's needs. People and, where appropriate, their relatives were involved in the reviews of their care. A relative said, "They review my [family member's] care plan when their needs change. We are all involved in the process." The person concerned confirmed this and they told us, "I have specific needs and because of my diagnosed health condition they have deteriorated over time. We all decide the best way to help me with these things. Where I do have a choice I decide what I want to do and this is a part of the review of my care plan."

Staff supported people to carry out their social interests and this helped them to avoid social isolation. One person was escorted by staff to college every week. The person's relative told us they really enjoyed going to college and said without this help their family member would not be able to go. They told us in these circumstances their family member would become far more socially isolated. However with this assistance staff helped the person to attend something that greatly benefitted them.

The people we spoke with and their relatives told us they felt comfortable raising concerns and making a complaint and knew how to do this if needed. One person said, "I haven't got a complaint and I haven't had one. If I did I would certainly speak to the manager." The relatives we spoke with also felt they could make a complaint if required, but had not needed to do so.

We saw that the service had a formal complaints policy and procedure. The complaints procedure clearly outlined what a person should expect if they made a complaint. There were guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who might find the process of making a complaint difficult. The procedure also outlined the process for the complainant to follow if they were not satisfied with the outcome of the provider's investigation into their complaint.

The registered manager explained that complaints were often resolved informally. The service had a record of all previous complaints. When we examined this we found that the service complied with its own policy in terms of resolving complaints in a timely manner.

Is the service well-led?

Our findings

We found the service was managed by a suitably experienced and qualified manager who was registered with the Care Quality Commission. The people we spoke with said the service was well managed. The person who used the service and their relatives said that they had frequent contact with the office and the registered manager. They said they staff were committed to providing a good service for them. They said there was an open and transparent culture at the service. The service provided was person centred and met the needs of the people they supported. If they had a concern they felt they would be listened to and responded to appropriately. This showed that the service used the feedback from people to improve the services provided. Staff told us that they enjoyed working for the agency. They said it was professional and well managed.

The registered manager told us that they took seriously the need to continuously monitor the quality of the services they provided so that they had the information they needed to make improvements where they were needed. We saw there was a range of different methods in place to do this. An annual feedback survey was carried out for people who used the service, their relatives and health and social care professionals. They were asked for their views about the services provided. We were shown the evidence gained from the last feedback survey carried out in December 2016 in the returned feedback forms. All the returns were positive about the service.

We also saw evidence of "spot checks" made to people to see how care was actually being provided to people by staff. The registered manager told us if any concerns were identified during spot checks this was discussed with individual staff members during one to one meetings so the concerns were addressed. We were shown evidence of a service audit and quality assurance process carried out by the registered manager every three months. As an example this audit reviewed how well the service was meeting people's needs by looking at the effectiveness and appropriateness of the risk and needs assessments and the care plans. Other important areas such as reviewing incidents and accidents, safeguarding and complaints were seen as being part of this audit process carried out by the registered manager. We noted that feedback from the quality monitoring processes was used to ensure that services were of good quality. We also noted that the organisation had an improvement agenda that used the outcomes of quality monitoring to promote improvement and change.

Staff told us they felt confident calling into the office to speak with the registered manager. The staff we spoke with said they knew they could call in the office any time they needed to and they told us that communication with the registered manager was good. Staff said that this helped them to feel supported in their work and to be clear on the values and ethos of the organisation.

We saw staff were required to read the provider's policies and procedures and then sign to say they were understood. This helped staff to keep up to date with all aspects of carrying out their work and of the procedures to do with caring for and supporting people.

All the records that we inspected in the provider's office were well maintained and we found that the

information we required to see was easy to access and chronologically stored. This reflected on a well organised and efficiently run domiciliary care service.

The provider had sent us written notifications telling us about important events that had occurred in the service when required. They are legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that CQC were able to review the notifications and decide whether any action was needed on their part.