

CN Healthcare Ltd

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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 5 September 2018 and was announced. At the comprehensive inspection of this service on 9 March 2017 we rated the service as good overall and in each of the five key questions. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

C N Healthcare Ltd is a service which is registered to provide personal care to adults in their own home. At the time of our inspection there were five people using this service. This service is a domiciliary care agency. It provides a service to older adults and younger disabled adults.

The registered manager remained in post. 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 told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. Staff were aware of the whistleblowing procedures and knew how to use them.

The risks to people's safety and wellbeing were assessed and regularly reviewed.

The provider had processes in place for the recording and investigation of incidents and accidents.

There were sufficient numbers of staff available to help meet people's needs.

People were supported appropriately with the management of their medicines.

Staff completed training for good practice with food hygiene and infection control.

The provider met the requirements of the Mental Capacity Act 2005 (MCA) to help ensure people's rights were protected. Staff had received appropriate training and had a good understanding of the MCA. People and their relatives said staff sought their consent before providing care.

People were supported to access health care services as required in order to help them to stay healthy.

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 and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were given information about how to make a complaint and the people we spoke with knew how to go about making a complaint and were confident that they would be responded to appropriately by the provider. We saw evidence the registered manager responded to complaints received in a timely manner.

People and relatives were positive 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 continued to be rated 'good'.

Is the service effective?

Good ●

The service continued to be rated 'good'.

Is the service caring?

Good ●

The service continued to be rated 'good'.

Is the service responsive?

Good ●

The service continued to be rated 'good'.

Is the service well-led?

Good ●

The service continued to be rated 'good'.

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 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.

This comprehensive inspection took place on 5 September 2018 and was announced. The location provides a domiciliary care service and the managers were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with the two directors, one of whom is the registered manager. We reviewed the care records of the four people who used the service, and looked at the records of two staff and other records relating to the management of the service.

The provider gave us a list of people who used the service and a list of staff. After the inspection we spoke with four people and two relatives of people who used the service. We also spoke with a health and care professional.

Is the service safe?

Our findings

At this inspection the provider offered the same level of protection to people who used the service from abuse, harm and risks as at the previous inspection. The rating continues to be good.

People told us they felt safe with staff who provided care and support for them. One person said, "I am completely happy with my carers. I have found them to be very reliable." Another person said, "It's a good service, I wouldn't stay with them if it wasn't, I'd go somewhere else." One of the relatives we spoke with told us, "I have no issues at all with this service, I would not be using it for my [family member] if I did." Another relative said, "100% happy with the service, maybe even 150%!! They have been really good with my [family member], no problems."

People continued to be supported by staff who knew what to do to keep them safe. Staff received appropriate training for safeguarding adults and they 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 said they felt confident the registered manager would take appropriate action about any concerns reported to them. Staff told us they were aware of the whistleblowing procedures and knew how to use them.

Comprehensive risk assessments were carried out by the registered manager in conjunction with people and their relatives. Any risks identified were assessed and managed 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. Staff told us this guidance was useful in carrying out their work safely.

People and their relatives told us there were sufficient numbers of staff to meet their needs. One person said, "I only have one carer as I don't need two. The carers who visit me are pretty consistent and regular." A relative said, "Yes we get the right level of support to meet my [family member's] needs. They usually time up on time and stay for the agreed length of time. They let us know if they are going to be late."

Staff files showed staff recruitment was undertaken appropriately. 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.

Medicines continued to be administered safely. Where people needed some assistance with their medicines; a plan was developed for each individual person, so that appropriate assistance could be provided to people. Medicines administration records (MARs) were completed by staff and returned to the office monthly for auditing. MAR's were up to date and accurate. Staff received training in medicines

administration. Checks confirmed people received their medicines as prescribed by staff qualified to administer medicines.

People were protected from the risk and spread of infection. Staff records showed staff completed their food hygiene training in the last year. Staff were able to describe best practice when assisting people with their meals. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff received training in infection control and spoke knowledgeably about how to minimise the risk of infection. The care plans of people contained guidance for infection control.

The service continued to have a good system in place for the investigation and monitoring of incidents and accidents. Following an incident or accident occurring, staff were aware of the process to take to report the occurrence. Records showed that an investigation was carried out and an action plan developed if necessary. The provider logged accidents and incidents so that an analysis of these events could be investigated for any trends. We were told preventative measures were put in place where necessary. This process helped to keep people safe so they did not experience a repeat of the accident / incident.

Is the service effective?

Our findings

At this inspection people's care continued to achieve effective outcomes. The rating continues to be good.

Comprehensive needs assessments were drawn up together with the people concerned and their relatives. Detailed outcomes were agreed with people and included in their care plans. This enabled staff to have good knowledge of people's support needs, for example with regards to eating and drinking. The registered manager told us the focus was on enabling people to be as independent as possible and we found this was the case when we spoke with people.

People told us, staff provided "a really good service" and "the staff are professional and well trained and they know how to help me." Staff told us they received a good variety of regular training that helped them to carry out their jobs effectively. One member of staff said, "The training we get is good, varied and helps me to do my job fine." Another member of staff said, "We get yearly updates on a wide range of training. It's very helpful." All the staff completed induction training when they started work for CN Healthcare Ltd. People received care and support from appropriately trained and supported staff. This meant staff were well prepared to care for people. Ongoing training and support meant their knowledge and skill base remained up to date.

Training courses included safeguarding vulnerable adults, safe administration of medicines, manual handling, infection control, food hygiene, end of life care and conflict resolution. Training certificates were shown to us that evidenced staff completed these courses.

The provider had arrangements to support people with eating and drinking where this was part of their care package. One 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 supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

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.

People 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 relatives 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 whoever it is I am supporting what they want and how they want things done."

Is the service caring?

Our findings

At this inspection the provider offered the same level of care and kindness in the delivery of care and support to people as at the previous inspection. The rating continues to be good.

People and their relatives told us staff were caring towards them. They said they were happy with the care and support they received from their regular staff. One person said, "I am happy with the care and support I get. My carers are very caring and we know each other well, which helps." A relative said, "They treat [family member] really well, are very caring and attentive to their needs."

Staff were well aware of people's care and support plans and of their preferences for care. People told us their 'carers' were a regular group of staff members who provided support over the week. Staff we spoke with said they preferred to have a regular round of people to support as this helped them to build effective and caring relationships with the people they supported. This was not always possible for different reasons such as staff sickness. However, people told us they were cared for consistently.

Staff understood and promoted people's independence. People told us staff helped them do things for themselves and encouraged people to be as independent as possible. Care plans contained information about what tasks people were able to complete without support, with minimal support and what they needed more help with. There was a good level of detail about exactly what help people needed. This was designed to ensure staff did not do things for people that they were able to do for themselves thus promoting and maintaining their independence and quality of life. One relative said, "As a family we do as much as we can to support my [family member] but some things are better done by the carers. This is where it counts and is so important to us all."

People said they were involved in planning their care and support. The provider took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. The service provided to people was based on their individual needs and staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

People's privacy was respected and their dignity maintained. Staff informed us how they sought consent from people before they commenced any care tasks and, explained to us how they ensured people's privacy was maintained at all times when supporting them with personal care.

Is the service responsive?

Our findings

At this inspection the provider offered the same level of responsive care as at the previous inspection. The rating continues to be good.

People and relatives told us the service was responsive to their changing needs. One person told us, "We have a simple care plan that is in place and it details all the support we need. It is reviewed regularly every year or earlier if needs change."

People were assessed prior to accessing the service and these assessments were used to develop care plans that guided staff in how to meet people's needs. Care plans included information about people's life histories, likes, dislikes, interests and what was important to them. For example, one person's care plan showed the importance of the person's relationship with family members. Another person's care plan detailed their interests and how they could be supported in doing their hobbies.

People told us they received their visits at the right time and they were supported by regular staff who were familiar to them. One person told us, "They turn up at the right time, do exactly what is expected of them with kindness and compassion. They call us if they are going to be late or if another carer is coming." Relatives told us they valued having the same staff as they understood their family members' needs and routines. A healthcare professional told us, "We have good communication with the service. They always let us know about changes in the person's needs and they keep us posted generally."

People told us their care arrangements were adjusted to suit their needs. For example, times of visits could be altered or extended if people's needs had changed or they had other arrangements.

People's specific communication needs were identified in care records and included how communication needs were met. For example, one person could sometimes become anxious. The person's care record detailed the indicators that the person was becoming anxious and the actions staff needed to take in response to the indicators to relieve their anxiety.

Staff we spoke with knew people well. Staff told us they had access to information about people prior to visiting them for the first time and that care plans were detailed and person-centred.

People and relatives were confident to raise concerns and they would be responded to appropriately. One relative told us, "If I had a concern or a complaint I would talk to the manager straight away. I am sure it would be dealt with properly." One person told us, "I would talk to my carer if something was not right. They would sort things out for me." The provider had a complaints policy and procedure in place. Records showed that complaints had been responded to in line with the provider's policy and to the satisfaction of the person making the complaint.

At the time of our inspection there were no people supported by the service who were nearing the end of their life. The provider had an appropriate policy and procedure in place for staff to follow if the need arose

for end of life care. The registered manager had arranged end of life care training with a well-known hospice for staff to give them the required skills to support people and their families, should this be needed in the future.

Is the service well-led?

Our findings

The service was managed by a suitably experienced and qualified manager who was registered with the Care Quality Commission. People and their relatives said the service was well managed. The healthcare professional said, "This service is well managed. The carers are professional and work really well with people."

People and their relatives said that they had frequent contact with the office and the registered manager. They said the 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.

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.

A service quality assurance checklist was in place for each person who used the services. This was linked to the CQC fundamental standards of care and covered all the essential areas of care and support provided to people. It identified the quality of services provided in terms of fully met, partially met and not met. Where shortfalls were identified we saw action plans were put in place to rectify the issues.

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 June 2018 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. People and relatives confirmed these checks were carried out as described. 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.

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.