

C & S Care Services Ltd

C & S Care Services Limited

Inspection report

Regent House
Bath Avenue
Wolverhampton
West Midlands
WV1 4EG

Tel: 01902810174

Website: www.candscare.co.uk

Date of inspection visit:

28 June 2017

29 June 2017

30 June 2017

Date of publication:

09 August 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

C and S care services is a domiciliary care agency which is registered to provide personal care to people living in their own homes. At the time of our inspection they were providing personal care to 204 people. At the last inspection, the service was rated as good. At this inspection we found the service remained Good.

People told us they felt safe and staff knew how to manage people's risks. There were sufficient staff to meet people's needs and people received their medicines as prescribed.

Staff were well trained which meant people received effective care. People who received support with their nutritional needs told us they had choices in what they ate and staff respected them. Staff knew what to do should people require support from other healthcare professionals.

People and their relatives were enthusiastic about the care they received and told us staff were always kind and considerate. People told us staff respected their privacy and dignity and supported them to remain independent where possible.

People and their relatives told us they were supported by staff who knew them well and could therefore respect their choices in how they preferred to have their care delivered. There was a complaints system in place should people wish to comment on their care.

People, their relatives and staff all told us the service had good leadership and wouldn't hesitate in recommending the service to others. Staff told us they were supported in their roles by the management structure in place. There was a quality assurance system which meant the quality of the care people received was constantly being reviewed and improvements made where necessary.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

C & S Care Services 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 inspection took place on 28, 29 and 30 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in. The team consisted of one inspector and two experts 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. In this case their area of expertise was older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the provider and the service and looked at the notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We contacted the Commissioners of the service and the local authority safeguarding team to gain their views about the quality of the service provided. We used this information to plan our inspection.

During our inspection we spoke with 14 people who use the service and 12 of their relatives to gain their views of the service provided. We spoke with the registered manager and eight members of staff. We looked at 3 people's care records and 5 staff files. We looked at complaints and other records relating to the quality monitoring of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I would say I was safe. Because of my condition I am generally prone to falling. They are always keeping an eye on me. They know me well enough to anticipate when I am going to fall". Relatives we spoke to all told us they thought their family member was safe with staff and received safe care. One relative commented. "I know the girls I trust them so I know [Name of relative] is safe". Staff knew how to protect people from harm and gave us examples of how they protected people by understanding how to report any potential abuse.

Staff understood the risks to people's health and safety. They gave us examples of how they managed people's risks to keep them safe. For example, one member of staff told us how they protected a person by ensuring they are sitting upright when eating to minimise their risk of choking. We saw where people had assessed risks they were recorded in their care plan.

All the people we spoke to told us staff always turned up on time and provided the care they needed. One person said, "If anything, my carers usually stay over the time they are supposed to as it's usually 5 to 10 minutes after the time when they usually go from my home. They always ask me if there are any other jobs I need help with before they go and they always insist on making me another drink so that I have it to hand for when they've gone." Another person said, "They haven't missed a call in two and a half years". People told us their care was provided by regular carers and this was important to them. We saw suitable recruitment checks were completed when staff began working in the service and they were repeated every three years. This ensured they were always up to date and staff were safe to work with vulnerable people.

People who received support with their medicine told us they were happy with the support they received. One person said, "I have the carer help me with these [medicines] and she will place them on my hand and then give me a drink and once I've taken them, it gets written in the book so that it can be seen that I've had them every day." We saw the provider had a system in place to monitor if people received their medicines as prescribed and where there were omissions in the recording of people's medicines this was highlighted with staff and any necessary action was taken to ensure there was no repetition.

Is the service effective?

Our findings

All the people and their relatives we spoke to told us they were happy with the care they received. One person said, "I don't think they need more training. They go into the office for training". Another person described to us how they knew the staff were trained because without training staff would not know how to deliver the level of care they received as they were very specific and consistent in their delivery. Staff were enthusiastic about the initial induction when they began their employment and the subsequent training they received. They gave us many examples about how thorough the training was and how it enabled them to do their job professionally. For example, they described how the hands on medication training they received was invaluable and gave them confidence to do their job. People told us staff received regular spot checks from senior members of staff to ensure they were providing the right care.

The registered manager and staff told us all the people they supported had the capacity to make decisions about their care. People told us staff offered them choices in their daily care routines which enabled them to make their own decisions about their care. One person said, "There's always a choice. I can have what I want". Staff understood the need to gain consent from people before providing care and gave us examples of how people consented to their care when they were unable to speak.

People who received support with their meals told us staff respected their choices and understood how to support them to meet their nutritional needs. One person said, "They never mind what it is that I fancy eating, they will just make it for me". Another person added, "I'm a bit traditional and I do enjoy my old fashioned porridge made the proper way, none of this ready made microwave stuff. My carer makes it for me every morning and I have prunes with it. You just can't beat it!". Staff supported people to meet their nutritional needs.

Although staff did not support people to access other healthcare professionals, staff understood people's health needs and were knowledgeable as to what action to take should people require further support particularly in an emergency situation.

Is the service caring?

Our findings

All the people and their relatives told us staff were kind and caring and because of this they had developed positive and strong relationships with the staff who supported them. One person told us, "They give me a hug. They have got time to listen to you. Nobody comes in grumpy". A relative told us, "They are brilliant. I can't fault them. I hear them talking to her even though she can't talk back. They read a book to her".

People told us having the same regular carers meant that they knew their needs and preferences well and this meant staff supported them with dignity and respect. One person said, "[Name of member of staff] is like a mum to me. They always treat me with dignity". Relatives confirmed what people had told us and thought their family members were cared for by staff who understood how to treat them with dignity because they knew them well and understood their needs. Staff spoke fondly of the people they supported and gave us examples of how they provided care in a way which respected people's dignity.

People told us staff supported them to remain independent where possible. One person said, "I like to be able to do as much for myself as possible, so my carer comes every morning just to support me with my shower and to reach the backs of my legs that I can't reach myself. She is very good and although I know she thinks I'm struggling, she still lets me try as much as I can to do some myself". Staff understood the importance of supporting people to maintain their independence and gave us examples of how they supported people to remain independent as possible.

Is the service responsive?

Our findings

People told us they felt involved in their care and in developing their care plans. They told us they had regular reviews of their care to ensure they received the correct care which was responsive to their own individual needs. People gave us examples of how staff provided care which was in line with their expressed preferences. One person said, "I'm [age of person] now and rather set in my ways and there are right and wrong ways of doing things, which youngsters these days don't always agree with. However, I have to hand it to them although they probably think I'm batty, they will allow me to have things done how I like them to be done and they never complain". All the staff we spoke to knew people's choices and preferences and were confident in explaining to us how people chose to have their care and how they respected their choices. People received care which responded to their individual needs.

Most people told us they knew how to complain and felt confident they would be listened to. One person told us they had made a complaint in the past and the manager had resolved the problem immediately to their satisfaction. We saw the provider had a system in place to ensure when people complained they would be responded to appropriately.

Is the service well-led?

Our findings

People and their relatives told us the service was well led and that they would and had, recommended the service to other people. One person told us, "I would happily recommend the agency to other people and indeed I have already to my next door neighbour. I didn't do this lightly, but I can honestly say that I haven't once been let down and that goes a long way in my book."

At the time of our inspection there was registered manager 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.'

Staff told us they were supported in their roles. For example, having the same people to support and having a rota ready for them at the same time each week. They told us there was a positive culture within the organisation. The registered manager told us, "We have to understand people as individuals and we all work well as a team. We do our best to do everything we can do". We saw people were given the opportunity to comment on their experiences on how their care was delivered.

The provider operated a quality assurance system which highlighted where there were areas which required improvement. We saw that when necessary the appropriate action had been taken to improve the quality of the service. This meant people received safe and effective care which was responsive to their individual needs.

The registered manager was aware of their responsibilities to the Commission and knowledgeable about the type of events they were required to notify us of. Their latest inspection ratings were displayed appropriately and they could explain the principles of promoting an open and transparent culture in line with their required duty of candour.