

CSK Support 24 Ltd

# CSK Support 24 Ltd

## Inspection report

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09 March 2017

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection at this service on 27 and 28 July and 24 August 2016. We found the service was in breach of two regulations. These related to the recruitment procedures not being robust and there being ineffective quality monitoring systems in place to monitor the quality of the service provided to people, records, and medicines. After the inspection, the provider wrote to us telling us what action they would take to meet the legal requirements in relation to the breach.

We undertook a focused follow up inspection on 09 March 2017. The inspection was unannounced. We undertook this focused inspection to check that they had followed their action plan and to confirm that they now meet the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for CSK Support 24 Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

CSK Support 24 Ltd are registered to provide personal care and support to people that live in their own homes. People who used the service had a range of support needs. At the time of our inspection 24 people used the service.

There was a 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.

The provider had taken action and the legal requirements had been met.

Improvements had been made to ensure the recruitment procedures were robust. The provider ensured that staff provided all the appropriate documentary evidence so that they could carry out the necessary checks of their fitness to work with people using the service. Systems were in place to audit and monitor the recruitment practices.

The provider had made sufficient improvements to monitor the quality of the service provided. This included monitoring the call times people received their service, auditing of care records, and medicine records. Communication had been improved to ensure people could contact the office staff and out of hours duty person when they needed to. Care records had been updated to ensure staff had the information they needed to deliver support in accordance with people's preferences.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve how safe the service was.

The provider's recruitment practices had been reviewed and made safe.

This meant that the provider was now meeting legal requirements.

We could not improve the rating for Safe from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

We found that action had been taken to improve how well-led the service was.

People were satisfied with the timing of their visits and were positive about the communication and responses they received from the provider.

The provider had implemented audits to continuously monitor the quality of the service provided.

This meant that the provider was now meeting legal requirements.

We could not improve the rating for Well led from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# CSK Support 24 Ltd

## **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.

We undertook an unannounced focused inspection of CSK Support 24 Ltd on 09 March 2017. This inspection was done to check that improvements had been made to meet legal requirements planned by the provider after our comprehensive inspection on 27 and 28 July and 24 August 2016 had been made. We inspected the service against two of the five questions we ask about services: Is the service safe and is the service well-led? This is because the service was not meeting some legal requirements in this area.

The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included the provider's action plan, which set out the action they would take to meet legal requirements.

We spoke with four people, three members of staff, the registered manager and Human Resource manager. We looked at six recruitment files and the care records for five people. We looked at the systems in place to monitor the quality of the service.

# Is the service safe?

## Our findings

At our comprehensive inspection on 27 and 28 July and 24 August 2016 we found that the systems in place in relation to recruitment were not robust. We found that employee recruitment records we reviewed showed that gaps in employment history had not been accounted for. Risk assessments had not been completed to detail the safeguards that had been put in place to protect people from risk. This was regarding staff who had commenced working with and supporting people before their Disclosure and Barring Service (DBS) checks had been received. A DBS is a check undertaken to ensure staff are suitable to work with people. Recruitment files had not been audited to ensure safe recruitment practices were being followed. This was a breach of Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014.

At this focussed inspection we reviewed the provider's recruitment practices and found they had made the required improvements to ensure they were meeting Regulation 19.

All of the people we spoke with told us they felt safe when being supported by staff. One person said, "Yes I feel safe when the staff come and visit me. I have no concerns or issues with them". Another person said, "The staff are fine, they treat me well and yes I feel safe". Staff we spoke with all confirmed they had provided recruitment information. One staff member said, "Yes I provided references, police check and lots of other information before I was allowed to start work". Another staff member told us, "They asked me to bring information in and lots of checks were done including a police check before I started working for them".

We reviewed the records for the last six people recruited by the provider. We found that a full employment history had been recorded and references had been obtained. Five staff had DBS checks obtained before they commenced employment. We saw that one staff member had started their employment whilst the provider was still waiting for this check to be returned. The provider advised us that this was due to short staffing over the Christmas period. The provider had completed a risk assessment detailing the measures that were put in place to safeguard people from risk. This included the staff member working with experienced staff and the provider gaining feedback from people the staff member supported. The provider has implemented a system to continually monitor and check staff member's suitability to work with people. All of the staff had been made aware that they should inform the provider if they had any information regarding their on-going suitability to support and work with people. The provider had performed an audit of the recruitment files for all the staff they had employed to ensure safe practices were being followed.

# Is the service well-led?

## Our findings

At our comprehensive inspection on 27 and 28 July and 24 August 2016 we found people had experienced some difficulty trying to contact someone either at the office or when calling the out of hours number. We found systems to assess and monitor the quality of the service people received, were not effective as people had received missed or late calls without any communication from the provider. We found that audits were not in place to monitor the quality of the care records, well-being records, medication records and recruitment procedures in order for shortfalls to be identified and improvements to be made. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

At this focussed inspection we found that the provider had taken action and made the required improvements to ensure they were meeting Regulation 17.

We spoke with people to ask for their views of the service in relation to the timing of their calls and communication from the office since our last inspection. Their comments included, "Things have much improved. I have no problems getting hold of someone now and the phone is always answered. The timing of my calls are much better and if staff are going to be a little late I do get a telephone call informing me of this". "Things are better. Communication has improved and the phone is answered and I get told in advance if there are any problems with my visits. I am satisfied with the service I receive now".

We saw that the service provided to people was now closely monitored using the electronic system that was in place and this provided details for each late and missed call that had occurred. Where this was due to staff performance issues we saw records of the action that was taken to address this with them. Since our last inspection the provider has changed telephone companies and there has not been any issues with people not being able to contact the office or the out of hours on call person.

Care records that we reviewed contained information about people's needs and preferences to ensure staff had the required information to be able to provide appropriate support. The registered manager advised us that they were not currently supporting any people with complex needs. Therefore we were unable to check if improvements had been made to care records to ensure staff received guidance on the strategies to use to support people appropriately. The registered manager assured us that detailed support plans would be completed. We will monitor the progress in this area on our next visit to the service.

Records showed that audits were now in place. We found that medicine records and daily well-being records were returned to the provider's office on a regular basis in order for checks for omissions and errors to take place. We saw that where shortfalls had been identified the action that would be taken was recorded. However we did identify some shortfalls that the provider's audits had not. This included staff recording that cream was applied to people's legs when this was not part of their care plan, and staff recording that medicines had been administered when people's care plans detailed they were self-medicating. The provider was able to demonstrate that they had raised these recording issues previously with staff in meetings and through sending memos. The provider acknowledged that the audits needed to be more robust in order to identify these shortfalls so that action could be taken to drive improvements.

