CCS Homecare Services Ltd

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Inspection report

Progress Business Centre
Unit 2, Whittle Park Way, Bath Road
Slough
Berkshire
SL1 6DQ

Tel: 01628600412
Website: www.comfortcareservices.com

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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

About the service: CCS Homecare Services Limited provides a domiciliary care service and support to people in supported living accommodation. Approximately 72 people used the service at the time of our visit. People had a range of needs, including younger adults with learning disabilities, people with mental health problems, older people and people with dementia.

People's experience of using this service: People were supported by enough staff to care for them and keep them safe. Staff had training in key skills, understood how to protect people from abuse and managed safety well. Staff assessed risks to people and kept records up to date. Where people were supported with their medicines, this was managed safely.

Staff provided good care and supported people to eat and drink where this was part of the agreed care package. Managers monitored the service to make sure it met people's needs in a safe and effective way. Staff worked well together. They treated people with compassion and kindness, respected their privacy and dignity and took account of their individual needs. People were supported to be as independent as they could be. People's equality and diversity needs were well met at the service.

The registered manager and other leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values and how to apply them in their work. Staff felt respected, supported and valued and were clear about their roles and accountabilities.

The provider kept us informed of any significant events and worked well with us and other external agencies to monitor and improve people's care. Action was taken when things went wrong or people made complaints. We have made a recommendation relating to the duty of candour requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

Rating at last inspection: The service was rated 'Good' at the last inspection on 16 December 2016. We published our report on 18 January 2017.

Why we inspected: The inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

CCS Homecare Services Limited

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector. An expert by experience made telephone calls to people who use the service and relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was care of older people and people with learning disabilities.

Service and service type:
This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service additionally provides personal care to people living in their own houses. It provides a service to older adults and younger adults with disabilities.

The service is required to have a registered manager. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was announced. Inspection site visit activity started on 29 May 2019 and ended on 10 June 2019.

What we did:
We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.
We contacted 24 social care professionals, to seek their views about people's care. This included the local safeguarding team and commissioners of the service.
We spoke with the registered manager and six staff members in a range of roles.
We spoke with seventeen people who use the service and relatives.
We visited one of the supported living properties to meet staff and people who used the service.
We contacted 65 staff by email, to invite them to provide feedback about the service.
We checked some of the required records. These included five people's care plans, one person's medicines records, six staff recruitment files and staff training and development files. Other records included auditing reports, a sample of policies and procedures and complaints.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
• The people we spoke with told us they felt safe being supported by the service.
• Staff undertook training on safeguarding people from the risk of harm. There were procedures for them to follow if they were concerned about people's welfare. Staff told us they did not have any concerns about how care was delivered and what they were expected to do. One care worker told us "I do not have any concerns about how care is delivered. I am confident and happy that all of my colleagues who I work with provide very high quality care and support towards the service users. I feel like they all know how to talk to the service users in a way that makes them feel comfortable and respected."
• Managers knew how to make referrals to the local authority safeguarding team, when required. They additionally notified us of any safeguarding concerns, so we could see what actions were being taken to protect people.
• The service made improvements following safeguarding incidents. This included taking appropriate action where staff had not carried out care to the expected standards.

Assessing risk, safety monitoring and management:
• Written risk assessments were in place to identify potential hazards and minimise the risk of injury or harm to people. These included assessment of people's home environment and supporting them with activities of daily living. For example, transferring, dressing and bathing. People's mental health and risk of suicide was also assessed.
• Appropriate measures were put in place where risk assessments identified potential hazards. For example, if two care workers were needed to help people reposition safely.
• Staff received training to keep people safe. For example, moving and handling, fire safety awareness and basic life support.

Staffing and recruitment:
• People were supported by care workers who had been robustly recruited. This included a check for any criminal convictions and inclusion on lists which would make them unsuitable to work with people at risk. Other checks included obtaining written references, proof of identification and the right to work in the UK.
• Staffing rotas and schedules were in place to ensure people had the support they required.
• There were appropriate systems in place to support staff out of hours and in emergencies. Staff told us managers were always available if they needed advice, including in emergency situations. One care worker said "I know where I can find the number for the out of hours duty manager. When I do phone them, they have always answered my call and provided me with the right support on what I should do in a given situation." Another care worker told us "We are supported very well by our managers….any advice or emergencies/problems we have they are always there to answer the call. We have the on-call manager as well every day if we need to contact them."

• Care workers told us they had enough time to provide the support people needed. Comments included "Most of our clients are elderly and we do our best to give all the time that they need" and "I get enough time to carry out tasks on people's care plans. If there isn't enough scheduled time then management will usually book the time for you to carry out other tasks and responsibilities."

Using medicines safely:
• People's medicines were managed safely. Risk assessments were written to assess if people were safe to manage their medicines themselves. Information was recorded if people's family members supported them with their medicines.
• Checks were made to ensure medicines were stored safely. The risk assessment tool contained prompts to check if the person took more than four medicines per day. If they did, there was a control measure to check with the GP about side effects.
• Staff received training on safe medicines practice. Their competency to administer medicines was assessed before they were permitted to do this alone. One care worker said "I have received a lot of medication training during my induction training so I feel very comfortable administering medication. I was also required to pass three practical medication tests with my manager, which I felt was a very good part of training to make me feel confident."
• Records were kept of when staff had given people their medicines. These were in good order.
• Staff told us they were informed of any changes to people's medicines. Comments included "Any medication changes would be updated on that person's medication plan, the stock sheets, the medication administration record and this would also be communicated in the staff communication book. I would also make sure that I updated on-coming staff during handover if any new medication came in for a service user and staff handing over to me would do the same." Another care worker said "We are always kept up to date on changes, especially medication changes. These are always documented."

Preventing and controlling infection:
• There were infection control procedures and training for staff, to prevent the spread of infection.
• Infection risks were assessed for each person who used the service. This included any air or blood-bourne diseases and open wounds, for example. Appropriate control measures were in place for care workers to follow, such as recommending influenza vaccination, instruction to wash hands frequently and wearing personal protective equipment.
• Staff had access to disposable protective items such as gloves and aprons to help maintain good hygiene when they supported people.
• People who used shared supported living services were encouraged to wear disposable aprons when they cooked food or undertook baking activities.

Learning lessons when things go wrong:
• Appropriate action was taken if people had accidents, to help prevent recurrence.
• The service received information about national and local safety alerts, so action could be taken, if required.
• The provider and registered manager complied with any requests made by the local authority or CQC regarding enquiries or investigations.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Ensuring consent to care and treatment in line with law and guidance:
• People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
• Technology was used to monitor the whereabouts of a person we met. They understood what the device was for and agreed to it being used for their safety.
• People's capacity was assessed. Best interest decisions were made on people's behalf where they lacked capacity. This involved interested parties, such as relatives and community professionals.
• The service had obtained copies of Lasting Power of Attorney documents, where applicable. This ensured the service had satisfied itself it consulted the right people who had legal authority to make decisions on other's behalf.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People's needs, choices and preferences were recorded in their care plans.
• A comprehensive assessment of care needs was completed before a service was offered to people. This included assessment of physical and mental health needs and took into account any needs related to disabilities, communication and cultural needs.
• The registered manager said they would respect people's wishes if they had a preference for the gender of staff who supported them.

Staff support: induction, training, skills and experience:
• People were supported by staff who completed an induction before they worked unsupervised. New workers complete the Care Certificate. The Care Certificate is a set of nationally-recognised standards all care workers need to demonstrate in their work. The standards include communication, privacy and dignity, equality and diversity and working in a person centred way, as examples.

• Staff were supported through regular supervision and training. Staff told us they felt supported in their roles. Comments included "I am supported by management in my role, particularly my line manager. If I am unsure about anything, I am confident that I can phone my line manager to ask for advice…supervisions with my line manager are also there to give me the opportunity to discuss my progress/performance and any issues, if I had any." Another care worker told us "I had a week's induction before I started work then three weeks shadowing. My training is updated regularly, such as health and safety and first aid." Other comments included "We are always given training to meet the needs of everyone we support and have regular supervision to see how we are doing or if we need any further training we are given it." "There have been several courses that I have attended…these have been beneficial to me in real life situations, such as breakaway training."
• Staff meetings took place to discuss practice and ways of working, to help ensure people received consistent and good quality care.

Supporting people to eat and drink enough to maintain a balanced diet:
• People's nutrition and hydration needs were identified in their care plans. Any support people needed to buy food and choose meals was also provided, where appropriate.
• People were encouraged to be involved in meal preparation and baking.
• Care plans recorded if people's family members supported them with meals and shopping.
• Staff followed specialist guidance to ensure a person received their nutrition in a safe way.
• Food and fluid charts were put in place where needed, to monitor people's intake.

Staff working with other agencies to provide consistent, effective, timely care:
• Staff worked well together and with external agencies, such as GPs and local authorities.
• Information was shared amongst staff during handovers, through using communication books and in staff meetings. Staff told us there was good communication at the service and they were kept abreast of any changes to people's care requirements. Comments included "We have a staff meeting each month which covers everything…including service users' updates…All staff have to read the comms book when they come on shift, which should contain any updates to medication and reference any documents that need checking."

Supporting people to live healthier lives, access healthcare services and support:
• People were encouraged to live healthy lives. This included making healthy choices and exercise. One person told us they had lost weight, by choice, and followed a healthy eating plan.
• Care plans identified any support people required to meet their healthcare needs, such as annual health checks, dental and podiatry appointments.
• The service referred and liaised with other agencies about people's care as and when needed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care:
• People were happy with the care and support they received.
• We read some of the compliments the service had received. They included "I would like to thank you for the service I have been provided with by (name of care worker). She is always helpful and knows what she's doing. She makes an effort every day and it means a lot to me. Everyone else is nice too, but (name of care worker) is outstanding." A community professional said "I am very pleased with the care the staff are giving to my client. I always find him calm and well presented. The interactions between staff and the service users are lovey to watch." Other comments included "(Name of care worker) looks after me well, I like (name of care worker), she is a caring person" and "(Names of staff)...really create a nice homely atmosphere. They work together as a team and are caring and friendly."
• Staff treated people with respect. This was also reflected in the tone of care plan documents and how daily progress notes had been written.
• Staff responded appropriately when people were distressed or anxious. We heard staff focussed on people's positive achievements. Staff answered people patiently and politely when people asked repetitive questions.
• People were involved in decision-making about their care.
• The provider sought people's feedback about the service through telephone calls and use of questionnaires. Any comments were followed up by the registered manager.

Respecting and promoting people's privacy, dignity and independence:
• People said the support they received helped them to be as independent as they could be. We saw people were involved with activities of daily living and accessing the community.
• People said they were treated with dignity, their care records were written in a manner which promoted this.
• People were supported to have relationships, where they could consent to these. The service worked with other agencies and directed people to appropriate support to enable them to have sexual relationships.
• Feedback from compliments included "Thank you very much for your help and care for (name of person). She is having some excellent support which is having a huge impact on her and her recovery." Another compliment included "(Names of staff) are being so supportive, they have made me feel confident, the advice they give to me is personalised for me and (they) speak in a calm and understanding manner."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• Care plans were in place for each person. These identified people's needs in relation to a range of areas including protected characteristics under the Equality Act (2010), such as age, disability, ethnicity and gender.
• People received a person-centred approach to their care. We read about people's recent achievements in the provider newsletter. These included supporting one person to increase their daily living and social skills. The person had then been able to undertake voluntary and paid work placements as a result of this. Another person had been matched with a support worker who spoke the same language. This had helped meet their cultural needs, integrated them into the community and prevented social isolation. Other examples included a person who had been supported to travel independently to work and another person who had increased their independent living skills. They had then been able to travel abroad to spend time with their family.
• The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service had assessed people's communication needs as part of their initial and on-going care needs assessments. This included any aids people needed to communicate effectively. For example, whether people wore glasses or required hearing aids.
• We saw examples of how some information was provided in accessible ways. For example, support plans and laminated communication cards. Some people used Makaton, which is a sign language. Where this was the case, the service promoted 'signs of the week' so that staff could learn these and improve their skills.

Improving care quality in response to complaints or concerns:
• There were complaints and compliments procedures in place.
• People said they knew how to make a complaint and would feel confident doing so.
• A central log was kept of complaints and how they have been responded to. We saw appropriate actions were taken to try and resolve any areas of dissatisfaction.

End of life care and support:
• The service did not provide palliative care or end of life support.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• People received safe, effective and compassionate care.
• There was good teamwork at the service. Good practice was recognised and shared with others in the provider newsletter. Staff described a positive working culture. Feedback from staff included "I'm supported by my co-workers, we have an excellent team" and "We are supported very well by our manager."
• The registered manager understood their responsibilities towards the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.
• We found a written response had not always been provided to people when things had gone wrong. We recommend the service follows good practice in fully demonstrating the duty of candour requirement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The service had a registered manager in post. They understand their responsibilities towards meeting the regulatory requirements. They had notified us about incidents which had occurred during, or as a result of, the provision of care and support to people. We could see from these notifications that appropriate actions had been taken.
• Monitoring took place to ensure people's needs were met in a safe and effective way. This included unannounced 'spot checks' of care workers who provided domiciliary support to people in heir own homes.
• Records were in good order. Sensitive information was stored and handled in line with data security standards.
• Staff were clear about their roles, responsibilities and lines of accountability. Feedback from staff included "We have a conference call for four of us with our manager each morning and we can discuss any problems," "We have a very approachable manager" and "I do feel we are a very close knit team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• Staff knew how to raise any concerns they had about people's welfare. They were advised of how to raise whistleblowing concerns during their training. Whistleblowing is raising concerns about wrong-doing in the

workplace. Comments from staff included "I am confident in raising concerns to my manager and the provider, they listen and take actions on what you say" and "Management is very approachable. We also have a whistleblowing procedure in place if we feel management isn't handling our concerns."
• Staff were supported through regular supervision and staff meetings. The service promoted equality and diversity in daily work and provided opportunities for career development.
• The service had developed systems to ask people what they thought about the service. This included questionnaires, telephone calls and review meetings.
• Social events were held at the shared supported living properties, which families and friends were invited to. This included parties and barbeques.
• People who used the service were enabled to support fund raising events for charities, for example, through baking cakes.

Continuous learning and improving care; Working in partnership with others:
• The registered manager kept their learning up to date. They were part of a local forum to share good practice. Any learning from investigations was put into practice to improve the quality of people's care.
• The provider had a vision for what they wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on becoming a leader in the social care sector and improving the lives of people who used the service. The vision and values were shared with staff and referred to in each copy of the company newsletter.
• The service worked with other organisations to ensure people received effective and continuous care. This included healthcare professionals and local authorities.