

C.C.S. Central Limited

C C S Central Limited t/a Complete Care Services

Inspection report

76 Stafford Street
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Walsall
West Midlands
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Tel: 01902410044

Date of inspection visit:
31 July 2019
05 August 2019

Date of publication:
22 August 2019

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service:

C C S Central Limited which is also trades as Complete Care Services, is registered to provide personal care to people in their own homes. There were 137 people receiving care and support at the time of the inspection.

People's experience of using this service:

People told us they felt safe with the support of staff. Risks to people had been assessed and staff had a good understanding of these risks and how to minimise them.

Where required people were supported to receive their medication as prescribed and staff demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse.

People were supported by staff who had the skills to meet their needs. People were able to consent to their care and we saw staff understood the importance of seeking and recording people's consent before providing support. However, we found that the management team could improve their understanding of the Mental Capacity Act 2005 to ensure the principles of the act were promoted consistently.

People's nutritional needs were met, and people were happy with the support they received to enjoy a choice of meals. People were supported to access healthcare professionals when required.

People spoke very positively about the staff that supported them and told us staff were kind and caring in their approach. People's privacy and dignity was respected, and their independence was maintained and encouraged.

People received individualised care and support from regular staff that demonstrated detailed knowledge of people's individual needs. People told us they were involved in their care and their needs were assessed and reviewed on a regular basis. People's care records were person centred and guided staff on the way they preferred their care and support to be provided.

People and relatives told us they had not needed to make a complaint but knew how to and would feel comfortable doing so should they need to. Where people had raised concerns, they advised the provider had taken prompt action to resolve the issue.

The management team had systems in place to monitor the quality of the service they provided and looked to develop the service further. People, their relatives and staff all spoke positively about the service and said it was well managed.

Rating at last inspection:

At the last inspection we rated C C S Central Limited t/a Complete Care Services as 'Good' (report published

on 25 January 2017).

Why we inspected:

This was a planned inspection which took place on 31 July 2019 and 05 August 2019. Telephone calls were made to people receiving care and their relatives on 30 and 31 July 2019.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

C C S Central Limited t/a Complete Care Services

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 and an Expert 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.

Service and service type:

C C S Central Limited t/a Complete Care Services is a domiciliary care service. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. The registered manager is also the registered provider and they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because the management team are often out supporting people. We needed to be sure that they would be in.

We made telephone calls to people and their relatives on 30 and 31 July 2019 and visited the service on 31 July and 05 August 2019 to see the management team, meet staff and to review care records and policies and procedures.

What we did:

When planning our inspection, we reviewed any information we had received about the service. We also contacted the local authority for feedback about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection, we spoke with registered manager, the care manager and the provider. We spoke with two senior carers and four care workers at the office and one care worker by telephone. We spoke by telephone with seven people who used the service and twelve relatives. We looked at nine people's care records to see how their care and support was planned and delivered. We also looked at medicine records, three staff recruitment files, the staff training matrix and the provider's quality monitoring systems.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were happy with the support they received. One person commented, "I feel at ease with them and safe."
- Staff stated that they had not had reason to raise concerns but were able to do so with the management team if needed, and they were assured that action would be taken as a result.

Staffing and recruitment

- People and relatives, we spoke with said staff arrived on time and stayed for the allocated length of time. One relative said, "Yes, they [staff] take the time to do it right. They stay the full time and they ask if they can do anything else before leaving. They don't rush her."
- People and relatives consistently praised the reliability of staff. One relative said, "The reliability for [person's name] is really good...They've not missed any [calls] we need reliability."
- We looked at a staff recruitment record and saw the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and staff we spoke with were knowledgeable about how to minimise risks to people. For example, one relative told us "They [staff] use the kit [mobility equipment] properly and their staff get new staff trained. It's all done with dignity and safely with the hoist. Its two staff. [Person's name] has had no accidents.....They are not rushing."
- Care plans recorded people's risks and were reviewed on a regular basis. Daily notes were recorded to show any changes in people's wellbeing.

Using medicines safely

- Some people were supported to take their medicines, whilst other people were reminded by staff. Records were completed of medication taken. One person said, "[Staff member's name] puts my tablets out and I take them, and they make notes and it's all okay no mishaps. They are very good."
- Staff told us they felt confident providing support with medication and had been trained to do so.

Preventing and controlling infection

- People were protected from the risk of infection because staff had access and wore personal protective equipment (PPE). People and relatives, we spoke with confirmed that staff wore gloves when required and staff told us the provider ensured a good stock was always available to them.

Learning lessons when things go wrong

- There had been a minimal number of incidents, but the provider understood the importance of ensuring lessons were learnt when incidents happened, or things went wrong. We saw on-going learning and guidance was shared with staff.

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This means people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they had agreed their care when they were first assessed for support. One person said, "Yes, it was all agreed with me.... the plan and they [staff] follow the care sheet."
- People told us they were in control of their day to day care and staff listened to and acted upon their choices and preferences.
- Relatives told us communication was good and they told us they were updated with any changes in people's care.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. People and relatives told us they thought staff were competent and supported people safely.
- Staff told us they felt access to training was good and the provider ensured refresher training was completed as required.
- One new member of staff told us although they had worked in care previously they still completed a full induction which included shadowing other staff. They said the induction was, "Done at a good pace. I was eased in."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the importance of gaining consent from people before providing support and people's consent to care was recorded on a daily basis. One person said, "The girls [staff] respect my needs and wishes.....they respect my independence." However, we found that the management team could improve their understanding of the Mental Capacity Act 2005 to ensure the principles of the act were promoted consistently.
- Staff told us that people were able to give their verbal consent to care, however where this was not possible they would look for facial expressions, body language or hand signs to indicate people's consent.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Some people were supported with their meals and drinks to ensure they maintained a healthy diet. Staff told us how they ensured people were supported with a choice of meals by advising them of the food available, so they could choose. One person said, "They do meals, nicely presented and set out ok, and they leave me a drink."
- People told us they would normally contact healthcare professionals themselves, however, they confirmed that staff would contact professionals on their behalf if requested. One relative told us how staff would alert them if their family member developed sore skin. They said, "They alert us if she has a mark etc. and the nurses also check on her."
- The week of the inspection there was a period of hot weather. In response we saw the provider had issued heatwave guidance to all staff reminding them to ensure people had plenty of fluids and were supported to stay cool.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means 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

- People and relatives, we spoke with said they were treated with kindness and gave positive feedback about the caring approach of staff. One relative said, "[Person's name] likes them and there's no signs of trouble or conflict... they are very affectionate... and she likes them."
- People were supported by regular staff and had developed good relationships with the staff that supported them. One relative said, 'It's usually staff we know, [person's name] is more at ease with these. [Person's name] gets on with them and enjoys the visit.'
- People consistently told us they felt that staff respected their home and family life.
- Staff spoke in a caring way about the people they supported, they told us by providing care to the same people they could build up relationships with people and get to know them and their families. One member of staff said, "Doesn't feel like a job. People will feel better when they are washed and cleaned. People like a chat."

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were given choices and their preferences were respected by staff.
- Staff we spoke with demonstrated they understood the importance of ensuring people were able to make their own choices regarding their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff explained how they promoted people's independence. One member of staff said, "I ask them what they can do, for example, wash their own face. I hand one person a nice hot flannel and she washes her face. I say just try and I praise them. Another person has swapped a knife and fork for a spoon, so they can feed themselves."
- People and relatives told us that staff respected their privacy and dignity. One person said, "They are polite and respectful, they are friendly, but not cheeky, I feel safe and at ease with them... They chat as well." One relative also commented, "They [staff] are polite and respectful. The care is done with dignity." Staff we spoke with demonstrated they understood how to ensure this was done and the importance of this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means 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

- People received individualised care and support from staff that demonstrated detailed knowledge of people's individual needs. People were supported by regular carers and were able to build up good relationships with them. One relative said, "They are friendly but professional but lovely."
- We saw office had received a written compliment from a relative to praise the care they had given to their family member when they became anxious. They said, "Thank you to all staff who showed endless patience and care towards [person's name]. Also, to office staff who used to talk to [person's name] on the phone to reassure her."
- People's care was reviewed with them and their relatives to ensure it reflected their current needs. One relative said, "They [management team] do reviews and yes, they take things on board and they ask if they can do anything...they respond well, and our experience has been very good."
- Staff advised how people's diversity was respected and supported for example, how support had been provided which reflected people's cultural heritage and religious beliefs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured information was displayed and given to people in an accessible way. For example, people received a weekly schedule of their calls. The provider told us this information could be provided in larger print if required.
- People's records reflected their communication needs, we saw that most people were able to communicate verbally. People were supported by regular staff who had got to know how they expressed their needs and staff told us they looked for people's body language to support their communication.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not needed to make a complaint or raise concerns but knew how to and would feel comfortable doing so. One relative commented, "Yes, I can get the office or email them. They get back straight away." The provider told us that the Service user guide held at each person's home included complaint information.
- We saw that the service had not received any written complaints, however the provider had a system in place to ensure any complaints received would be logged, investigated and responded to and any learning used to improve the service provided. The management team felt any concerns were picked up at a low level through daily communication and care reviews before they developed into complaints.

End of life care and support

- The service was not currently supporting anyone who was receiving end of life care.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means the service was consistently managed and well led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in place. The registered manager and other members of the management team had all been in post for some time. The provider said this had ensured consistency in approach and managers and staff were all clear about their roles.
- People and relatives spoke positively about the service, which they felt was well managed. One person said, "Yes, I would recommend them," and one relative commented, "The manager is very nice and easy to contact." Staff also felt the service was well managed. One member of staff told us, "It's a well-run service. Communication is very good here - we are a good team."
- The management team had systems in place to monitor the quality of the service that they provided. This included regular checks of the communication logs which included the medicine administration records and reviews of the care and support people received.
- Staff we spoke to told us that they had regular supervisions and team meetings to discuss any concerns and share best practice.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service promoted person-centred and good quality care.
- Staff told us they felt listened to and supported by the management team. One member of staff commented, "Any problems give them a call and they will help. They are very responsive to us."
- The registered manager and the care manager told us they were supported by the provider in leading the service. The care manager said, "Totally supported by [provider's name] - we seek to improve [the service] together."
- We found the registered manager and provider to be open throughout the inspection about what the service does well and what areas needed further development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A Service users satisfaction survey had been completed in 2018 and we saw the provider had received positive feedback on the service and the overall comments were shared with people using the service via a newsletter. The 2019 survey had been sent out to people in June 2019 and the provider was currently awaiting and compiling the final responses.
- The provider had developed a newsletter which they sent to all people using the service and their

relatives. They had also looked to develop a care service users' group however this had not been successful. They advised their location on the town high street meant people could pop in at anytime and we saw relatives come into the service and chat to staff during our visit.

- The provider PIR showed that the management team sought to engage staff. The PIR stated, "We appreciate that community care staff can become isolated and ensure all staff have access to management staff when required. We invite all staff to come to the office at least once a week, so we can maintain one to one contact and listen to any concerns, suggestions, or opinions they may have regarding the service provision."

Continuous learning and improving care

- The management team showed a commitment to developing the service.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included accessing on-line guidance and information, for example, the CQC website and NHS guidance for example, for heatwave information. The registered manager said online searches also provided valuable information and guidance for medication information etc.

Working in partnership with others

- The management team had established and maintained good links with local community groups and healthcare professionals, which people benefited from. For example, we saw they were able to signpost people to a chiropodist and dentist who would visit people in their homes.