

# Clece Care Services Limited

## CCS Gateshead

### Inspection report

111 Design Works LTD  
William Street  
Gateshead  
NE10 0JP

Tel: 01913389127

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14 October 2019

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

CCS Gateshead is a domiciliary care agency which provides care and support to people living in their own homes. At the time of our inspection there were 171 people using the service.

### People's experience of using this service and what we found

The provider has provided services to people in Gateshead since 2015 and has moved the office base on three occasions. When they first started to provide services for people living in Gateshead, concerns were identified, particularly around managing the care packages. Over the last three years they have closely considered how improvements could be made and implemented plans to address these concerns.

Since the move to the new offices we found CCS Gateshead has clearly grown quicker than was forecast in their business plan. They were contracted to provide more hours more of care and support than they anticipated and although the provider was in the process of recruiting more staff, the existing staffing levels allowed very little flexibility. People found that, particularly on an evening and weekend, this led to issues around the timeliness of staff calls to people's homes to provide support. The management team were reviewing how staff were deployed and had begun creating a team of care staff who would be utilised to cover gaps.

People's health needs were thoroughly assessed, however, with only two staff responsible for reviewing and updating them we found they had not been able to ensure care records for all 171 people were accurate. The provider had identified this issue and was in the process of employing more staff to undertake this task. The registered manager understood how to investigate and resolve complaints. However, at times, because of the lack of administrative support and their workload, they had overlooked some concerns.

Staff had received appropriate training and supervision, which aided their ability to effectively support people's need. Medicine was administered in a safe manner. Systems were in place, which monitored how the service operated and ensured staff delivered appropriate care and treatment.

The registered manager and staff demonstrably showed that people were valued and respected. Staff were passionate about providing an effective service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Staff took steps to safeguard vulnerable adults and promote their human rights. Incidents were dealt with appropriately and lessons were learnt, which helped to keep people safe. When necessary, external professionals were involved in individual people's care.

Appropriate checks were completed prior to staff being employed to work at the service.

The registered manager and senior management team carried out lots of checks to make sure that the service was effective and constantly looked for ways to improve the service.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was inadequate (18 May 2016). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### 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.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement 

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good 

# CCS Gateshead

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

An inspector completed this inspection.

#### Service and service type

CCS Gateshead is a domiciliary care agency and provides personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We gave the service 48 hours' notice of the inspection site visit because we needed to be sure people using the service and the registered manager would be able to speak with us.

The inspection site visit started on 23 September 2019 when we visited the office to see the manager and office staff and ended on 14 October 2019. On 9 October 2019 we visited the office in Crook that provides the on-call contact for people out of hours and over the weekend.

#### What we did

We reviewed information we had received about the service, which included details about incidents the provider must notify us about, feedback from the local authority and professionals who work with 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. This information helps support our inspections. We used all the information to plan our inspection.

During the inspection

We spoke with 21 people who used the service and eight relatives to ask about their experience of the care provided. We spoke with the director, registered manager, assistant operations manager, regional operations manager, human resources manager, two supervisors, three care coordinators and 16 care staff.

We reviewed a range of records. This included nine people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this service following a change of registered location. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not always enough staff on duty to meet people's needs. Two supervisors, two care coordinators, one out of hours coordinator and 75 care staff supported 171 people receiving over 2000 hours of support each week. The number of hours provided exceeds that predicted for 2020 on the business plan. In the provider's business plan, it noted to cover 2000 hours of care 85 care staff and eight administration staff would need to be in place. CCS Gateshead has clearly grown quicker than forecast but at present is working on staffing numbers for 248 hours less than that delivered. This led to issues when staff need to cover sickness and emergencies. Also, the pressure on staff had led to calls being cut short.
- People and staff highlighted concerns around how the out of hours worked as they found the service on a weekend and evening was not as good as during the day. A person commented, "It's mainly the weekends that can be a bit dodgy. No one tends to phone to let me know if staff are going to be late. My regular carer has been off for a month so I'm getting all different staff. Mostly they are good and overall I'm happy with the service".
- We found the out of hours service used three staff, two of whom covered other areas but they worked collectively and managed very difficult and challenging situations effectively. But the number of available on-call staff for Gateshead was outstripped by demand.
- The provider had identified this shortfall and was in the process of recruiting a team of auxiliary staff who would cover sickness, absence and emergencies. They had also created new roles of super-champion and compliance officers who would provide additional administrative support across the week to oversee the care records, conduct reviews and check staff competencies. There were plans being rolled out to increase the number of staff working as supervisors providing cover out of hours.
- The provider operated systems that ensured suitable staff were employed.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager critically reviewed all aspects of the service and determined if and where improvements were needed. They ensured staff considered how lessons could be learnt.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. At times, some of these needed to be updated, as people's needs had changed. The provider recognised additional administrative staff were needed to ensure these care records were reviewed and updated as people's needs changed.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all staff spoken with had a good

understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.

- A person commented, "I have a regular carer and she is brilliant, like a part of the family. She is really knowledgeable and reads me so knows when I am in more pain."

#### Using medicines safely

- People's medicines were appropriately managed. Clear protocols were in place for administering medicines in people's own home.

- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

#### Preventing and controlling infection

- Staff had received infection control training and said they had plenty of personal protective equipment such as gloves and aprons.

# 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.

This is the first inspection for this service following a change of registered location. This key question has been rated as good. This meant 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

- The provider and registered manager had ensured comprehensive assessments were completed for people who used the service. These were reviewed every six months.
- People told us the care provided met their needs. A person commented, "My team are great and really know what I need and how I should be looked after."

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people. They received a comprehensive programme of training. Staff confirmed that they had been trained in the topics, which enabled them to work effectively with people.
- New recruits completed all the mandatory training prior to commencing work as a carer, and as a part of their induction shadowed experienced staff for their first few shifts.
- Staff had regular supervision meetings and appraisals. Staff told us they felt supported.

Supporting people to eat and drink enough to maintain a balanced diet

- Where appropriate, staff supported people to eat a healthy balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services when appropriate. Records showed when people had contact with other professionals including doctors and nurses.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a particular decision, 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 when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager ensured staff followed all the principles and guidance related to MCA.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.

# 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.

This is the first inspection for this service following a change of registered location. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were very complimentary about how the staff provided care and support. A relative commented, "I think the staff are very caring and kind. They feel a part of our family."
- In discussion staff consistently displayed their kind and a caring attitude. The registered manager discussed how they had worked to ensure each person was valued and respected.
- Staff demonstrated they were highly motivated and committed to respecting people's equality, diversity and human rights. Staff told us they were proud to work for a service which supported people's unique differences and empowered people to choose how they wanted to live.
- All staff members spoke passionately about the importance of supporting people in ways to enhance their independence. For example, staff worked closely with people to assist to regain skills such as an ability to communicate their views to others.

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

- Staff encouraged people to be involved in the design of their own care. Staff told us they worked closely with people to check that the care package continued to meet their needs. A staff member said, "Should we find that the amount of time available to support the person is not enough we let the manager know. They always listen to us and will raise this with the person's social worker."
- The registered manager, supervisors, coordinators and care staff discussed how they worked with people to obtain their views. People and relatives told us they were contacted by staff on a regular basis who discussed the care package and whether this continued to meet their needs and if improvements could be made to it or the way it was delivered.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

This is the first inspection for this service following a change of registered location. This key question has been rated as requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
Meeting people's communication needs

- People's needs were identified, including those relating to equality, and care plans created were detailed and individualised. The provider reviewed and updated the care plans. Two staff were tasked with this job, which was not enough and led to gaps. For example, one person had a heart attack several months ago but this had not been recorded in their care records. The person had recently needed staff to call the ambulance on their behalf and had not had this information to share with the paramedics.
- The provider had recognised that the growth in their customer base had occurred more rapidly than expected so were in the process of recruiting staff who would support the two supervisors to review and update people's care records.

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.

- Reasonable adjustments were made, where appropriate. The registered manager had been ensuring records fully met the communication needs of people, and the Accessible Information Standard.
- People told us they were consistently asked to express their opinions about what was on offer and were given choices.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint. We reviewed records that showed the registered manager had completed thorough investigations of complaints and resolved concerns.
- Some people had raised complaints on an evening and weekend about staff not attending calls on time, but these had not been acknowledged or addressed. The registered manager acknowledged that the volume of information they needed to review each day could have led to them missing these concerns being raised. They undertook to immediately review and resolve the concerns.
- The provider had recognised that the registered manager needed more administrative support and were recruiting more staff to fulfil this role.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- Staff understood how to support people at the end of life, in line with expected practice.

# 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.

This is the first inspection for this service following a change of registered location. This key question has been rated as good. This meant 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 with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The senior management team were working to ensure the service was well-run. The provider and registered manager's vision and values were imaginative and person-centred. They made sure people were at the heart of the service.
- The provider maintained clear oversight of the service and critically reviewed all aspects to determine how further improvements could be made. Staff at all levels understood their roles, responsibilities and accountability. Staff were held to account for their performance, where required.
- The registered manager constantly kept abreast of new developments within the care sector and was committed to creating an innovative service.
- Staff were energised by their work. Every staff member was committed to assisting people to have choice and control over their own lives.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and they told us they worked well as a team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others.

- The provider and registered manager positively encouraged feedback from people, relatives and staff. They acted on it to drive improvement. For example, following feedback from people, the provider reviewed the on-call system and was in the process of increasing staff in the on-call centre. They were also creating an auxiliary team to cover sickness, leave and emergencies in order to reduce the number of late calls.
- The service worked in partnership with external agencies and actively acted on issues raised. They used the information from these partnerships to assist them to improve the service.
- A person commented, "The manager is great and always gets back to me if I call to speak to them."

Continuous learning and improving care

- The quality assurance system included lots of checks carried out by the registered manager, assistant operational manager and the director. They used the information from these checks to determine how and where improvements could be made.
- The registered manager regularly consulted with staff, people and relatives about how they could enhance and improve the service. People confirmed that they felt listened to and integral to the service development.

