

Continuity Healthcare Services Ltd

# Continuity Health Care Services Pvt Ltd

## Inspection report

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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

Continuity Healthcare Limited is registered as a domiciliary care service to provide personal care and support to people in their own homes. At the time of our inspection visit the agency supported 16 people with personal care and employed 12 care workers.

We visited the offices of Continuity Healthcare Limited on 18 January 2017. We told the registered manager before the inspection visit we were coming so they could arrange for care workers to be available to talk with us.

The service had a registered manager. 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

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely.

Care workers understood how to protect people from the risk of abuse and keep people safe. Care workers suitability and character was checked during the recruitment process to make sure they were suitable to work with people who used the service.

The registered manager understood the principles of the Mental Capacity Act 2005 (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough care workers to deliver the care and support people required. People told us care workers arrived at the time expected and stayed long enough to complete the care people required. People said they were supported by care workers who they knew and felt comfortable with. People told us care workers were kind and knew how they liked to receive their care.

Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's individual needs effectively. People told us care workers had the right skills to provide the care and support they required. Support plans and risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

People knew how to complain and information about making a complaint was available for people. Care workers said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

Staff felt supported to do their work and people felt able to contact the office and management at any time.

There were systems to monitor and review the quality of service people received and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

## 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.

Care workers understood how to keep people safe and to report any suspected abuse. There were procedures to protect people from the risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Care workers completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The registered manager understood the principles of the Mental Capacity Act 2005. Referrals were made to appropriate healthcare services. People received nutritional support if required.

### Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they said were kind. Care workers respected people's privacy and promoted their independence. People received care and support from consistent care workers that understood their individual needs.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were informed about changes in people's care needs. People knew how to make a complaint. The registered manager responded promptly to any concerns or complaints they received.

### Is the service well-led?

Good ●

The service was well-led.

People were happy with the service and said they were able to contact the office and speak to the registered manager team if they wanted to. Care workers were able to raise concerns with the management team. There was good leadership and the quality of service was regularly reviewed. The registered manager was actively involved in developing and improving the service.

# Continuity Health Care Services Pvt 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 was 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.

The inspection visit took place on 18 January 2017 and was announced. We gave the registered manager 48 hours' notice that we would be coming, so they could ensure care workers would be available to speak with us. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the registered manager 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 found the PIR reflected the service provided. We also contacted local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We spoke with seven people who used the service to gain their views on the care they received. We also spoke with three relatives of people who used the service. During our inspection visit we spoke with two care workers and the registered manager. We reviewed four people's care records to see how their care and support was planned and delivered.

We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People and relatives told us they felt safe with their care workers. One person told us "I feel very safe in the hands of my carers." Another person told us "I have never been hurt, my carers are very careful when doing things." A relative's told us that they had "Complete faith" in how the care workers supported their family member.

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Care workers we spoke with had a good understanding of abuse and how to keep people safe. One care worker told us, "If I had any concerns I would contact the office who then refer it to safeguarding."

Care workers understood what constituted abusive behaviour and their responsibilities to report this to the registered manager. One care worker told us that they regularly completed training about safeguarding people. They said, "You get to know who you care for, if they behave differently it could be a sign that something is upsetting them. I would ask them what's wrong and let [registered manager] know of my concerns." The registered manager told us, "I encourage staff to tell me of even the smallest concern about people. That means we don't overlook things and can take any action needed to safeguard people." Records showed that when safeguarding concerns had been raised with the registered manager this had been referred to the local safeguarding team. This showed that processes were followed to ensure the safety of people who used the service. The registered manager also reported safeguarding concerns to us and kept us informed of the outcome of the referral and any actions they had taken that ensured people were protected.

We spoke with care workers who told us they knew about the provider's whistleblowing policy and that they felt confident in using it. One care worker said "I don't have any concerns but if I did I would contact CQC immediately." A poster was on display in the office which provided staff with details of how they could raise concerns with external organisations. Whistleblowing is a process which allows people to raise concerns about misconduct within an organisation.

There was a procedure to identify and manage risks associated with people's care. Assessments of people's care needs were completed when they started to use the service and these identified any potential risks to providing their care and support. A risk assessment was in place for a person who was cared for in bed and was at risk of their skin becoming sore. The risk assessment gave detailed instructions for care workers about how to support the person to reposition, and where to apply prescribed creams to reduce the risk of sores developing. One care worker told us, "I complete body maps of any areas that are red and contact the district nurse." Care records showed that body maps had been completed detailing the position of red or sore skin. This information corresponded with risk assessments which also included information provided by health professionals.

Care workers told us they were kept informed about any changes in people's needs by the registered manager and this information was recorded in the risk assessments. The registered manager told us risk assessments were reviewed regularly and were updated immediately if risks changed. Risk assessments that

we saw had been regularly reviewed.

There were enough staff employed to support people safely. People and relatives told us they had regular care workers who arrived on time. A person told us, "I am never rushed by the carers it's as though we have all the time in the world." The registered manager told us they never used agency staff, they said, "We employ enough staff to cover any absences. We don't use agency staff because I think it is important that people know who are entering their house and providing care."

Recruitment procedures ensured, as far as possible, staff were safe to work with people who used the service. Staff told us, and records confirmed, they had to wait until their DBS and reference checks had been completed before they started working with people unsupervised in their own home. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds and criminal history.

People were supported to take their medicines safely, if required. One person told us, "The carers give me my tablets when I need them. My calls are planned to make sure I am not going to be late getting them." This enabled them to take their medicines as instructed by their GP. The registered manager told us that care workers currently only prompted people to remind them to take their medicines. Where care workers prompted people to take their medicines it was recorded in their support plan.

Care workers told us, and records confirmed; they had received training to administer medicines safely which included checks on their competence. One care worker said "Before I could give medicines I completed training. I was watched to make sure I checked the medicines and how to administer them." The registered manager explained that if they began providing care to a person who needed support in taking their medicines then staff would have on going checks to make sure they gave medicines safely.

Care workers recorded in people's records that prescribed creams had been applied and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by the registered manager during spot checks. Completed MARs were returned to the office every month for auditing. By completing these checks the registered manager was able to monitor that medicines had been administered and recorded accurately. The registered manager explained that any errors found would be investigated. The MARs we saw had all been completed correctly and had no errors.



# Is the service effective?

## Our findings

A person told us "My carers really know how to do their job they are well trained." A relative described the care workers as "Very professional" One member of staff told us, "The training I have had here has given me the skills I need for my job."

Before people began to use the service the registered manager completed an assessment of the person's care needs with them and their relatives. The registered manager told us, "This means we can be sure we can give them the care they need safely and that we have the knowledge for any particular health needs." This meant that the registered manager could be sure that they could provide the correct care to a person.

Care workers told us they completed an induction before they supported people. Staff told us the induction included training which the provider considered essential in order to meet people's care and support needs. They also told us they spent time with experienced members of staff (shadowing) to learn how to support people who used the service. One care worker said "The shadowing, in particular, helped me to get to know people and to see how they wanted their care providing."

The induction training provided staff with the Care Certificate at the end of the programme. The Care Certificate is a recognised qualification, acknowledging staff have achieved the fundamental skills and knowledge expected from staff working in a care environment.

Care workers told us they felt confident and suitably trained to effectively support people. Care workers comments included; "The training is very good, it has helped me to gain a good knowledge about how to support people." and "(Registered manager) makes sure we have training updates so our knowledge is up to date." Records confirmed care workers received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and infection control.

Care workers told us their knowledge and learning was monitored through one to one meetings with the registered manager and unannounced 'observation checks' on their practice. Care workers said they had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. Records confirmed care workers were observed working in people's homes to ensure they had put their learning into practice. The registered manager told us that one to one meetings were held at least every 12 weeks. The registered manager went on to explain that, "We have an open door policy so staff can come to talk to us at any time." During our inspection visit we observed that staff visited the office and spoke to the registered manager in a friendly and relaxed manner.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this in the community are called the Community Deprivation of Liberty Safeguards (Community DoLS). At the time of our inspection visit no one using the service had a Community DoLS in place.

We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the Act. The registered manager told us that capacity assessments had been completed for people who did not have capacity for some decisions. A care worker said, "You can't assume a person does not have capacity. They might have capacity at different times of the day, you get to know a person and you learn what they are able to make decisions about. If someone does not have capacity you must make sure any decisions made are in their best interest. " Care records included details of when best interest meetings were held and the outcome of the meeting. Decisions from best interest meetings were included in people's support plans. Care workers had completed training in MCA and knew they could only provide care and support to people who had given their consent, or if they did not have capacity to give consent it was agreed that it was in the person's best interest.

Staff told us relatives provided all the meals and drinks for most people they supported. A care worker explained that they supported one person with their meals and that they always asked the person what they would like at each meal. Another care worker explained that one person had a percutaneous endoscopic gastrostomy (PEG) tube. This is a tube which enables a person to receive their nutrition through their abdominal wall. The care worker explained that they had received training in how to give a person their nutrition through this and care plans included detailed instructions on how to care for the PEG.

Staff were aware of dietary restrictions people had due to health, cultural or religious reasons. A care worker said "If there is anything people can't eat for dietary or religious reasons it is written in their care plan. One person' is Muslim but she chooses to eat foods that aren't Halal."

Care workers knew how to monitor and manage people's nutrition and hydration if this was required, to make sure people's nutritional needs were maintained. The registered manager explained that when people were at risk of not receiving the correct nutrition care workers would complete nutritional charts and referrals to healthcare professionals were made. We saw a referral had been made to the Speech and Language Team (SALT) for a person who had difficulty swallowing. Their support plan had been updated following the assessment with guidance to support staff.

People told us that staff supported them to access healthcare services when it was required. One person said "The staff remind me of routine appointments and if they've had any concerns about me they have made referrals to the district nurse."

Records confirmed the service involved other health professionals with people's care when required including district nurses and GPs. Care records showed that information and guidance from these professionals was included in the person's support records, which ensured that care workers were aware of any changes in the person's support needs.

## Is the service caring?

### Our findings

People told us care workers were kind. Comments included "My carers are wonderful I couldn't ask for any better, "It makes my day when they come" "I couldn't ask for any better carers they are like my friends," and "They have such a caring nature all of my carers."

We were told care workers made sure people's privacy and dignity was respected. A person told us "They (care workers) are very respectful, I never feel uncomfortable with them." Care workers told us how they upheld people's privacy and dignity. One care worker said "Personal care is always done in a private place with windows and doors closed."

People confirmed they were allocated regular calls with care workers that they knew. The registered manager explained that because they were a small company all care workers knew each person. Call schedules showed that people usually received care from the same care workers. However the registered manager explained that if there was an absence and a different worker covered the call, they would still be known to the person.

We asked people if they were supported to maintain their independence and they confirmed they were. One person told us, "I would struggle on my own, they (care workers) help me and let me stay in my own home." A care worker told us they helped people to maintain independence, "I always encourage people to do what they can for themselves, that might be washing their face with a flannel or choosing what clothes they want to wear."

People and relatives said they were involved in making decisions about their care and were able to ask care workers for what they wanted. People and relatives said they had been involved and consulted when their care was put in place, and information from the provider's quality assurance questionnaire confirmed people were involved in reviews about their care.

## Is the service responsive?

### Our findings

People and relatives told us their support needs had been discussed and agreed with them when the service started. A relative told us "When [name] came home we sat together with [registered manager] and planned the care together." People also told us that the service they received met their needs, choices and preferences. One person said, "Every decision is discussed with me. Nothing is done without my agreement."

People told us they had support plans that were reviewed regularly. The support plans provided care workers with information about the people's individual preferences and how they wanted to receive their care and support. There were instructions for staff about how to provide the care people required. For example; how staff should support people who required assistance or equipment to move. Records of calls completed by staff confirmed these instructions had been followed. The records we viewed had been reviewed and updated as needed.

Care workers we spoke with had good understanding of people's care and support needs. A care worker told us, "Before I started to support [Name] I was introduced to them and learnt from them and his other carers how they liked to be supported. I read their care plan to understand what their support needs were and I am told about any changes in their needs." Care workers told us if there were any changes in people's care and support they contacted the office staff who reviewed and updated care plans. This meant that care workers had the required information to continue to meet people's needs. A care worker told us that they had communication sheets which they updated after every shift with the person; this enabled information to be available for the next care worker.

A care worker explained that one person they supported did not speak English. They said, "A family member is always there to translate for us but we know [name] well now. We can understand what they want from their gestures and expressions." Care records showed that information was recorded about how people communicated using facial expressions, gestures and sounds. This information was available to the care workers and ensured that they were able to understand what a person they were supporting told them.

We looked at how complaints were managed by the registered manager. People and relatives said they would raise any concerns with the registered manager in the office. Care workers knew how to support people if they wanted to complain, we were told that information was provided in people's support plans about how they could raise complaints. Records showed that when people had contacted the office to raise minor concerns these had been recorded and resolved to their satisfaction. Records showed complaints received had been recorded and investigated in a timely manner. The registered manager recorded all complaints to identify if any themes developed. The registered manager told us that no themes had been identified with complaints, however if this did occur then additional training would be considered for all staff.

## Is the service well-led?

### Our findings

People and relatives said they were happy with the service they received, one person told us "The manager is approachable in fact all the staff are, they do all they can to help me."

The service had a registered manager who had been in the role since the organisation registered with CQC in August 2015. Care workers told us they felt supported by the registered manager. One care worker told us, "[Name] is the best manager I've had. They are very knowledgeable and you can go to them with anything. Nothing is too much trouble."

Care workers said they could contact or visit the office at any time to discuss any issues. One care worker said, "We can always speak to our manager, they encourage us to phone them whenever we need to." During our inspection visit we observed staff came into the office, or phoned the office staff and the registered manager during the day. This effective communication enabled the service to be responsive to the person's changing needs and reassured the care staff that the person was receiving access to the services that they required.

The registered manager told us that the service's mission statement was, "To give personalised care to all people using our services. We believe in a smile. All our staff bring that to the homes we visit." They went on to explain that, "Any care that is not good enough for my own mother is not good enough for anyone." This vision was shared by the care workers. Care workers we spoke with were proud of the care they provided to people. One worker said "I love my job. People trust us to enter their homes and to look after them or their family members. That is a big responsibility and it is important that I show I'm worthy of that by always working in a way I can be proud of." None of the people, relatives or care workers we spoke with could think of anything that could be improved about the service.

The registered manager explained that people who used the service were regularly consulted and received quality assurance questionnaires throughout the year which gives them the opportunity to provide feedback about the service. We viewed the most recent questionnaires which provided positive feedback about the care people received and how the service was managed. All of the feedback was positive with no suggestions made to improve the service.

Care workers told us they had regular one to one meetings with their manager as well as group meetings. They told us these enabled information to be shared about the service, people's care and training that was available. People told us these meetings were enjoyable and informative.

The registered manager understood their responsibilities and the requirements of their registration. For example they knew what statutory notifications they were required to submit to us and had completed the PIR which are required by Regulations.

The registered manager used a range of quality checks to make sure the service was meeting people's needs. We found the registered manager played an active role in quality assurance and ensured the service

continuously improved.

Care and medication records were regularly audited by the registered manager to make sure people received their medicines as prescribed and care was delivered as outlined in their care records. One audit identified that daily notes could be improved by including more detailed information. This was shared with care workers who started to include more information in the daily notes. The registered manager regularly checked the quality of care provided, which enabled continual improvement of the service.