

Community Care Support Ltd

Sydney Works

Inspection report

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Date of inspection visit: 4 February 2016

Date of publication: 03/05/2016

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 

Overall summary

This inspection took place on the 4 February 2016 and was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that senior staff would be on hand at the office to assist us. This was the first inspection for the service since the provider had registered with us as a care provider.

Sydney Works provides care and support to people living in their own homes. At the time of the inspection there were 14 people using the service. The registered manager was available throughout the inspection. 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 were kept safe and protected from abuse as staff knew what constituted abuse and who to report it to if they suspected it had taken place.

There were sufficient numbers of safely recruited staff to support people with their needs safely. People's medicines were managed safely. Risks to people were minimised to encourage and promote people's independence.

Summary of findings

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The provider followed the principles of the MCA by ensuring that people consented to their care or were supported by representatives to make decisions.

Staff were supported to fulfil their role effectively. There was a regular programme of applicable training.

People were supported to access a range of health care services. When people became unwell staff responded and sought the appropriate support.

People told us that staff were kind and caring when they were supporting them. People were treated with dignity and respect and people were involved in their care.

Care was personalised and met people's individual needs and preferences. The provider responded to people's needs when they changed. The provider had a complaints procedure and enabled people to access this and discuss any concerns they had.

The provider had systems in place to monitor the quality of the service. When improvements were required these were made in a timely manner.

Summary of findings

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 safe. There were sufficient numbers of suitably recruited staff to keep people safe within the service. People were kept safe as staff and management reported suspected abuse. Actions were taken to reduce people's risks whilst encouraging their independence. People's medicines were managed safely.

Good



Is the service effective?

The service was effective. The provider worked within the principles of the MCA to ensure that people were supported to consent and make decisions with their representatives. Staff were supported and trained to be effective in their role. When people required support with their health care needs they received it in a timely manner.

Good



Is the service caring?

The service was caring. Staff were kind and caring. People were treated with dignity and respect and people's diverse needs were met. People were informed and involved in their care and support. People's privacy was respected and people were assisted to maintain their independence.

Good



Is the service responsive?

The service was responsive. Care was personalised and delivered in accordance with people's individual preferences. People were supported to access the community. The provider assisted people to discuss concerns and/or raise complaints.

Good



Is the service well-led?

The service was well led. Systems were in place to monitor the quality of the service and action was taken to make any required improvements. There was a registered manager in post. Staff felt supported and valued by the management team.

Good



Sydney Works

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.

This inspection took place on 4 February 2016 and was carried out by one inspector. We gave the provider 48 hours' notice of the inspection because we wanted to ensure that senior staff would be available at the office to assist us.

We reviewed the information we held about the service. Providers are required by law to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as

notifications. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding team and local commissioners of the service.

We spoke with four people who used the service and three relatives over the telephone about the care and support people received. We met with four staff members, the registered manager and the training provider during our visit to the office.

We looked at three people's care records to help us identify if people received planned care and reviewed records relating to the management of the service. These included records relating to staff recruitment, staff training, management of complaints and quality monitoring records. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Is the service safe?

Our findings

People told us they felt safe and staff knew how to keep people safe. A person said, “They (the staff) know what they are doing. They use the hoist with [named person] very well”. Another person said, “Yes I feel very safe with the staff who visit me”. Staff had received appropriate training in all aspects of health and safety including correct manual handling procedures. A staff member said, “There are two people who use hoists and we have all had the training for this”. We saw where staff received this training in the office in a training room where staff could practice and be assessed using a bed and hoists.

Staff knew how to keep people safe. For example in respect of a person who was at risk of falls, a staff member said, “We know [person’s name] is at risk of falls and we have to make sure there are no tripping hazards around when we help them to move”. Another person was at risk of keeping food in their mouth and choking. Staff we spoke with were aware of this and this was identified in the person’s risk assessments. Staff were also aware of environmental risks in relation to people’s homes and told us how they made sure people were kept safe. We saw risk assessments for these in place.

Staff were provided in sufficient numbers to meet people’s needs and deliver care safely. Where people required two care staff these were provided, these were referred as “double-up calls”. Staff told us that two people who used the service required a double-up call. Staff had received appropriate training in how to move and handle people safely.

We looked at the way in which staff had been recruited and saw that robust systems were in place for the recruitment, induction and training of staff. Staff confirmed that checks had taken place including Disclosure and Barring Service

(DBS) checks before they were offered employment. This meant that staff had been appropriately recruited to ensure they were suitable to support people in their homes.

People were safeguarded from the risk of abuse as staff knew what to do if they suspected abuse. Staff told us that they knew how to raise concerns if they saw poor practice and/or abuse. A staff member said, “I knew the basics about safeguarding and have gone over it again in the Care Certificate here”. We saw that the registered manager and staff had access to relevant telephone numbers for the local authority safeguarding teams and there was a short guide for staff on how and when to raise a safeguarding. We saw that staff were trained in how to recognise and report abuse and/or poor practice.

People’s medicines were stored and administered safely and were kept locked in people’s homes. Staff we spoke with confirmed they had received training in the administration of medicines and they were regularly assessed as being competent by a senior member of staff. A staff member said, “I have had all the required medication training so I am confident with that”. People did not always have clear medication care plans in place to inform staff how people liked to have their medication dependent on their personal preferences. However staff could tell us how people took their medication and what kind of support they required. The manager explained that clearer care plans would be developed to ensure staff were supported.

We saw when people’s needs changed that staff knew what action to take. For example, a staff member said, “If a client was poorly I would document it in the daily report and would ring my manager to inform them. I would also inform the relatives, depending what it says in the person’s care plan”. Another staff member said, “I would ring the office for instructions and/or ring 999, depending on how poorly the person was”.

Is the service effective?

Our findings

People and their relatives told us that they felt that staff were effective in their roles. One relative told us: “The staff are great with [person’s name] and know just how they like things done”. People were complimentary about staff knowledge and skills and said that they usually received visits from a small staff team. This helped to ensure that people received consistent care and support from staff who knew their needs and preferences.

Staff told us they felt supported with their training needs and felt they had received sufficient training to fulfil their role. We saw there was an on-going programme of training specific to the needs of people who used the service. Training included ensuring new staff completed a thorough induction and attained nationally recognised qualifications. A training company worked alongside the provider to ensure that staff received on-going training. A staff member was training to become a training manager so that they could take on this role and oversee the staff training programme. This meant that the provider was able to monitor and provide staff training.

Regular supervision and competency checks were undertaken by the care manager and senior staff to ensure that staff maintained a high standard of care delivery. The senior team leader told us, and we saw that spot checks and supervisions were carried out on all staff every two months. A staff member said, “Spot checks are carried out

to ensure we are keeping up standards and I had my supervision earlier this week”. We saw where staff performance was discussed during these checks and any areas identified for improvement were addressed.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the importance of supporting people to make decisions wherever they could. We saw where a person was unable to make important decisions but was able to make some other decisions. For example the person had expressed a wish to go out walking into the community. Staff had worked with the person’s Social Worker in order to provide the right kind of support to enable the person to do this. We saw that people had agreed and consented to their care and support.

People’s health care needs were monitored by staff. Where people’s needs changed staff took action in a timely way, making referrals to the GP and other appropriate health professionals. For example a person had difficulty with their memory and was referred to the memory clinic. Another person had difficulty using their shower chair and was referred to the Occupational Therapist and provided with a new more suitable shower chair. This meant staff could assist the person more effectively with their bathing needs and support them to take more showers.

Is the service caring?

Our findings

People who used the service thought that staff were kind and caring. A person who used the service told us, “The girls are very good with me. They help me with my tablets”. A relative said, “The staff are absolutely brilliant. We couldn’t ask for kinder more considerate staff”. Another person told us that they had no concerns and staff were “always on time and very nice”. Another person described the staff as, “Well-organised, sympathetic, hardworking lovely staff”.

People and/or relatives were given the opportunity to be involved in care plan reviews. People told us they were kept informed and updated of changes to their care plan. A relative said, “They (the staff) always keep us informed of any changes and write it in the book”. Everyone had a plan of care which was kept in the person’s own home and a copy of this was kept securely at the provider’s office. People’s confidential information was respected and only available to people who were required to see it. We saw where people and their relatives had signed care plans as they had been involved in care planning meetings.

The provider employed a staff member as a “Family Liaison” support worker. Part of their job role was to visit

people and their families to ensure they were kept informed and involved about their care and support needs. The staff member told us how important it was to ensure there was good communication with people and their families. They showed us examples of where good communication and information sharing had been important in helping to bring about positive results for people. An example of this was where staff worked with a person’s Social Worker to improve the quality of life for the person, helping them to access the community and maintain their independence.

Staff told us how they treated people with dignity and respect and people we spoke with confirmed this. A staff member explained how important it was to be mindful of a person’s privacy and dignity. They said, “When you are in the person’s own home you have to respect that. I always close the bathroom door when carrying out personal care and cover the person with a towel and/or blanket to keep them warm and protect their dignity”. People received care and support in their own homes. Records relating to support plans contained information on how staff must ensure privacy, dignity and respect was maintained for people throughout all aspects of their daily life.

Is the service responsive?

Our findings

People received care and support based on their individual needs, likes, dislikes and preferences. We saw people and/or relatives were involved in drawing up their own personal care/support plans. A person told us, “Yes I know about my care plan”. People’s support plans reflected what they liked and their preferences and were detailed about how they liked their support to be delivered at each visit.

Staff knew how to offer individual person centred care and support. The Family Liaison support worker explained what each person’s specific needs were and how they liked their care and support delivered. They visited the people and their families at home on a regular basis to discuss their needs and any changes required. The provider ensured that people’s needs were responded to and their care/support plans changed accordingly. An example of this was where a person required more support to access the community to help prevent social isolation. This had been arranged by staff working with the person’s social worker. The person was then able to go out for walk at the weekends with a staff member which is what they wanted to do.

The provider responded to people’s changing needs. For example, staff had identified that the length of time a person was receiving during calls was not sufficient to ensure personal needs were met fully and/or that the person was safe and comfortable. Following discussions with the person and their family, extra time was added to the daily calls plus another call per week was added. This ensured that the person’s individual care needs were met.

People who used the service and their relatives told us that they could raise concerns and/or suggestions about anything and they would be addressed. They told us that they felt confident that if they had any concerns that they would be dealt with. One relative told us: “We have no concerns about anything but if we did we would speak to the staff in the office”. Part of the Family Liaison support worker’s role was to visit people and their relatives to discuss concerns and complaints they had. The staff member said, “If you address any concerns people have, you usually find that you can resolve things and they do not become complaints”. This meant people had their concerns address in a timely way.

Is the service well-led?

Our findings

Management of the service was open and inclusive. There was a registered manager in post, senior team leaders and a Family Liaison Support worker. There were clear lines of accountability. Staff we spoke with told us that they felt that the registered manager and senior care staff were supportive and approachable. A member of staff told us: “This is a great staff team. Everyone is so supportive”. Staff felt confident to approach the provider or any of the senior staff about any concerns they might have and staff were confident about raising concerns if they came across poor practice.

Regular meetings took place with people who used the service and staff. We saw the provider had an action plan in place following a recent staff meeting. Records confirmed that people's views were sought at every opportunity. We

saw records that confirmed that when people had requested items or any kind of action, there was a clear audit trail of what action had been taken. The provider visited people who used the service and their families on a regular basis to seek their views and opinions and action was taken to bring about improvements where required.

Systems were in place to monitor the quality of the service. This included doing weekly checks of some services such as medication. Staff performance was regularly reviewed and staff training was kept up to date. Spot checks were carried out regularly to ensure staff were working at required standards. This meant that the provider was maintaining and looking to improve the quality of service provided.

The registered manager was aware of their responsibilities under CQC registration and reported relevant notifications to us.