

CCA Training Ltd

# CCA Training 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

This inspection took place on 5 October 2016. CCA Training Ltd is a domiciliary care service which provides personal care and support to people in their own home in Nottinghamshire and South Yorkshire. There were six people using the service at the time of the inspection.

There is a registered manager and she was available during 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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were generally in place to enable staff to support people safely. There were sufficient numbers of staff to meet people's care needs and staff were recruited safely though written references were not in place. People received the level of support they required to safely manage their medicines.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

Positive and caring relationships had been developed between staff and people who used the service. People and their relatives, where appropriate, were involved in the planning of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the different support each person needed. Care records required improvement so that clear information could be easily found for staff to provide personalised care. People felt able to make a complaint and knew how to do so.

People and their relatives were involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

## 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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were generally in place to enable staff to support people safely.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely though written references were not in place. People received the level of support they required to safely manage their medicines.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

### Is the service caring?

Good ●

The service was caring.

Positive and caring relationships had been developed between staff and people who used the service.

People and their relatives, where appropriate, were involved in the planning of their care and making decisions about what care they wanted. Advocacy information was available for people if they required support or advice from an independent person.

People were treated with dignity and respect by staff who understood the importance of this.

### Is the service responsive?

Good ●

The service was responsive.

People received the care they needed and staff were aware of the different support each person needed. Care records required improvement so that clear information could be easily found for staff to provide personalised care.

People felt able to make a complaint and knew how to do so.

### **Is the service well-led?**

The service was well-led.

People and their relatives were involved in the development of the service.

Staff told us they would be confident raising any concerns with the management and that the registered manager would take action.

There were systems in place to monitor and improve the quality of the service provided.

**Good** ●

# CCA Training 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 is 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.

We visited the service on 5 October 2016, this was an announced inspection. We gave notice of the inspection because we needed to be sure that the registered manager would be available. The inspection team consisted of an 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.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with two people who used the service, three relatives, two support workers, a team leader, an external auditor and the registered manager. We looked at the care records of three people who used the service and any associated daily records such as the daily log and medicine administration records. We looked at three staff files as well as a range of records relating to the running of the service.

# Is the service safe?

## Our findings

People were protected from the risk of harm or abuse, and told us they felt safe. One person said, "Yes, I feel safe." A relative said, "I feel safe with [staff] being here."

A staff member told us how they kept people safe, and were able to tell us about the different types of abuse that could happen, and how to spot signs of abuse. Staff told us they were confident in reporting any concerns to the team leader and the registered manager. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe.

Steps had been taken to protect people and promote their safety. The staff we spoke with had received training in assisting people to move safely. People told us that staff supported them to move safely. One person said, "They've never hurt me." A relative said, "[My family member] has a full sling hoist and we've had no issues with them using it."

Assessments of risks to people's health and safety were carried out and we saw examples of these in the care records we viewed. However, we saw that one person had been identified as at risk of falls and clear guidance was not in place to minimise that risk. The registered manager told us that risk assessments and care plans were being reviewed which would ensure that this guidance was in place. Staff were able to explain how they would minimise the risk.

The agency had plans in place which meant that the service for people could continue even if there was, for example, a loss of power at the main office. This meant that people would not be left without support in such an emergency. The registered manager told us that there had been no accidents involving staff and people who used the service but described where they had helped minimise the risk of falls for a person who had fallen when staff were not present.

People told us they received familiar staff much of the time. A person said, "The ones I have are mostly the same, even over the weekend." A relative said, "[My family member] tends to have the same [staff] who are local, but [they] recognise a few of the others too now." Another relative said, "They do try and stick to the same [staff]. There's about four of them, with two always on duty. They're amazing with [my family member]." The registered manager told us that care was planned so that people were supported by a small group of regular staff as much as possible.

Some people we spoke with told us that staff did not always arrive on time. Staff shortages were covered by office managers and no-one had experienced a cancelled call. A person said, "Most are on time. Sometimes they're late and they don't always ring me. Most stay for the full time. They've not had to cancel a visit yet." Another person said, "Their timing is good, they're on time and sometimes they stay a bit longer." A relative said, "They're mostly on time and sometimes come together. Occasionally one or both are late and will ring me. They may finish a bit early now and then. They've never cancelled a call, just the odd times when the manager comes instead if they're short." Another relative said, "There's time when they're late or mix up on the shifts. We may get one carer come and the other later so they have to chase round. They've never had to

cancel a visit. When they're here, it never feels rushed and I don't ever remember them leaving early."

The staff we spoke with said they had sufficient time to get from one visit to the next and also had sufficient time to give people the support they needed. A staff member said, "We are flexible if people need extra time."

People were supported by sufficient numbers of staff. The registered manager told us that they or the team leader would cover any short notice sickness. Staff felt that there were sufficient staff to safely meet people's needs. Records confirmed this.

The agency made pre-employment checks on all staff to make sure they were safe and suitable to carry out support tasks. Staff files contained evidence of criminal record checks carried out through the Disclosure and Barring Service, as part of safe recruitment. However, there was no evidence of written references being supplied by former employers. The registered manager told us that they had taken verbal references and agreed to take written references in the future.

People received the support they required to safely manage their medicines. A person said, "[Staff] give me my tablets and stay next to me and I have a drink." Another person said, "The medicines are there when I need them." A relative said, "They're really good at persuading [my family member] to take [their] medication. It's in blister packs so they plan it all." Another relative said, "[My family member] has all [their] meds in the morning and staff will stay with them."

Staff knew how to safely support people to manage their medicines and clearly described the different levels of support people needed. Staff completed medication administration records to confirm whether or not people had taken their medicines and we saw records which had been completed correctly.

# Is the service effective?

## Our findings

People and their relatives felt that staff were competent. A person said, "They seem very good, the ones I have now." Another person said, "They're well trained." A relative said, "They seem capable enough. It's been the best agency I've used so far."

Records showed staff had received training as part of their induction, and that their training was scheduled to be updated. Training records confirmed this. Staff were happy with their induction and the training they received. A staff member said, "The training was insightful." All new staff were also expected to 'shadow' a more experienced staff member to ensure they met the required standards. A staff member told us that they had been introduced to the person who used the service before they started to provide support for them. Records showed that staff received appropriate supervision and staff told us they felt supported. A staff member said, "Yes, 100%."

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. We checked whether the service was working within the principles of the MCA.

Consent to care and treatment was sought in line with legislation and guidance. We were told that consent was usually, but not always, sought before care giving. A person said, "They don't really ask me first as they know what to do and just do it." A relative said, "{My family member's} asked permission and they see if [my family member] will do something with them. They have a constant dialogue with [them] too." Another relative said, "They always have a chat with [my family member] and ask and explain to [them]."

A staff member described the importance of gaining people's consent before providing any care. Staff were also aware of their role in supporting people to make their own decisions, even when the person's capacity to make certain decisions may vary.

Where required, people received support from staff to have access to food and drink. A person said, "The food's good." Family we spoke to had no concerns over the preparation of food and drinks by staff. A relative said, "They'll prepare [my family member's] breakfast and tea. They ask [them] what they like and get it for [them], and make snacks too between meals if [my family member] wants." Another relative said, "They give [my family member] breakfast. [My family member] can't ask for [themselves] but staff know what cereal [they] like. At lunchtime, the carer will microwave whatever I've specified and will help [my family member] to eat." A relative said, "They make sure [my family member] has [their] drinks to hand before they go." Care records provided information for staff on how to support people to meet their nutritional needs.

People were supported to maintain good health. A person said, "[Staff] help me to go to the doctor." A relative said, "They'll report to me if they notice anything perhaps needing the doctor. They're pretty good at spotting things. A year ago [my family member] had a stroke while they were here. They got the paramedics



in and were very good." Another relative said, "The team manager came along during the occupational therapist's recent training session with [my family member's] staff to make sure the agency absorbed it into [my family member's] care plan and future training." Staff explained how they involved external professionals if required.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. A person said, "They seem very nice. I trust them." A relative said, "The staff go above and beyond the call of duty. They give a lot of care." Another relative said, "They're very caring people."

A person told us that they were involved in making decisions. Staff described how they involved people in day to day decisions relating to their care and gave people choices. Staff were aware of the information in people's support plans regarding the preferences people had about their care.

People's needs were assessed prior to their care package starting and we saw that the information provided by people was made available to staff within the support plans. The registered manager and staff told us that they regularly asked people if they remained happy with their care. Records confirmed that people and their relatives had been involved in providing information for their support plans. A relative said, "I was given information at the start when they came and did the assessment and left me contract details." Another relative said, "I've seen [my family member's] care plan and it is up to date. I feel fairly involved with it all."

Where people had communication difficulties their support plan identified how staff should identify their preferences. A staff member explained how they effectively communicated with a person who had difficulties in this area. Advocacy information was available for people if they required support or advice from an independent person.

People told us that they felt privacy and dignity were well respected by staff. A person said, "[Staff] keep me private in the shower so no-one can see." A relative said, "They're very respectful. The older [staff] talk constantly with [my family member]. Privacy is important too as [my family member] lives on the ground floor. They keep the curtains closed and the door when they're working." Another relative said, "They respect [my family member's] privacy, very much so. The curtains and door stay shut."

People were encouraged to maintain independence by carrying out tasks for themselves where they were able to. People told us that staff supported them to be as independent as possible. A person said, "They let me do what I can in the shower." A relative said, "They'll try and involve [my family member] and encourage [them] in things like moving on the bed or when washing." Another relative said, "They get [my family member] to do [their] teeth and wipe [their] face. They do try and keep [them] independent." Staff told us that they encouraged people to do what they could. A staff member said, "We allow people to do things, we don't shut them down. We're here to ensure people maintain their dignity, self-worth and preserve their abilities."

## Is the service responsive?

### Our findings

The people we spoke with told us they received the support the way they wanted it. A person said, "[Staff] know me alright! They do things the way I like." Another person said, "They treat me as I want them to." A relative said, "The advantage is that [my family member's] regular [staff] can be flexible as they're local, so if [my family member] won't get up or co-operate, they arrange to pop back later. I plan it with them and they tell the office."

Relatives told us that staff did not always have a lot of time to spend socially with the person. A relative said, "Time is the issue. They'll ask [my family member] if they'd like music or the TV and put on what [my family member] likes. They'll do [my family member's] nails too if time." Another relative said, "I do [my family member's] activities with [them]. The girls don't have the time themselves but always talk and have a giggle with [my family member]." However, a person told us that they had been supported by staff to go on holiday to Scotland and London. The registered manager knew all of the people who used the service well and was able to clearly explain how the service supported people to meet their individual needs. They told us of a person who they supported to follow the hobbies that interested them and another person who was being supported with their career plans.

Records showed that a senior member of staff always visited people to assess their needs before the service began. This helped staff to deliver appropriate and safe care, based on individual needs and preferences. Care records contained sufficient information for staff to provide personalised care. However, the information was not always well organised and easy to find. It was also not clear how frequently information was being reviewed. The registered manager told us that care records were being reviewed which would ensure that guidance would be clearer and reviews would be better documented.

The majority of people we spoke with had been asked if they would prefer male or female staff and were able to voice a preference. A relative said, "We were asked about preferences but [my family member] is flexible. [They] get a male and female together." Another relative said, "[My family member's] social worker specified two females but I'm not sure if the agency knew it was female only, as a male and female carer come together. [My family member] is okay with it though."

Relatives told us they had raised concerns and they had been acted upon. A relative said, "I've not had any complaints with [my family member's] care. I had an issue with the system they used when the [staff member] had to ring in on a special number when they arrived or left. But it showed up charges on our phone bill somehow, so I complained and they reimbursed me. They've stopped using that system now." Another relative said, "My only complaints have been a few breakages by accident. The socket by [my family member's] bed got broken when [staff] moved the bed. An electrician had to come and they reimbursed me."

Staff knew how to respond to complaints. A staff member said that they would follow the complaints procedure which was in each person's home. They told us that they would support people to make a complaint and then inform the registered manager. There was a clear procedure for staff to follow should a

concern be raised. Complaints were responded to appropriately.

## Is the service well-led?

### Our findings

People's views were mixed on whether they had been asked their views on the service that they were receiving. A relative said, "They have asked for feedback but not lately." Another relative said "I've not had any form or request." However, a relative said, "They certainly listen to us and will help in any way we need."

The registered manager told us that they regularly contacted people and their relatives for their views of the service. They told us that as the service was small they were able to keep in touch with people regularly and be responsive to their views. They told us that they would be introducing an annual survey so that they could ensure that they formally collected people's views on the service. Care records did contain some evidence of feedback obtained from people.

The staff we spoke with told us there was an open and honest culture in the service and said they would feel comfortable suggesting improvements. Staff told us that they received constructive feedback on their performance.

A whistleblowing policy was in place and staff told us they would be prepared to use the policy to raise issues if they needed to.

The guide for people who used the service described the values of the service and staff were able to explain how they worked in line with those values.

People felt the service was well-led. A person said, "They keep me nicely, that's all I can ask for." A relative said, "I'd recommend [the service], mostly down to the [staff] that I'm lucky with. Dealings with the company have been good too." Another relative said, "I'm happy with the [service]. One of the better ones we've used."

The service had a registered manager and they understood their responsibilities. The registered manager told us that they liked to keep the service, "Small and very hands on." Staff told us they were fully supported by the registered manager and were very positive about how she led the service. A staff member said, "The management team is very supportive." Another staff member said, "I can call [the registered manager] if I have any issues. She is very considerate to [people who use the service] and staff." A third staff member said, "[The registered manager] will support people to progress and grow. That's her ethos. It's nice working for an organisation operating under a positive ethos."

We saw that all conditions of registration with the CQC were being met. We saw that a staff meeting had taken place recently and the management team had clearly set out their expectations of staff.

Some people we spoke with recalled management checks on staff, turning up unannounced. A person said, "I've not had the manager here checking." However, a relative said, "The manager checks now and then. She tends to just turn up, not let me know in advance." Another relative said, "The manager has been once to check and just turned up." We saw evidence of spot checks taking place so that the registered manager

could monitor the quality of care being provided. These spot checks checked staff practice and the documentation held at the person's home.

An external auditor had started to visit the service to provide support and guidance for the registered manager. Records of audits were limited and the registered manager told us this would be an area that they would be focussing on with the support of the external auditor.