Complimenting Care Training Services (CCTS) Limited

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Inspection report

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Date of inspection visit:
31 May 2017

Date of publication:
04 July 2017

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

Complimenting Care Training Services (CCTS) is a domiciliary care service providing personal care and support to people in their own homes. At the time of our inspection, care was being provided to 73 people.

The inspection was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

There was no registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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. The provider had submitted an application to CQC to register as manager.

People received a service that was safe. The provider/manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed.

The service was effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. The manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

People received a service that was caring. They were cared for by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support.

The service was responsive to people's needs. People received person centred care and support. People were encouraged to make their views known and the service responded by making changes. The manager and senior staff welcomed comments and complaints and saw them as an opportunity to improve the care provided.

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. A comprehensive quality assurance system was in place. This meant the quality of service people received was monitored on a regular basis and where shortfalls were identified, they were acted upon.

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.

People were kept safe from harm because staff had been trained in safeguarding and understood their role and responsibilities to keep them safe.

Risks to people had been assessed and plans put in place to keep them safe.

There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people.

Medicines were well managed and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff received the training and support required to effectively meet people's needs.

The manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

Staff worked effectively with other health and social care professionals to ensure people's needs were met.

Is the service caring?

Good

The service was caring.

People received care from staff who knew them well.

Staff treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received person centred care and support.

People were encouraged to make their views known and the service responded by making changes.

Is the service well-led?

Good

The service was well-led.

Staff understood and put into practice the vision, values and culture of the service.

A comprehensive and effective quality assurance system was in place. The quality of service people received was monitored and where shortfalls were identified these were acted upon.

Complimenting Care Training Services (CCTS)

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.

This inspection took place on 31 May 2017. The inspection was carried out by one adult social care inspector and was announced.

Prior to this inspection, we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We spent time at the provider's offices on 31 May 2017 and contacted people and families by telephone on 1 June 2017. We spoke with three people and relatives of five other people.

We spoke with a total of six staff, including the provider/manager, deputy manager, care co-ordinator and three care workers.

We also contacted a range of health and social care professionals involved with the service and asked them for some feedback. Their comments have been incorporated into this report.

We looked at the care records of nine people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range

of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

People and their family members told us they felt safe. Comments included; "I like to know who's coming. They tell me and yes, I feel safe", "Oh yes, I feel safe with the staff who come", "The staff are very good they meet my wife's needs well. She feels safe with them". Health and social care professionals also told us they felt people were kept safe.

People were kept safe from the risk of abuse because staff knew about the different types of abuse and, what action to take if abuse was suspected, alleged or witnessed. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The provider had appropriately raised safeguarding alerts in the 12 months before our inspection. On these occasions, the provider had taken the appropriate action. This included sharing information with the local authority and the Care Quality Commission (CQC). Staff we spoke with were able to describe 'whistle blowing' and knew how to alert senior staff about any poor care practice.

Risks to people's personal safety had been assessed and plans put in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place for assistance with the moving and handling of people. Staff told us they had access to risk assessments in people's care records and ensured they used them. Talking with staff it was clear they had a good knowledge and understanding of people's risk assessments and the measures required to keep them safe. Risk assessments and management plans were regularly reviewed by senior staff, with the involvement of other professionals where required.

There was sufficient numbers of staff with the appropriate skills, experience and knowledge to safely provide care. People told us there were enough staff. Care records detailed when they needed care and support. This had been agreed with people, their families and other health and social care professionals. The call records showed people received the care assessed as needed, when they needed it. The provider/manager told us they were proud of their ability to retain staff. They said, "We've only had two staff leave since November 2016. I think it's really important to be able to keep good, experienced staff".

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. The provider had, when required, appropriately used disciplinary procedures to address concerns regarding the ability of staff to provide safe care.

Some people required assistance in order to take prescribed medicines. Where this was the case guidance for staff on what to do to keep people safe was in place and easy to use. Medication administration records were maintained to record that people received their medicines as prescribed. Staff administering

medicines had been trained to do so. The provider had a clear system in place to respond to any errors with the administration of medicines. The systems in place showed people were kept safe from the risks associated with the management of medicines.

The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. We saw investigations had been completed thoroughly and where required changes made and people's care plans reviewed.

A policy on infection prevention and control policy was in place. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons, which they were able to get whenever they needed.

Good

Is the service effective?

Our findings

People received an effective service that met their individual needs.

People said their needs were met. They told us they received care and support from familiar, skilled, consistent staff, who arrived on time. One person said; "They're perfect, I get the same regular staff, I get a rota every Friday. They're usually on time but will ring if they are going to be a bit late, which is no problem". Another said, "They're always on time and know exactly what they're doing". Relatives also said people's needs were met. Comments included; "We are ecstatically happy with CCTS, we get the same group of carers who are usually on time and that's been the case for the last 18 months", "Yes, we're happy and in the main it's the same carer, so they know what they're doing" and, "The staff meet all (Person's name) needs, they're always on time and I have no concerns at all".

People's care records documented how their needs were met. This included when and how care was provided. Individual plans were in place and specialist input from other professionals had been obtained when required.

We viewed the training records for staff, which confirmed staff had received training on a range of subjects. Staff received training in core areas such as keeping people safe from harm, first aid, moving and handling people, infection control and equality and diversity. Staff said they had received the training required to carry out their roles effectively.

Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. New care staff were also given the opportunity of 'shadowing' more experienced staff to learn from them.

Staff told us they felt well supported by the manager and senior staff. Formal supervision and 'spot checks' of staff were used to improve performance and, to assist staff with their career development. Formal supervisions are one to one meetings a staff member has with their supervisor. 'Spot checks' is where a staff member's supervisor joins them when they are providing care to assess how effective they are. These were carried out by the care co-ordinators. These were formally recorded and assessed the performance of the care staff and, any action required for them to improve. Formal supervision meetings were carried out by manager and deputy. The manager and deputy both told us they wished to improve the frequency of these meetings. We saw they had planned for the meetings to take place on a regular basis. Notes of meetings that had taken place showed they had made good use of the records of 'spot checks' during the formal supervisions.

We carried out checks to identify if the provider was complying with the requirements of the Mental Capacity Act (MCA) 2005. The 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.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The registered manager had a good understanding of the MCA. Staff had received training on the MCA. They understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

Some people had a DNACPR in place. This is a statement that the person is not to be given cardio pulmonary resuscitation in the event of it being required to sustain life. People's care plans clearly recorded this decision. Staff knew where this information was and told us they would ensure people's wishes were respected by other health and social care professionals.

The care provided to people was closely monitored to ensure their health needs were responded to promptly. Care staff had identified when people were unwell and contacted people's GP's and other health and social care professionals when required. We saw staff worked closely with a variety of professionals to ensure people's needs were met. These had included; District Nurses, GP's, Occupational Therapists, Social Workers, Physiotherapists and Mental Health professionals. This often involved telephone contact, however where required staff also provided practical support and assistance for people to attend appointments.

Where people required assistance with eating and drinking this was detailed in their care plans. Staff were able to describe examples where this assistance was provided. We saw in people's care plans that, where identified as required, people's food and fluid intake was recorded and monitored.

Good

Is the service caring?

Our findings

People and their family members told us staff were kind, caring and professional and knew those they cared for well. Comments included; "They are lovely, very kind and caring", "The carers are very nice and they care", "Having regular carers means they've know (Relative) well. They are also very professional when they come and are kind and considerate to everyone" and, "When one of the carers was held up, the boss came out and stepped in, which I though showed how much they cared".

Staff worked to ensure people were involved in planning their care and support. The service provided to people was based on their individual needs. Senior staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times. When planning the service the provider took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. Senior staff said they matched the skills and characteristics of care staff to the person. Where appropriate family, friends or other representatives advocate on behalf of the person using the service and were involved in planning their care. Through our discussions with people and their relatives, it was clear staff had listened and worked hard to provide the care people needed and wanted.

People's independence was promoted. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. When speaking with staff, they were aware of people's level of independence and were able to demonstrate how they supported them to maintain this.

People's privacy was respected and their dignity maintained. Staff told us how they sought consent from people before they commenced any care tasks and, explained how they ensured people's privacy was maintained at all times when supporting them with personal care. People were given the information and explanations they needed, at the time they needed them. Prior to commencing care with a person they and where appropriate their families, were given information on how the service was organised and who to contact if they had any questions. People and relatives said they received the information they required.

The provider had a policy on equality and diversity. The care planning system used included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Talking with staff it was clear they understood the values of the service and, recognised the importance of ensuring equality and diversity and human rights were actively promoted.

The service worked with some people receiving end of life care. People and relatives we spoke with confirmed staff worked cooperatively with other health and social care professionals to provide good end of life care. Staff we spoke with had a good understanding of the principles involved in providing care for people at the end of their lives.

During our inspection, we were struck by the caring and compassionate approach of staff. We heard managers and senior staff answering the telephone to people using the service, relatives, staff and other

professionals. They spoke to people in a clear, respectful and caring manner and ensured people's needs came first. Staff morale was positive and they were enthusiastic about the service they provided. Staff we spoke with told us they would be happy for someone they loved to be cared for by CCTS. One care worker said, "I'd be happy with CCTS providing care for anyone I knew. CCTS are small, local and higher quality than a lot of other organisations. Everyone who works here cares about care".

Good

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs.

The service provided was person centred and based on care plans agreed with people. People's needs were assessed and plans put in place to meet their identified needs. These were regularly reviewed and altered when required. Care records were held at the agency office with a copy available in people's homes. People's needs were assessed and care plans completed to meet their needs. Staff said the care plans held in people's homes contained the information needed to provide care and support.

People's care plans provided a good picture of people as individuals, identified their needs and gave clear guidance on how their needs and wishes were to be met. People and, where relevant, their relatives had been involved in devising these plans. Other health and social care professionals had been consulted and their advice built into people's plans. Care plans were regularly reviewed with the involvement of the person and other relevant people.

During our inspection people, relatives and staff were able to give examples of the service responding to people's changing health and social care needs.

For example, we saw the provider had matched a particular care worker with a specific person when they began providing care. This person had been identified as being at risk of self-neglect and social isolation and had not responded well to a previous care provider. The care worker had developed a good rapport with the person who had responded well to the package of care provided. Care records documented the care provided and the positive impact on the person's well-being. The provider/manager told us, "At (Person's name) last review the social worker was amazed at how clean and tidy (Person's name) and their flat looked. The social worker and I feel that (Staff member's name) has turned lady's life around through all her dedicated hard work and effort".

Another example had seen plans developed and implemented to support a person with everyday household tasks. We saw in care records and were told by the person's family that the support provided had boosted the person's self-esteem and improved their physical and mental health. The same person is now being supported to go swimming once a week. This has helped them manage their long-term health condition because it provides low impact exercise and gives the person the opportunity to socialise. The provider/manager said, "The social worker and (Person's family member) are delighted with the progress made through (Staff member's name) and the other carer's hard work and patience".

People said they felt able to raise any concerns they had with staff and that these were listened to. Relatives said they knew how to contact the provider if they wished to and were confident they would be listened to and changes made if required. There was a clear procedure for staff to follow should a concern be raised. A record of complaints was kept at the agency office. Two complaints had been received in the 12 months leading up to our inspection. We looked at the records of these and saw they had been appropriately investigated, with the outcome recorded and feedback provided to the complainant. One had resulted in a

change of staff for a person and the rota given to them being altered to avoid confusion with using the 24 hour clock to identify call times.

The provider/manager and deputy told us they valued comments and complaints and saw them as a way to improve the service provided to people. They said they analysed concerns and complaints for any themes to enable them to make any required improvements. Care staff told us they were able to raise concerns with managers.

Within the same 12 month period, a number of compliments had been received. These covered a wide range of areas, including positive comments regarding individual staff and, the responsiveness of senior staff. These compliments were prominently displayed at the provider's office. Staff told us compliments were feedback to them when appropriate. They said they welcomed this and that it made them feel 'valued'. The provider also identified and celebrated a 'carer of the month' Staff told us they saw this as positive recognition of providing good care to people.

Good

Is the service well-led?

Our findings

The provider understood that a condition of their registration is to ensure the regulated activity of personal care is managed by an individual who is registered as a manager in respect of the activity. Since the previous registered manager had left, they had been managing the service on a day-to-day basis. They had now submitted an application to CQC to register as manager themselves. They told us they were working to ensure they and their senior staff had a thorough understanding of the Health and Social Care Act 2008.

People received a service that was well-led. They and their relatives told us they were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service was being put into practice. People using the service, relatives and staff understood the aims of the service provided.

Throughout our inspection, we found the provider/manager and senior staff demonstrated a commitment to providing effective leadership and management. The management structure was clear and effective. Staff we spoke to understood their roles and responsibilities. Staff spoke positively about the leadership and management of the service. They said the provider/manager and senior staff were approachable and could be contacted for advice at any time.

Staff said they were able to contact a manager when needed. The provider/manager told us the service operated a 24 hour on call service, for staff to contact a senior person for advice, guidance or support.

Quality assurance systems were in place to monitor the service being delivered. These included annual satisfaction surveys for people using the service and staff. This was carried out by an independent research company. The provider had developed an action plan for 2017 following these surveys. We saw progress towards achieving the targets set in this plan were closely monitored by the provider and registered manager. A programme of quality audits was in place. These included audits of, care plans, accidents and incidents, compliments and complaints and communication records were also completed. These audits showed the provider carried our regular analysis of key areas to identify themes, trends and areas for improvement.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

Health and safety management was seen as a priority by the provider/manager. Action had been taken to minimise identified health and safety risks for people using the service, staff and others. For example, environmental risk assessments had been completed for each person and a lone working risk assessment had been completed to cover staff working alone in people's homes.

The provider/manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service

during the 12 months before this inspection.

The provider/manager had a clear vision for the future of the service. We were told they wanted to grow and provide care to more people. However, they were clear they would not provide a service if they felt they could not meet people's needs.

At the end of our inspection, feedback was given to the provider/manager, deputy manager and care co-ordinator. They listened to our feedback and were clearly committed to providing a high quality service valued by people and families.