C & S Homecare Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 and 26 June 2017 and was announced. C&S Homecare Limited is registered to provide personal care to people living in their own homes. At the time of our inspection, 53 people were receiving personal care.

The service was last inspected on 6 and 7 January 2016, when we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have systems in place to assess, monitor and improve the quality and safety of the service. The provider sent us their action plan, and on this inspection, we found improvements had been made.

The service had a registered manager in post at the time of our inspection, who was present during our 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 not consistently protected from the risk of avoidable harm. Risks associated with people's health needs were not always identified to enable appropriate measures to be taken to minimise risk of avoidable harm. The provider's auditing systems did not identify this shortfall to enable action to be taken. On this inspection, the registered manager took immediate action to address this.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. However, the systems had not identified several issues in relation to the quality of record-keeping. Again, the registered manager took immediate action to address this.

People were happy with staff who provided their personal care. They felt safe and were confident staff had the skills to provide care appropriately. People were cared for by staff who understood how to meet their individual needs, and were supported to access health and social care services when necessary. People were supported by staff in a caring way, which ensured they received personal care with dignity and respect.

The provider took action to ensure that potential staff were suitable to work with people needing personal care. Staff received supervision and had checks on their knowledge and skills. They also received training in a range of skills the provider felt necessary to meet the needs of people at the service. The provider did spot-checks on staff providing personal care to ensure care was of the quality the provider expected.

People received their medicines safely, and staff worked with health and social care professionals to ensure that people received appropriate healthcare and treatment in a timely manner.

People's rights were upheld in relation to consent to personal care. Appropriate arrangements were in place to check whether people were able to consent to their care. The provider met the legal requirements of the

Mental Capacity Act 2005 (MCA).

People were involved in their care planning and delivery. The support people received was tailored to their individual needs and wishes. People and their relatives felt confident to raise concerns in relation to the quality of care. The provider had a complaints procedure to ensure issues with quality of care were addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks associated with people's health conditions were not consistently identified, assessed and mitigated. People were protected from the risk of abuse, and they felt safe using the service. People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and experienced to provide their personal care. Consent to care was sought, and where appropriate, the provider followed the Mental Capacity Act 2005. People were supported to access health services when needed, to maintain their well-being.

Is the service caring?

Good

The service was caring.

People were supported by staff who understood their needs and preferences. They felt their views and preferences were respected, and they were listened to. People were treated with dignity and respect by staff who provided their personal care.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning and reviewing their care and support. Staff provided personal care in accordance with people's agreed care plans. People knew how to make complaints and raise concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems were in place to monitor the quality of the service provided but had not identified inconsistencies in risk assessments relating to people's health needs. Notifications

were not always made to CQC as required. Regular checks were undertaken on care provision and actions were taken to improve people's experience of care.

C & S Homecare Limited

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 23 and 26 June 2017 and was announced. The provider was given 48 hours' notice because the location is a domiciliary care service which provides personal care to people; we needed to be sure that someone would be in. The inspection was carried out by one inspector and one 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.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, a notification of serious injury to a person or any allegation of abuse.

We requested feedback from local care commissioners and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with 13 people, four relatives and five care staff. We also spoke with the registered manager and deputy manager. We reviewed three people's care records, including medication administration records (MAR charts). We looked at three staff files and records relating to the management of the service. These included training records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People did not consistently have risks in relation to their health needs assessed and documented. Where risks were identified and assessed, the information for staff on what action to take was not always clear. For example, one person was identified as being at high risk of developing pressure ulcers. Although staff were provided with generic guidance on this, there was no specific assessment of risk in relation to the person, and no specific guidance on what action staff needed to take to reduce risks. Another person did not have any specific written guidance to enable staff to consistently support them with their diabetes management. This meant staff did not always have guidance to provide consistent personal care in ways that reduced risks. However, staff understood and could describe how to recognise and manage risks safely, and records detailed where prompt action had been taken in relation to concerns about their health. We spoke with the registered manager about this, and they assured us action would be taken to improve recording in relation to risks associated with people's health needs. On the second day of our inspection, evidence showed the registered manager had started to take action.

All of the people we spoke with felt safe when receiving care and as a result of receiving the service. One person said, "I used to be really frightened of falling over, but the carers make me feel safe in my own home and make sure everything is just right for me, even when they're not here." A relative said, "[My family member] had so many falls before C&S, but now I know she's in safe hands."

Staff were trained and knew how to recognise abuse or suspected abuse. They understood the provider's policies and guidance on keeping people safe from the risk of harm and abuse, and felt confident to raise concerns. They also understood how to report any related concerns to the registered manager, and felt confident to raise concerns with the Local Authority or CQC if this was necessary.

The registered manager undertook monthly reviews of incidents and accidents in relation to people's personal care, and we saw where action was taken to reduce risks in this respect. This meant checks were in place to ensure people received their personal care in a safe way.

The provider undertook pre-employment checks to ensure potential staff were suitable to care for people in their own homes. This included obtaining employment references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. This meant the provider had checks in place to ensure people were supported by staff who were suitable to provide care.

People said there were enough staff to provide their care when they wanted or needed it. People commented that staff visited them on time, at the times they wanted. Staff felt the provider had enough staff to ensure people's needs were met in a timely way. The registered manager arranged the rota for staffing based on people's assessed needs, preferences and staff availability. People were given information about which staff were providing personal care, so they knew which staff to expect. We saw the service would only offer to provide people's personal care if they had the available staff to support them safely. This meant the provider had enough staff to meet people's needs.

People and relatives were confident staff would respond appropriately in an emergency situation. The provider had a policy in place detailing what action staff were expected to take in an emergency, and had a plan in place to deal with events that could affect the service, like adverse weather. Staff knew about this and what was expected of them to help ensure that people continued to receive personal care.

People were confident with the support they received to manage medicines safely. They told us they were supported to have the right medicines at the right time. One person said, "I can't see very well, and the staff always tell me if I'm running short of tablets, so I've got time to sort it out with the doctor." People's medicines were administered by staff who had received training in managing medicines safely. Staff had a clear understanding of what level of assistance people needed to ensure they received their medicines as prescribed. The registered manager had a system for checking MAR sheets and daily care records to ensure people received support with their medicines as required, and to take action if there were errors. These showed that medicines were administered, managed and disposed of safely and in accordance with professional guidance.

Good

Is the service effective?

Our findings

People and relatives were consistently positive in the view that they were supported by staff who were trained to provide their personal care. One relative said, "The new staff get good training with the more experienced staff." Staff undertook a range of training in relation to people's care. For example, this included dementia awareness, moving and handling, infection prevention and control, and safeguarding. Staff felt able to ask for additional training to meet people's specific needs. Staff told us and records showed they received refresher training in care skills. Staff had individual meetings with their supervisor to discuss their work performance, training and development. They said this was an opportunity to get feedback on their work and raise any concerns. The provider also ensured staff skills were to the standards they required through regular checks, and records confirmed these took place. The provider ensured that staff maintained the level of skills and knowledge needed to support people in ways that worked for them.

Staff said and records confirmed they received an induction in a range of skills the provider felt necessary for their job. Staff described working alongside experienced colleagues as part of their induction, and said the provider checked they had the skills to provide personal care. New staff who had started since our last inspection had completed the Care Certificate. This sets the national minimum recommended training standards that all new non-regulated care staff should achieve before they provide care. Staff were knowledgeable about people's care needs and preferences, and felt care records had sufficient information about people's health conditions and the support they needed.

People were provided with personal care in line with legislation and guidance in relation to consent. People described how staff always asked for permission before providing personal care. 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. 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. If people living in their own homes are receiving restrictive care that may amount to a deprivation of their liberty, an application must be made to the Court of Protection to ensure that restrictive care is lawful and in a person's best interests. No-one receiving personal care from C&S Homecare Limited was subject to restrictive care that would require a court application.

We checked whether the provider was working within the principles of the MCA. Staff had training in the MCA and understood they needed to seek people's consent for their personal care. They were clear they would talk with their manager if they had concerns that a person might lack capacity to give consent to their care. Where people had capacity to consent to their personal care, this was documented. The care records we looked at had assessments of capacity and best interest decisions recorded where it was appropriate for this to be in place. The provider ensured people's rights were upheld in relation to consent to personal care.

People who received support to maintain a balanced diet said they were happy with the assistance staff provided. They said they were always offered choices of food and drinks, and were supported to have

enough to eat and drink. Staff told us, and records showed that people who needed support to ensure they had sufficient food and drinks got this. Where staff had concerns about people's diet, they raised this appropriately. This meant people were supported to have sufficient food and drink.

People and relatives felt staff would support them to access medical or other help if needed, as they had confidence in the service and the staff. One person described how staff had supported them to access medical services when they felt unwell, stating, "I did feel poorly, but I wouldn't have gone to the doctor. She [staff] spoke with me, and rang the doctor for me, so they came to see me." Staff also gave examples of occasions when they had sought medical help for people, and records demonstrated this was the case. This meant people were supported to maintain their health.

Good

Is the service caring?

Our findings

People and their relatives were consistently positive about the staff supporting them with personal care. They felt staff were kind, considerate and caring. One person said, "All my carers are extremely courteous and polite, as well as being great carers." Another person said, "The carers aren't carers to me; they're more like friends and I don't know what I'd do without them." People gave us examples of staff who 'go that extra mile' for them. For example, one person said staff would collect their medicines if they hadn't been delivered to ensure they got them in time, stating, "I'm very grateful for that."

Staff we spoke with felt they cared for people and wanted to be able to make a difference to their quality of life. One staff member said, "I started here as a career change. I don't regret it at all – I love it. I like the satisfaction of helping people." Another staff member said, "Each person is different and needs a different approach. This is where having a good working relationship with them is essential." Staff were clear they needed to ensure people were offered choices and supported to make decisions about the personal care they received.

People were involved in making decisions about their care, and felt their views and preferences were respected. People's care plans recorded details about their personal preferences for their support where possible. This included detailed information about what people were able to do for themselves, and what staff needed to support them with. People confirmed that staff supported with personal care at a pace that suited them, and said they did not feel rushed. This helped to ensure people were treated with respect.

People felt staff supported them to remain as independent as they could. One person said, "They [staff] ask me which bits I'd like to wash today and then they do the rest. They never rush me." Another person said, "When I'm well I like to do things myself. But when I'm not well they do a bit more for me." The provider ensured people were supported to remain as independent as possible.

People said staff did their personal care in a respectful way that upheld their dignity. One person said, "Staff always shut my bathroom blind before they do anything else." A relative described how staff ensured their family member received personal care that was mindful of their privacy and dignity. Staff treated people with dignity and respect, and understood how important this was for people. They described how they would support people in the way they wanted, to ensure they maintained dignity whilst receiving personal care, and this was supported by what people told us.

Staff respected people's right to confidentiality, but were also clear when it was appropriate to share information about risk or concerns. Records about people's care were stored securely at the service's office. This helped to respect people's privacy.

Good

Is the service responsive?

Our findings

People received individualised care that was responsive to their needs. People commented positively on the way C&S Homecare Limited matched staff to meet their needs. One person said, "They're the only service I've found that can give me a 10pm bedtime call." People's care plans were person-centred, and included information about people's preferences for personal care. For example, one person's care plan had detailed information about their preferences for their morning routine, including food and drink preferences. Staff we spoke with were familiar with people's personal care needs, and people's individual preferences for support with personal care.

People and relatives were involved in planning and reviewing their care, and where their needs changed, the service responded to meet their changed needs. One relative said, "We asked for extra time in the morning so [my family member] isn't rushed, and this happened straight away." Staff told us how the provider responded to people's changing needs by changing their care plans to provide the support they needed. Records we looked at supported this. Staff felt care plans contained enough information to be able to understand people's needs and wishes. Care records we looked at contained detailed information about what people's needs were, and what their views were about how they were supported. This demonstrated the provider ensured staff had relevant information to meet people's needs, and people and relatives were fully involved.

People and relatives felt they had opportunities to provide feedback about the service, including questionnaires, care reviews, and by talking with staff. One person said, "I've just had a survey sent. I returned it yesterday – I told them what I think." A relative said, "We have been asked by phone and personal visit." Staff told us people and their relatives received visits and phone calls to review their personal care. The provider sent out a quarterly newsletter, updating people on changes and improvements to the service, and giving people and their relatives information about other services available in their area. We also saw evidence where the provider had contacted people to apologise for changes to the staff teams who supported them, and explained what action was being taken to improve the quality of the service in this respect.

People and their relatives knew how to raise concerns or make a complaint. They were confident complaints would be taken seriously and resolved, and the records we saw supported this. One person said, "I made a minor complaint recently and the [registered] manager sorted it immediately." Another person said, "I don't like to make a fuss, but I told [the registered manager] about it and they sorted it just like that." People and their relatives were provided with a copy of the provider's complaints policy and procedure and staff understood how to support people to make a complaint. We saw from records that issues raised by people or their relatives were dealt with quickly and resolved in accordance with the provider's policy. Information from care records, audits, and feedback from people, relatives, and staff were reviewed monthly. This identified where action was required to improve the quality of the service. This meant the provider had a process to listen to concerns raised and take action to improve the quality of care.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effectively operated systems or processes in place to assess, monitor and improve the quality and safety of the service. On this inspection, we found improvements had been made, but there were still areas where the quality of record keeping needed to be strengthened.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires providers to display the rating of their performance. The service was previously inspected and rated in January 2016. We found the provider was displaying their rating in the office, but not on their website. We spoke with the registered manager, who confirmed this was the case. They agreed to rectify this, and following our inspection, their website is no longer in operation.

The service had a registered manager in post at the time of our inspection. They understood most of their duties and responsibilities in relation to the requirements and provisions of the Health and Social Care Act (HSCA) 2008. However, they did not consistently notify the Care Quality Commission of significant events as they are legally required to do. For example, we identified three issues which had been referred to the local authority appropriately, but CQC had not been notified. We discussed this with the registered manager, who accepted this and confirmed they would notify us in future.

The provider had systems to monitor and review all aspects of the service. This included regular monitoring of the quality of care. The registered manager carried out regular checks of care provided, and was looking at ways to improve the quality of care provided. However, the systems in place had not identified a number of issues where the quality of record keeping needed to be improved. For example, where people did not always have risk assessments about their health conditions in place to give staff guidance on providing consistent personal care. This placed people at risk of harm. We spoke with the registered manager about this, and they took immediate action to rectify the issues.

People and their relatives felt the service was managed well and knew who the registered manager and key staff were. People spoke positively about the registered manager taking a hands-on role in providing personal care, and in checking staff provided care to a high standard. One person said, "You can't fault them," and another said, "It's the best thing that's happened to me recently. They're my lifeline." People and their relatives felt confident to make suggestions about improving the service, or to raise concerns. They felt any feedback they gave was taken seriously and acted on.

Staff told us they felt supported by the provider. They felt able to raise concerns about care or suggest improvements. Staff were positive about the support they received from the registered manager, deputy manager and other office-based staff. For example, all staff we spoke with said they could contact the office to get advice and practical support at all times, and were confident they would get the support they needed. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff

confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This demonstrated an open culture within the service, and gave staff guidance on the standards of care expected of them.

The registered manager had taken appropriate and timely action to protect people and had ensured they received necessary care, support, or treatment. They monitored and reviewed accidents and incidents, which allowed them to identify trends and take appropriate action to minimise the risk of reoccurrence. The provider had established links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed. For example, records showed where staff had taken action to ensure two people's community health care services were made aware of concerns about their changing health needs, and ensured people received healthcare to keep them safe and well.

The provider had organisational policies and procedures which set out what was expected of staff when providing personal care. Staff had access to these, and were knowledgeable about key policies. We looked at a sample of policies and saw that these were up to date and reflected professional guidance and standards.