

CSK Support 24 Ltd

CSK Support 24 Ltd Northampton

Inspection report

Unit F19
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Tel: 01604439995

Date of inspection visit:

06 October 2020

09 October 2020

Date of publication:

23 October 2020

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

About the service

CSK Support 24 Ltd Northampton is a domiciliary care agency providing personal care to 30 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Some improvements were required to staff rotas to ensure planned activities aligned with what was happening in practice. The provider had implemented an electronic monitoring system to help with planning and implementing rotas.

There was enough staffing to meet people's needs. People told us the staff who provided their care were consistent and knew them well.

People told us they felt safe and confident with the care and support they received from staff. People were safeguarded from abuse and neglect by a staff team who were trained in safeguarding procedures.

People received their medicines safely and as prescribed by staff who had been trained and assessed as competent to administer medicines.

Risk assessments had been completed to ensure people were supported to remain safe. There was clear guidance for staff on how to manage people's risks.

Infection prevention and control (IPC) was well managed and staff were trained in safe IPC practices whilst providing care. Appropriate Personal Protective Equipment (PPE) was made available and worn by staff.

Staff were supported by a robust induction policy and had received relevant training to ensure that they had the required skills and experience to support people appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems at CSK 24 Support Ltd Northampton supported this practice.

Staff and the management team were kind, caring and compassionate. People and their representatives told us that staff were kind to them and respected their dignity and their privacy.

Care records were person-centred and contained sufficient information about people's preferences, specific

routines, their life history and interests.

End of life care planning was in line with best practice guidance such as that provided by the Gold Standards Framework.

People and their representatives told us they were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

The provider had systems in place to encourage and respond to any complaints or compliments. People told us they were aware of the complaints policy and would feel comfortable approaching the registered manager if they had a complaint.

The provider and management team had good links with the local communities within which people lived.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 2 March 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about lack of Personal Protective Equipment (PPE), late care calls and poor care. A decision was made for us to inspect and examine those risks. As the service was registered with us on 02 March 2020 and was yet to be inspected, a decision was taken to undertake a comprehensive inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-Led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

CSK Support 24 Ltd Northampton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service and for the quality and safety of the care provided.

Notice of inspection

We gave the service 2 working days' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 October 2020 and ended on 9 October 2020. We visited the office location on 6 October 2020 and contacted people and their relatives on 9 October 2020.

What we did before the inspection

We reviewed information we had received about the service since it was registered. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives of people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, the human resources manager, the care co-ordinator and two care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff rotas were not always effective in accurately planning people's care. We saw several care staff were not following the planned rota in terms of the times of people's care calls. For example, one person's morning call was scheduled for 10:00 but was consistently taking place around 06:00. This was because the person preferred the earlier time, but staff had not amended the rota to reflect this. We discussed this with the registered manager during the inspection who was able to make some immediate improvements; however, this would need to be continued and embedded in practice.
- The registered manager had recently implemented an electronic monitoring system. This enabled the service to monitor care calls in real time and was more effective in showing whether people's care was being delivered at agreed times and for the agreed length of time. The service were able to identify trends and themes. This system needed to be embedded into practice for the service to address issues with the staff rota.
- Staff were recruited safely. Pre-employment checks were carried out when appointing a staff member. For example, a Disclosure and Barring Service (DBS) check and previous employer references were obtained. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken training in safeguarding procedures and knew what action to take to protect people from harm and abuse. Staff had access to relevant guidance in the provider's safeguarding policy. One staff member told us, "There is a safeguarding policy kept in the office. I have received safeguarding training. Safeguarding means to ensure people are protected from abuse and neglect."
- People were provided with information when they started using the service which included an explanation of safeguarding and contact details should they have safeguarding concerns. One person told us, "I have received information on who to contact should I be worried about anything."
- The registered manager understood their role and responsibility in relation to safeguarding and had managed safeguarding concerns appropriately and promptly.

Assessing risk, safety monitoring and management

- People's risks were appropriately identified and assessed. Staff were provided with clear guidance to manage people's risks. One staff member told us, "Risk assessments are in the care plans within people's homes. There are also copies in the office. I feel we are given enough time to read these and they provide the information we need to support people appropriately."
- People were actively involved in the management of their risks and told us they found risk assessments and staff's knowledge of how to manage potential risks to be good.

Using medicines safely

- We saw electronic medicine administration record (MAR) charts were in place and had been completed accurately, showing people had received their medicines. The electronic MAR charts were part of the electronic monitoring system and could also be viewed in real time, enabling the care co-ordinator to see whether care staff had administered people's medicines on their care calls.
- Staff had received training in safe handling of medicines and their competencies were tested regularly.
- Regular audits were carried out to ensure correct procedures were followed by staff and any action required was identified promptly.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in infection prevention and control and demonstrated good understanding on how to keep people safe. Staff had access to a good stock of appropriate Personal Protective Equipment (PPE) for providing care to people. One staff member told us, "I have received training in infection prevention and control. I ensure that I wash my hands regularly, change my gloves regularly, and wear a face mask and an apron."
- We saw the provider had implemented a Covid-19 policy and that staff were following national and local guidance.

Learning lessons when things go wrong

- The registered manager identified issues during audits which were communicated to staff and changes were made to systems and processes to ensure the safety of people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was planned and delivered in accordance with current guidance, standards and legislation. Staff were provided with information about people's diagnoses and their history which informed understanding of the person's care needs and preferences.
- People received their care and support by staff who knew them well. One person told us, "The carers have a good understanding of how to support me as the same carers attend regularly." One staff member told us, "I feel I know people really well. We talk to people about their life history and what they like and don't like. If they are not able to tell us we refer to their care plan."

Staff support: induction, training, skills and experience

- The provider had a comprehensive induction policy that ensured staff members were given the opportunity to develop the relevant skills and experience to be able to offer effective support to people. The provider required all care staff to complete the Care Certificate as part of their induction. The Care Certificate is the social care industry standard induction. One staff member told us, "I had a full induction when I started and then shadowed senior care staff until I was competent. I also completed the Care Certificate."
- Staff received support through a mixture of supervisions, competency checks and annual reviews. Staff confirmed that they felt well supported with their training and supervision. One staff member told us, "I received regular supervisions and reviews from the management team. These are very supportive and we are encouraged to talk about anything that we might need support with."
- Staff had the right competence, knowledge, skills and experience to carry out their roles effectively. People we spoke with told us that they received care from staff members who were skilled and experienced. One person's relative told us, "I feel that the staff are well trained and are able to support [name] effectively."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people's health conditions impacted on their dietary needs, care plans contained detailed information on how to manage these conditions in relation to diet. This meant staff were informed of how best to meet people's needs effectively.
- Staff supported some people with their meals. People had information as part of their care plans which detailed their likes and dislikes and whether any cultural needs impacted on what they ate.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other professionals to ensure people received support to meet their health needs. The service maintained relationships with General Practitioner (GP) surgeries, district nursing teams and mental

health teams. Staff told us they would act immediately and alert people's family and the office if they felt a person was unwell or required additional support from health professionals.

- People and their relatives confirmed staff were very responsive to people's changing health needs. One person's relative told us, "The carers are very good at picking up whether [name] has a recurrent health issue and will let me know so that I can choose whether to get in touch with the GP."
- Staff worked closely with the local authority to ensure that initial assessments were accurate and that the local authority were aware of any changes to people's needs. The provider maintained relationships with the local authority to drive continuous improvement and with social work teams to improve people's outcomes.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's mental capacity and ability to consent to care was assessed as part of their initial care assessments. When people's capacity to make certain decisions changed staff completed relevant mental capacity assessments. Staff knew the level of support people required and encouraged them to make decisions for themselves.
- Staff received training on the MCA as part of the provider's mandatory induction training and completed annual refresher training in this area. Staff demonstrated that they understood the principles of the MCA and the need to ensure people were given choices about their care. One person told us, "Staff always ask my permission before providing care. They always talk through any tasks they are completing."
- The registered manager had obtained evidence of people's Lasting Power of Attorney in order to assure themselves people's representatives were authorised to make decisions on their behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well cared for and told us staff were kind and compassionate. The feedback we received from people was positive about the care they received. One person told us, "I think that the staff have a lot of compassion. They cheer me up whenever they visit." One person's relative told us, "I feel that the staff are kind, compassionate and caring. They have a good relationship with [name] and staff listen to them."
- People received care from staff who knew them well. Staff had formed good relationships with people and treated them with care and compassion. One person's relative told us, "I feel that the staff are genuinely interested in [name]'s life and past history. They always talk to [name] about things like their hobbies when they were younger and what they used to do for a job."
- We saw evidence of compliments received by the service. One district nurse said, "I have never witnessed carers so caring, empathetic and kind. [Staff name] and [staff name] from CSK were very polite and were talking through with [name] what they were going to do, taking care to maintain [name]'s dignity while the family were paying their last respects."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were involved in the planning of their care. One person told us, "There is a copy of my care plan at my home and I was involved in putting together my care plan." One person's relative told us, "There is a copy of [name]'s care plan in the property and it is up to date. We can ask for this to be reviewed at any time."
- At the time of inspection no person using the service required the support of an advocate. However, the registered manager was aware of the need to support people to access advocacy services when required and advocacy information was contained within documents provided to people when they started using the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and their dignity was maintained. One person told us, "I feel that the carers treat me with dignity and respect. They respect my privacy by closing the bathroom door when I am receiving personal care." One person's relative told us, "The carers treat [name] with dignity and respect. They make sure the blinds are pulled, leave the room and give [name] time when they require it."
- People told us staff encouraged them to do what they could for themselves and promoted their independence. One person told us, "Staff encourage me to retain my independence with personal care tasks, which I am grateful for."
- People's personal information was kept securely and their confidentiality was maintained. One staff member told us, "I make sure that I do not talk about the service users unless it is absolutely necessary to

share information with relevant people, such as the registered manager."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and contained relevant and in-depth information about how people wish to be cared for, their life history and the people who are important to them. People and their relatives were involved in the development of their care plans. One person told us, "I was able to contribute to my care plan and can request a review at any time."
- People were involved in decision making regarding all aspects of their care and support. Staff members knew the people they supported well and could tell us about people's lives, the people that mattered to them and how they preferred to be cared for. One person's relative told us, "Staff know [name]'s likes and dislikes. They have changed the way the support [name] to ensure that their personal preferences are taken into account."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in accessible formats when people needed it. People were given information in a format which suited their needs and staff knew how people preferred information shared with them.
- The registered manager told us, "I recognise the need to provide information in a range of formats, such as braille or large print, to ensure that it is accessible to people."

Improving care quality in response to complaints or concerns

- We saw that people were provided with information on how to raise a complaint when they started with the service. This information was available in different formats to accommodate people's methods of communication. One person told us, "I have received information about who to contact if I need to complain. There is a section in my care plan file to show the complaints process."
- Complaints were appropriately recorded and managed. Trends and themes were identified and lessons were learnt as a result of complaints. For example, we saw the service had received low level complaints which the registered manager thoroughly investigated and acted upon. Where trends had been identified the registered manager had addressed this with staff to drive improvement in those areas.

End of life care and support

- Care plans included relevant and in-depth information on end of life care and support. We saw that staff spoke with people and their relatives about what their wishes would be towards the end of their lives care

and following their deaths. There was also information on how staff can support people's families to prepare for people's deaths and how to keep them informed throughout.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager performed quality monitoring of the service. There were regular audits of medicines, daily records, accidents and incidents. Information was analysed, trends were identified and actions were implemented to improve and change the service.
- The provider and registered manager had identified effective strategies to keep people safe. Risk assessments were completed appropriately and there was clear guidance for staff on how to manage people's risks. These documents were regularly audited and reviewed to ensure that they were accurate and up to date.
- Staff performance was monitored by supervision and spot checks. Staff told us lessons were learnt when issues were identified. Staff felt supported and told us that the management team were approachable and fair. One staff member told us, "I do feel supported in my role. We have good morale within the team and we all support each other."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff said the management team were approachable and that relationships were positive. One staff member told us, "The relationship between managers and carers is very good and this is very important." One person's relative told us, "My opinion of the service is completely positive. They are probably one of the best care agencies I have experienced."
- People were receiving person-centred support. Care plans reflected people's personal choices and their preferences were considered and planned into their day-to-day care. One person's relative told us, "[Name] and I have been able to tell the carer how [name] likes to be cared for and this has been built into the care plan."
- People were actively encouraged to be independent. One person's relative told us, "The carers prompt [name] and encourage them to do what they can."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager had appropriately submitted notifications to the Care Quality Commission. The

provider is legally obliged to send us notification of incidents, events or changes that happen to the service within a required timescale.

- Staff understood whistle blowing procedures and knew how to raise concerns with the relevant authorities. One staff member told us, "I have seen a copy of the whistle blowing policy. I am aware that I can whistle blow to the service. If I did not feel comfortable whistle blowing to the service I can do so to the local authority or CQC."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We saw evidence of staff meeting taking place and we saw regular supervisions and spot checks were completed. However, there was no section within the staff meeting records to show what issues staff had raised and who was responsible for addressing and resolving these issues and by when. Following the inspection the registered manager confirmed this information had been added to the staff meeting records for future use.

- Staff felt they were able to raise issues and felt listened to when they did so. One staff member told us, "Team meetings are held regularly. I find the team meetings a great way for all staff to communicate their concerns or to follow up on any updates. All staff have the freedom to speak up and express their opinions."

- We saw that the service had engaged with people via written and telephone surveys. We saw that people were given the opportunity to provide feedback on the service they were receiving. Some of the issues people had raised resulted in positive changes. One person told us, "I have received a written survey to ask my views about the service. I also receive regular telephone calls to ask my views about the service. I appreciate being asked my views."

- The management team had established and maintained good links with local partners that would be of benefit to people who use the service, such as GP practices, district nursing teams, mental health teams and social work teams.