

CCK Support 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



Overall summary

This was an announced visit that took place at the agency's domiciliary care office on 10 December 2015. On 15 December 2015, we visited people in their own homes and spoke with them and their relatives.

The agency provided care and support to adults with a variety of needs living in their own homes. This included people living with dementia and physical disabilities. At the time of the inspection the agency provided personal

care for sixteen people. They also provided support for other people with their shopping and activities but this type of support is not regulated by the Care Quality Commission (CQC).

The registered manager, who is also the registered provider, was present at the office during our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 agency is run.

People's medicines were not always managed as safely as they could be. Some medicine records were not completed and not accurate and there was a shortfall on documenting PRN medicines. New procedures had been put in place to address these shortfalls.

Quality assurance systems did not identify some shortfalls in the agency, such as gaps in records including Medicine Administration Records and a lack of detail in some of the care plans. Recruitment procedures were in place, but gaps in employment had not been recorded for one person.

People were kept safe because they were cared for by staff who knew and understood the signs of abuse and knew what to do to protect people. Individual risks to people were assessed and staff knew how to care for people safely in their own homes.

There were enough skilled and experienced staff to meet people's needs in a regular and consistent way. People were visited by the same staff members and introduced to staff before they first visited. This gave people reassurance and the opportunity to develop positive relationships with staff. People told us that they felt staff knew them well and understood their needs. Staff were given the training they needed and received regular support. New staff underwent a thorough induction and received on-going training.

People's care was planned around their individual needs and preferences. People were included in planning their care and felt involved. People were given the opportunity to have a say about how they felt they were supported and were confident that any concerns they raised would be acted on immediately.

People spoke positively about the care and support they received. People felt staff were kind and caring and told

us that staff treated them with respect. People were provided with care that was responsive to their changing needs and were supported to maintain their independence.

Staff were aware of people's individual care needs and supported people with any changes in their health care needs. Staff supported people to access their GP or any other healthcare professionals.

People were supported with their nutritional needs. People told us that they chose what they wanted to eat. Staff prepared meals or supported people to cook.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The staff and the registered manager were aware of the principles of the MCA and people were asked to provide their consent to the support being provided.

There was an open and transparent culture that put people at the centre of the agency. Feedback was ongoing and regularly sought from people. People were visited regularly by a senior staff member, and quality assurance questionnaires were sent out on a regular basis. This allowed people to give their opinions of the service. People thought the agency was well-led and efficient.

Staff knew and understood the values of the agency, and there was a commitment to provide a personalised and caring service. Staff told us they felt passionate about their role.

The registered manager led the service well and people and staff felt confident to approach them at any time.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

We have made a recommendation relating to the recording of medicines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People were given their medicines, but not all records relating to the recording of medicines were completed accurately to ensure people always received their medicines as prescribed.

There were systems in place to recruit staff safely, although gaps in employment were not always recorded.

There were enough staff to meet people's needs.

People were protected by staff who knew and understood the signs of abuse and knew what action to take if they were concerned about people's safety.

Risks to people were identified and staff knew how to help keep people safe.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. Staff were knowledgeable about people and the care they required.

Staff understood the importance of the requirements of the Mental Capacity Act 2005 and gained people's consent in line with legal requirements.

People were supported with their meals.

People's health was monitored and any concerns were reported and acted on.

Good



Is the service caring?

The service was caring.

People were cared for by staff who treated them with respect and protected their dignity.

People's individuality was taken into account to ensure that people were visited by staff who would understand their individual needs.

People felt that staff were kind and caring.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs and were involved in the planning and reviewing of their care.

People's care plans were regularly reviewed and updated. Although some lacked detailed guidance to give them the support they needed.

Good



Summary of findings

People did not have any complaints about the service, but were confident that if they did, these would be acted on immediately.

Is the service well-led?

The service was mostly well-led.

Some of the quality assurance systems were informal and did not identify shortfalls in records.

People felt they were listened to and could have a say about the care they received.

There was an open and transparent culture with a clear vision for the future of the agency that put people at the centre of the service.

The registered manager provided good leadership and staff felt well supported.

Requires improvement



CCK Support 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the agency on 10 December 2015. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that there was a representative available to assist us with the inspection. On the 15 December 2015, we visited people in their own homes.

Before the inspection we reviewed information we held about the agency. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us

by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. This was detailed and returned when requested.

During our inspection we visited three people in their own homes and we observed how the staff spoke with people. We looked at three care plans and reviewed a range of other records, including daily records, Medicine Administration Record charts, staff files and records about how the quality of the agency was managed.

We spoke with three people who used the agency, one relative, six members of staff and the registered manager. We received feedback from two visiting professionals who worked with the agency.

We last inspected this agency on 12 December 2013. There were no concerns identified at this inspection.

Is the service safe?

Our findings

People told us that they felt safe when staff visited them in their own homes. People said, “They (staff) make me feel safe and I know I can trust them”, and, “I am in good hands”. One person told us that they were at risk of falls and said that staff always made sure they were safe before the visit ended and that they had everything they needed.

There were policies and procedures in place to manage the safe administration of people’s medicines. Care plans identified if people needed support with their medicines and staff had a good understanding of what support people needed. There were some gaps in the MAR charts particularly around the recording of when required medicines so staff could not be confident that medicines had been given when needed. Most people were able to tell staff if they had taken their medicines, but some people did not always remember and there was a risk that people would not receive their medicines as prescribed if the MAR charts were not completed accurately. New procedures had been put in place.

We recommend that the provider should take into account The Royal Pharmaceutical Society of Great Britain Guidelines with regard to the safe recording of medicines.

People told us that if they needed help with their medicines they were confident that staff would give them the support they needed. People told us that they received their medicines then they needed them. One person told us, “The girls always make sure I have taken my tablets”.

Arrangements were made with people or their families to make sure medicines were stored safely in people’s homes. Staff had supported some people to purchase small lockable cabinets to make sure medicines were kept safely. There were risk assessments in place relating to the support people needed with their medicines. Staff had been trained in the safe administration of medicines.

There were systems in place to recruit new staff. Prospective members of staff were required to complete an application form when they applied to CCK Support Limited. This included a full employment history with any gaps in employment explained. The records for one member of staff showed that there was a gap in employment, but there was no recorded explanation. The registered manager told us they had discussed this with the

staff member, and were satisfied with the explanation they had been given. Other relevant safety checks were in place, such as references, proof of identity and a Disclosure and Barring Service (DBS) check. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services).

There were enough staff employed to ensure people received a safe and consistent service. There were systems in place to allocate staff to provide the visits. People received visits from the same staff members on a regular basis. People told us that staff arrived on time and if they were going to be late because they had been, ‘stuck in traffic’; someone would phone the person to let them know. The registered manager told us that new care packages were not accepted until they were sure they could provide the visits the person wanted.

Staff had received training in safeguarding people and knew what they needed to do to keep people safe. Staff had a good understanding of the different types of abuse which could occur and told us they would not hesitate to report anything of concern. Staff knew who to report any concerns to and told us they would not hesitate to report anything if they were worried about the person’s safety. One member of staff described how they had been worried about a person’s safety and told us what action they had taken to make sure the person was safe. There were policies and procedures in place that gave staff the guidance they needed to ensure people were kept safe from harm.

There were systems in place to record any financial transactions. When staff went shopping for people, they recorded how much money they had been given and recorded the change and made sure people had their receipts, so people knew how much money had been spent.

The registered manager or a senior staff member visited people before they started using the agency. Risk assessments were carried out to make sure people were cared for safely. This included assessing risks in respect of people’s physical and health care needs, the environment and any equipment which would be used. The assessment identified any risks and what action should be taken to reduce these risks. Although some of the information lacked detail, staff knew and understood what they needed to do to care for people safely. Staff described how they

Is the service safe?

made sure people had the equipment they needed, such as a walking frame, with them so they were not at risk of falling. Steps were taken to ensure that people's homes were kept safe, for example, information about how to access people's homes was only available to those staff that needed to know.

There were systems in place to manage and report any accidents and incidents. Lessons were learnt from any incidents, for example there had been one missed call and new systems had been put in place to ensure there were no

more missed calls, and people told us that staff always, 'turned up'. Information about any accidents and incidents were recorded with what action was taken and what the outcome was.

There was an on-call system, so staff or people who used the agency could contact a senior staff member in the event of an emergency. There were emergency contingency plans in place. For example, in the event of bad weather, arrangements had been made to access a 4x4 type vehicle which could be used to take staff to visits. Staff members who lived near to people had been introduced so they could visit if driving conditions were bad.

Is the service effective?

Our findings

People told us that staff gave them the support they needed and felt that staff knew what they were doing. One person said, “I don’t have to ask anything or tell staff how to help me, because they know exactly what they are doing”. Another person told us, “I get all the help I need when I need it”.

New staff received an induction when they started work at the agency. Staff spent time in the office reading through policies and procedures and understanding what their responsibilities and accountabilities would be. Each new member of staff had an induction training plan and they were signed off as competent when they had successfully completed the different aspects of the induction. New members of staff shadowed more experienced staff so they could get to know people and learn how things were done in different people’s homes. Staff who had not worked in care before were supported to complete the Care Certificate (which is an identified set of standards that health and social care workers adhere to in their daily working life). This helped staff that were new to care to understand what was expected of them.

Staff were given on-going training relevant to their role so they could deliver safe and effective care. Each member of staff had an individual training plan. The training covered a range of subjects such as moving and handling, health and safety, managing medicines and safeguarding people. Staff told us the training was, “Very good” and said they felt that they had, “Lots of training opportunities”. Staff told us how they put their training into practice, for example making sure people were helped to move safely. Training had also been arranged in the specialist needs of people such as epilepsy, stoma care, dementia care and brain injury, which helped staff to further understand and care for the people they visited. Training was ongoing and records showed that staff training was kept up to date. Staff competencies were checked to ensure they put the skills and knowledge they learnt through their training into practice.

Staff had regular one to one meetings with the registered manager and told us they felt, “Listened to” and, “supported”. Staff said, “There is always someone available to give advice”, and, “I can’t fault the support we are given”. One member of staff told us, “I feel confident that I can speak to the manager about anything and we are supported to learn”. Regular spot checks and shadowing

visits were carried out. These checks made sure that staff were carrying out their roles effectively. Staff received an annual appraisal which was linked to staff’s performance and development.

We checked whether the agency was working within the principles of the Mental Capacity Act 2005 (MCA) to ensure that people were being supported to make certain decisions about their care and safety. In domiciliary care these safeguards are only available through the court of protection. The registered manager was aware of people who had representatives who had a ‘Lasting Power of Attorney’. This was recorded and people were involved in decisions about their care.

Staff described how they supported people to make choices and understood the importance of involving people with decisions about their care. People told us, “They (staff) always ask me about different things. They don’t take over and always involve me in what they are doing”. There were consent agreements in people’s care plans to show they had consented and agreed to the care they would receive. People told us they had copies of their care plans and one person said, “Before I agreed it, we could make alterations. I was fully involved”.

People were asked about their food and drink preferences, when they started using the agency. Staff knew what people liked to eat and drink and helped some people to prepare meals. One person said, “The girls always make my meals for me and I always enjoy them”. Staff made sure that people had drinks and snacks available before they left the visit. Staff also supported people to go to the shop to pick up groceries or went shopping for people. One person said, “We sit and go through my shopping list and then they go and collect it for me. They always get what I want”. Staff told us how they always made sure that people had enough food available, when they visited.

Some people were independent when making and attending health care appointments. Other people needed staff to support them. People told us how staff had helped them to arrange hospital and G.P. appointments and said, “They make sure I can attend these appointments”. Staff monitored changes in people’s needs and contacted health care professionals on people’s behalf, if they were concerned about any changes in the person’s health needs. When a person’s mobility changed, staff contacted the occupational therapist so the person could be provided

Is the service effective?

with any additional equipment to help them with their mobility. Feedback from health care professionals was positive and they told us that they had confidence in the support staff provided.

Is the service caring?

Our findings

People told us that the staff were, 'kind and caring' and that they, 'got on well' with staff. People said, "I just can't fault them, all of them are so caring", "I get a personal service and feel that I matter", and, "They are wonderful people and worth their weight in gold". There were positive relationships between people and staff. People told us they felt comfortable with the staff who visited and they looked forward to their visits.

The registered manager and staff had a good understanding of the people they were caring for. Staff listened to what people had to say and supported people in the way they wanted. Staff told us about the different ways how people liked to be supported and people confirmed that staff helped them in the way they preferred. Staff knew what people did and did not like and what people's preferences were. People were involved in making decisions and planning their care. People told us that a senior member of staff visited them and talked to them about their care. One person said, "I get the care I need because I was listened to".

People said that staff always made time to talk with them. One person said, "They always have a chat with me and we talk about all sorts of things". Another person said, "I can ring the office and chat with the girls there, and they always have time to talk to me". People felt comfortable and confident when they spoke with staff or the registered manager.

People told us they were visited by the same staff and they always knew who would be visiting them and at what time. This helped staff to get to know people and develop positive relationships. Staff told us they valued the relationships they had built up with people and enjoyed

visiting people. People told us they liked being visited by the same staff members and one person said, "I don't worry about who will be visiting because it will be someone I know".

Care and consideration was taken into account when arranging for staff to visit people. Personalities and ages of staff were looked at to ensure that people would get on with each other. People told us that they liked the staff who visited them.

People told us they were treated with respect and that staff were polite and considerate. Staff called people by their preferred names and when we visited people in their homes, we saw that staff were respectful of people's homes and their needs.

People said their privacy and dignity was protected. One person said, "They are very good. When they help me with a bath I have a flannel or towel to cover me where I want to be covered". Staff told us how they made sure people's dignity was respected and explained how they closed curtains and gave people time to bathe in private if they wished, which helped to further protect their dignity.

People were supported to maintain their independence. Staff did not take over tasks for people, but supported and helped them where they needed it. People were encouraged and supported to do as much as possible for themselves. For example, one person needed some help to prepare cooked meals but could make simple meals for themselves. Staff encouraged and supported them to do this and made sure they had everything they needed when making these meals. One person liked to stay as mobile as possible. Staff made sure they had the equipment they needed to move around their home safely and always had their 'lifeline' alert with them, so if they needed assistance they could contact someone.

Is the service responsive?

Our findings

People told us they got the support they needed and staff provided care that met their needs. One person said, “They help me with everything I need. I always get the care I need”. Another person stated, “Staff always know what they are doing and they always check if there is anything I need doing before they go”.

People who had used other agencies told us their experiences with CCK Support Limited were, “Completely different”. One person said, “I had just about given up on care companies, but I found these and they are absolutely brilliant. I can’t praise them enough. They have got us back on our feet again”. Another person said, “This agency does exactly what I need”.

Before people started using the agency, the times and lengths of visits were discussed. This was so the agency could be confident they could meet the needs of the person who wanted to use the agency. A senior member of staff then visited people and discussed their care needs. People received a full assessment, so staff knew what support the person needed and how they wanted to be supported. People were fully involved in the assessment and were given choices about how they wanted to be supported.

Staff developed a care plan with each person. The care plans identified the support people needed with their personal care, medicines, meals and their mobility needs. Some of the care plans lacked detailed guidance about how to support the person. However, staff knew the support each person needed and people told us that staff met all their needs. A copy of the care plan was kept in the person’s own home so staff had immediate access to it. People signed and agreed their care plans. Staff recorded the care they provided at each visit and told us that they always checked that people’s needs were met.

Before a new member of staff visited a person, they were introduced to the person by a staff member who knew them. This gave the person an opportunity to get to know any staff member who would be visiting them. People told us this was, “Particularly important”, because it meant they would know who was visiting them. One person said, “I am never worried about who will visit me, because I know I will meet them before they start the care”. Another person said, “The staff get to know me before they visit and I like that”.

The registered manager responded to people’s requests to make changes to any times of their visits. One person told us, “I wanted different times and they (staff) arranged it, no problem”. Another person said, “If I want to change one visit because I have an appointment, they will always arrange that for me”. Some people preferred a less flexible routine as they did not like change. Staff were aware of this and made sure that people’s visits were structured so they did not become upset or worried about their visits. People told us that staff arrived on time and always stayed their allocated time.

People were able to come and go as they pleased from their own homes. Most people organised their own activities and involvement within the community. However, staff supported some people to access different resources such as attending day centres and going shopping. Staff knew what people liked to do and what people’s hobbies were, so they could encourage and support people to maintain their hobbies and interests.

There was a complaints policy and procedure which detailed the process and timescales for dealing with complaints. This was detailed in the information that people were given when they first started to use the agency. People said they had not had any complaints and knew who to contact if they wanted to discuss anything. The agency had not received any complaints.

Is the service well-led?

Our findings

People told us that they thought the agency was well-led and there was a good management structure in place. One person said, “I feel this is an open and transparent service, where you are listened to”. People told us the registered manager and staff always had time to listen to what they had to say and felt their comments and feedback was acted on. During our visit we heard the registered manager and senior staff talking with people on the telephone and answering any queries or questions.

There were some systems in place to monitor the quality of the service provided. For example, checks were made to ensure people received the right amount of visits and that staff stayed the full length of time. However, there were no proper procedures to check that records were completed accurately and consistently to ensure that people had received the care and support they needed. Daily records were returned to the office on a monthly basis, but there were no systems in place to review and check these for changes in people’s care needs. As this was a small agency, the registered manager and senior staff knew each person well and monitored the care and support they received. Staff reported any changes in people’s needs, but there were no systems in place to monitor this. Care plans were reviewed regularly, but lacked detail about how to support people, and this had not been identified through the quality assurance processes.

There were gaps in the Medicine Administration Record (MAR) charts, and these had not been identified and checked to ensure that people were receiving the medicines they needed. There had been a medicine error and action was taken, with new systems put in place in the person’s home. The person told us the new system, ‘worked well’. However, the records were not accurate and had not been checked to ensure that people had had their medicines.

Systems and processes had not been established to fully assess and monitor the safety of the service provided at all times. This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance questionnaires had been sent out to people to obtain their opinions about the agency. The results had been reviewed and analysed and showed what

people thought about the service. The responses were positive and people said that the agency and staff were either, ‘good’ or ‘very good’ about observing their choices, listening to them and providing the service they needed. Comments from the surveys included, ‘I would recommend CCK unreservedly’, ‘Your staff are unfailingly professional, empathetic, caring, cheerful and efficient’, and, “A friendly, reliable and trustworthy service’.

Staff had plenty of opportunities to have their say. Staff had filled in quality surveys and all the responses showed that staff felt well supported. Staff received regular supervision and could visit the office at any time to discuss their work load or any concerns they had about the people they were visiting. Staff told us that the leadership was, “Good” and they felt, “Motivated” by the registered manager.

Staff knew and understood their accountabilities and responsibilities. Staff were given a handbook which clearly outlined the values of the agency which was to deliver, ‘A personalised and needs led service’ that ‘Promotes and reflects values that focus in the individual’. All the people we spoke with felt they were important and that their opinions counted.

There was a clear vision for the future of the agency which was to provide a consistent and caring service that met people’s needs and expectations. The registered manager and staff told us that people were at the, ‘heart of the agency’. It was obvious when talking with the registered manager and staff that they put people first. Staff told us, “It is all about the people we visit. They have a right to be included because it is their care”, and, “People deserve a professional service with a good standard of care”. People confirmed they felt included, involved and listened to. One person had written to the agency and said, “In a world of deteriorating standards, you stand out as a symbol of excellence”.

Confidential information was held securely and the agency used a computerised system which enabled the registered manager to monitor the visits staff made to people. Records were kept in people’s homes with their permission and staff had access to these when they needed them.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the agency. This meant

Is the service well-led?

we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had not received any notifications.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes had not been established to fully assess and monitor the safety of the service provided at all times. Regulation 17(2)(a)