

CS HOME CARE 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 announced inspection took place on 01 February 2017 with phone calls made to people using the service and their relatives on 03 February 2017. The provider had 48 hours' notice that an inspection would take place, so we could ensure staff would be available to answer any questions we had and provide the information that we needed.

This was our first inspection of this service since it had been registered with us on 26 May 2016.

Charlotte's Care Services are registered to deliver personal care. They provide support to adults living in their own homes. Some people using the service may have a physical disability. 11 people were using the service at the time of the inspection.

The service had a registered manager. 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. The registered manager was available on the day of the inspection.

Recruitment checks did not provide adequate information in order to safeguard people. Staff supported people in a way that made them feel safe. Staff understood the procedures they should follow if they witnessed or suspected that a person was being abused or harmed. People received the support they needed and were satisfied with the timings of calls. Staff had knowledge of the risks posed to people and supported them safely. People received medicines when they required them, however the recording of medicines administered was not always adequate.

Quality assurance audits were not carried out appropriately, so that it was unclear if any patterns or trends were developing which may impact upon the service. People were happy with the service they received and felt the service was led in an appropriate way. Staff were supported in their roles. Staff felt that their views or opinions were listened to.

Staff understood people's needs and provided specific care, people's preferences had been noted, however no history of the person had been provided. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Staff had the skills and knowledge required to support people effectively. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access on-going training and regular supervision to assist them in their role. Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them. Staff assisted people to access food and drink and encouraged people to eat healthily.

People were involved in making their own decisions about their care and their own specific needs. People felt listened to, had the information they needed and were consulted about their care. Staff provided dignified care and showed respect to people. People were encouraged to retain a high level of independence with staff there ready to support them if they needed help.

You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

Medicines and their administration were not recorded clearly.

Staff recruitment was not always carried out safely.

People using the service felt safe.

Is the service effective?

Good 

The service was effective.

Staff were provided with an induction before working for the service, on-going supervision and support.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff assisted people to access food and drink.

Is the service caring?

Good 

The service was caring.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good 

The service was responsive.

Staff were knowledgeable about people's needs.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

The service was not always well-led.

Quality assurance audits were not carried out.

People were happy with the service they received and felt the service was well led.

People and staff members felt that the registered manager was approachable.

Requires Improvement 

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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 01 and 03 February 2017 and was announced. The inspection was carried out by one inspector. The provider had 48 hours' notice that an inspection would take place. This was because we needed to ensure that the registered manager/ provider would be available to answer any questions we had or provide information that we needed. We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority commissioning team to identify areas we may wish to focus upon in the planning of this inspection. The team are responsible for monitoring services that provide care to people. We spoke with three people who use the service, four relatives and two staff members. We looked at four people's care records and three staff member's recruitment, supervision and training records. We looked at systems in place to monitor the quality and management of the service.

Is the service safe?

Our findings

Staff members we spoke with told us that prior to commencing in their role they had been requested to provide references, identification, a full work history and a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We found that staff members were using DBS checks that had been carried out by previous employers and in the case of one staff member no check had been carried out to see if they were barred from working with adults. No new DBS check had been requested by the registered manager and there was no risk assessment in place. This meant that people using the service were not adequately safeguarded. The registered manager told us that this would be rectified immediately with a risk assessment put in place. This is a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 19 (2).

People told us that they were assisted to take medicines and that they received them appropriately. One person told us, "I get the medicine I need at the time I need it". A relative told us, "We haven't had any problems with medicines, they [staff] give them when they should and seem to be checking them". We found medicines that people were taking were listed appropriately in files with additional guidance to assist staff to administer them. However no amounts of medicines were recorded on MAR sheets (medicine administration record), so it was unclear how many had been prescribed and if any had been carried over from the previous month. This could mean that if any medicines were missing staff would not recognise this concern. We found that where medicines were given, "as and when" a protocol was in place. We saw that staff had received training to enable them to give medicines.

People told us about the care they received from staff. One person told us, "They [staff] keep me safe and will even change a light-bulb if I ask to make sure I am safe and not left in the dark". A second person told us, "I feel very safe when they [staff] care for me". Relatives made the following comments, "The staff keep our relative safe and very comfortable", "They [staff] have a gentle approach which keeps people safe", and, "They [staff] keep [person's name] safe, I thank god for everything they do". A staff member told us, "We are trained to keep people safe. I noticed some concerns around a person's behaviour and contacted the manager and then the person's GP. They were really in some need of help it turned out".

Staff were able to describe to us possible signs or symptoms that may indicate someone was experiencing abuse. One staff member told us, "We know people well and could tell if any changes in their behaviour occurred". A second staff member told us, "If we have any safeguarding concerns the manager contacts social workers at the local authority to inform them". We viewed recordings to indicate that this practice did occur. We saw that staff had undertaken training in safeguarding and this was due to be updated as required.

We found that there were no incidents or accidents that had occurred within the service, however there was a procedure to follow should the need be there. Records showed that body maps were completed for people and these recorded such issues as, pressure areas or concerns around skin viability. We found that these concerns were passed onto professionals supporting the person.

Risk assessments were in place to keep people safe. Risk assessments identified and considered the risk and what support could be offered by staff to minimise it. Possible risks considered included, potential hazards within the property, the possibility of falls, skin viability, health and diet, moving and handling and personal care. Risks around equipment used by people were also considered for example the use of hoists and associated slings. Staff were able to speak knowledgeably on these issues and also told us of how keeping people safe extended to how they [staff] entered and left the property and that they were aware of making sure that the property was secured following the care that had been given.

People told us that there was consistency of staff that supported them with one person telling us, "There are enough staff, we receive the same regular carers, I don't want strangers". A relative told us, "We have no problem and know the staff well. If new staff come in then the manager comes and shows them what to do". A staff member told us, "It is only a tiny company with not too many clients, so we know people and have a good work life balance". People told us that they did not receive any late or missed calls with comments being, "No late or missed calls, not even on Christmas day or New Year's day", and, "The staff always text if they are stuck in traffic and may be few minutes late".

Is the service effective?

Our findings

People told us that the service provided was effective. One person said, "They are so good, it is reassuring how much they know about caring for people". A relative told us, "They [staff] certainly know their stuff and they want to know all about [person's name]. [Manager's name] came to the hospital before [person's name] came home, so that they could learn about their needs". Staff members we spoke with were able to speak with knowledge on the needs of the people they supported.

A staff member told us, "My induction was informative and the help from the manager was invaluable". We saw that staff members were inducted using the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. Staff members told us that they completed regular training, the most recent being awareness of Diabetes. A relative told us that where one person required specific assistance as part of their personal care, training had been put in place to enable this to be carried out. Staff members told us that they had regular supervision with the registered manager and records confirmed this. Staff members also shared that they felt listened to by the registered manager and could approach her at any time.

We saw that where staff had discussions with professionals around people's care this was recorded and staff knew how to contact any professionals. We saw that any concerns were also raised with staff members within supervision. One staff member told us, "The manager has a good relationship with professionals and they know us now too, as we get in touch with them".

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) 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. The application procedures where personal care is being provided must be made to the Court of Protection. The provider had knowledge of the principles of the MCA. We saw that the initial assessment carried out to determine people's needs asked if people could make decisions for themselves and we saw that in two cases where family or friends had power of attorney to help people make decisions copies of the paperwork was recorded. This assisted to make the registered manager aware of what areas of decision making the power of attorney covered. We saw that friends or family with power of attorney were notified of any issues and were included in decision making by the registered manager.

Staff we spoke with were familiar with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) we found that staff knew that they should not restrict the person and that they should ensure that people consented to their care and support. We found that care plans informed staff to seek consent from people before carrying out tasks and that consent forms had been signed by either the person or a relative or friend where the person had a lasting power of attorney in place.

One person told us, "The staff always ask for my consent". A relative told us, "Every single time they [staff] always ask for consent and tell [person's name] what they will be doing". A staff member told us, "I always ask for consent, even if people don't have capacity their brain is still working in some way. You can't make people do things as they still have rights".

People told us that they were satisfied with how meals were prepared for them and one person told us, "I am very happy with the quality of the meals and they will leave sandwiches and drinks out for me. They [staff] even bring food for the cat if I ask them to". A relative told us, "[Person's name] requires their food done in a specific way and it is always done correctly". A second relative told us, "[Person's name] needs to drink more and they [staff] encourage them and leave out drinks they like". A staff member told us, "We always make sure that the person is eating and drinking and what they like and dislike. Some people like a glass of wine with lunch and we make sure that they get what they want". Staff we spoke with were able to tell of us people's nutritional needs and how people with little appetite were offered alternatives such as milky drinks and light snacks.

A relative told us, "If [person's name] needs the doctor there is no hanging about, and we are called straight away". A second relative told us, "An ambulance was called when [person's name] required it and we were given all of the details". We saw that information was kept on hospital appointments so that staff were aware of any health issues and information was recorded for issues such as the use of hearing aids, glasses or any allergies.

Is the service caring?

Our findings

One person told us, "They are very kind and caring staff, always have time to chat and we natter whilst they work, I look forward to it". A relative told us, "They [staff] are such a help to us, our previous carers were so condescending, but not these, they are so caring and nothing is too much trouble". A second relative said, "[Registered manager's name] really cares. If [person's name] wants her specifically to come she will always make time". A third relative shared, "[Registered manager's name] is always contacting us to see if [person's name] is okay, we could go to her with the slightest thing". Staff we spoke with were able to tell us in detail how the person wanted to be looked after and what their likes and dislikes were. We saw that plans put the person at the centre of the care with the initial question to the person being, "What assistance can be put in place to make your life easier?".

One person told us, "I choose what I want, there is still some life left in me and I know what I want". A relative told us, "[Person's name] makes all their own choices". A second relative told us, "[Person's name] made a choice, but didn't have the confidence to carry it out, the staff encouraged and supported them and now they access the community every day, as that is their choice". A staff member told us, "We are constantly asking people what they want or what they like, it's all about their choices".

One person told us, "I like to wash myself and the staff encourage it, but they know some days it is too hard, so they will help then". A relative told us, "I have seen a difference in [person's name] since they have been encouraged to be more independent, it has given them more life". A staff member told us, "People are encouraged to be independent where they can carry out care for themselves, but where it is too difficult they are supported to do so". We saw that records gave an indication of the person's level of independence.

People told us that staff maintained their privacy and dignity. One person told us, "The staff always keep me covered and away from the window when dressing me". A relative told us, "The staff really think about dignity and they retreat from the room whilst [person's name] washes themselves and only return to do what they need help with". A second relative told us, "Dignity and respect is taken seriously, they [staff] ask how [person's name] wants things done and they are always in control of the situation". A staff member told us, "I treat people as I would wish to be treated, everybody deserves dignity and privacy, but especially in their own home".

Although nobody was using an advocate through the service, staff were able to tell us about the advocacy policy. An advocate is a person who supports and enables others to express their views and opinions and access information and services. We were told that staff would refer people onto an advocate through social workers at the local authority.

Is the service responsive?

Our findings

People told us that they felt that staff understood their care requirements well, one person told us, "[Registered manager's name] was here for over an hour to discuss the care plan, so they knew what I needed". A relative told us, "They [staff] fully discussed the care plan with us and didn't hurry us up to find out [person's name] needs". Staff we spoke with told us that they regularly checked the care plan for any changes and also discussed people's needs with the registered manager, who would then update the care plan.

We saw that the care plan looked at the person's needs and focussed upon hygiene needs, mobility and social and emotional needs. Records we looked at showed that the care plan had been written up in partnership between the person receiving care, family members and staff. We saw that reviews had yet to be undertaken, but would be when they were due. We saw that within the care plans there was no history of the person taken, so staff were unfamiliar about previous experiences and how this could impact upon the person. The registered manager acknowledged this and told us the information would be taken and recorded.

One person told us, "There is not much to complain about". A second person told us, "I am not sure if I had the complaints policy, but I would know how to complain". A relative told us, "We have made no complaints, but whatever we have asked of them [staff] has been done as soon as possible". A staff member told us, "If we receive any complaints we pass them onto the manager and we would work with her at this point to solve the complaint". We saw that where a complaint had been made and an investigation was carried out the complainant was informed of the outcome. Action was taken in the form of staff spot checks and extra supervisions.

We found that feedback had only been taken in response to the first visit to see the person and whilst this was positive it did not provide an on-going picture of the care provided and people's thoughts on it. The registered manager showed us that the templates for the initial feedback would be used for wider evaluation in the coming months.

Is the service well-led?

Our findings

We saw that no auditing of records was being undertaken. Daily recordings, medication administration, staffing or complaints or concerns were among records that were not looked at to provide an overview of the service or take any learning to develop the service. This may mean that if any patterns occurred that showed a concern regarding a person's wellbeing, this may be overlooked by staff. Errors in recruitment were not highlighted due to lack of audits in place. The registered manager told us that she would develop a schedule for auditing and implement it immediately. She showed us a plan before the end of our visit.

We found that no team meetings were carried out, therefore staff were unable to discuss any issues collectively and learn from each other's practice. The registered manager told us that as staff were always so busy and there was only three of them they chatted individually rather than meet up as a group. Spot checks had been carried out to assess the staff's competency and these were discussed within supervision.

People using the service and their relatives praised the standard of care highly and shared with us the following comments; "They [staff] are professional but caring". "We tried a different company, but [person's name] didn't like them so we tried this one, we just couldn't ask for better". Also, "I have a good understanding of care, so I look at what is provided with very critical eyes and I have to say that I am just thrilled to bits with this company", "The care is exceptional, I can't fault it, they are better than any other agency and are 100% honest".

People were complimentary regarding the registered manager's leadership style. One person told us, "The manager would always listen and takes our issues so seriously, she is a great manager". A second person shared, "The service is very well led, she is an approachable manager and we can say anything to her". A relative told us, "The care agency is so well led, it is brilliant. I would pay her [registered manager] double her wages if I had to". A second relative said, "The service provided is very well led, we could do with a few more like [registered manager's name]". A staff member told us, "[Registered manager's name] is a good manager I am impressed by her and am happy working for her".

Staff told us that they felt supported by the registered manager and one staff member said, "She is always there, be it at the end of the phone or in person, staff always feel supported". Another staff member said, "The manager places us in locations that she knows we can get to easily, we are not overworked it is great".

We saw that a whistle-blowing policy was in place. Whistle-blowing is the procedure taken when staff inform a responsible person of concerns where practice being carried out is below an acceptable standard. A staff member shared with us, "I have been told how to whistle-blow and would do it if I needed to".

We had not received any notifications as no incidents had occurred, but the registered manager and staff were aware of the process to take, should a concern arise. We saw that a policy was in place for this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment checks were not robust to minimise risks to people.