

Community Therapeutic Services Limited

CTS Domiciliary Care

Inspection report

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13 May 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: CTS Domiciliary Care is a domiciliary care service providing personal care and support for people with a learning disability, autism and mental health needs in their own homes in the Worle and Weston Super Mare area. At the time of the inspection four people were receiving personal care regulated by the Care Quality Commission.

People's experience of using this service: People were supported by a consistent and stable staff team who knew people's care and support needs well. Staff supported people in developing and maintaining their independence, which was key to the services aims.

Care records were not always up to date or accurate. Systems to monitor the quality of the service were in place but actions identified had not always been completed.

People said they felt comfortable in raising any concerns or issues. We received positive feedback about people's experiences of the support they received. People told us that staff treated them with dignity and respect.

People's support was tailored to their individual needs such as support with shopping, cooking and activities. Staff facilitated new opportunities and activities for people to try and be involved in.

Staff received an induction when they started at the service, on going training and supervision. Regular meetings were held, which staff contributed to.

People and staff spoke positively about the registered manager. Staff said they were valued and supported by the provider.

For more details, please see the full report which is on CQC website at www.cqc.org.uk
Rating at last inspection: Good (November 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

CTS Domiciliary Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

CTS Domiciliary Care is a domiciliary care service providing personal care and support for people in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care service and we needed to be sure that the registered manager and other senior staff would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service.

Inspection site visit activity started on 10 May 2019 and ended on 13 May 2019. We visited the office location on 10 and 13 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once

annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection we spoke with two people using the service, a staff member and the registered manager. After the inspection we spoke with one relative of a person who used the service and two staff members. We received feedback from one health and social care professional. We reviewed three people's care and support records. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people in areas such as activities, money management, personal care and health needs. However, some risk assessments were outdated or had not been updated when there had been a significant change. Such as, a change of environment. We have referred to this in the well-led domain.
- Environmental risk assessments were completed. Regular checks on people's environment were conducted. People were supported and involved with keeping their environment safe.

Using medicines safely

- Medicine Administration Records (MAR) were completed and showed people had their medicines as prescribed.
- Protocols for one person's 'as required' medicines were not available in their home for staff to access and temperatures of storage areas where medicines were kept were not monitored. The registered manager addressed these during the inspection.
- We highlighted to the registered manager that the signing in of medicines did not consistently use the same method. They said this would be reviewed.
- Medicines were administered by staff who had their competency assessed to ensure their practice was safe.

Staffing and recruitment

- Rotas demonstrated staffing numbers were kept at the level deemed safe by the provider. A staff member said, "No issues with staffing. Consistency is really important [for people.]"
- Staffing was consistent to ensure stability and familiarity for people.
- An on-call system was in place to support staff out of office hours.
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about potential signs and types of abuse and how to report concerns.
- Staff received regular training in safeguarding adults.
- The registered manager was aware when concerns required reporting to the local authority and Care Quality Commission.

Preventing and controlling infection

- People were supported to maintain a clean environment.
- Infection control policies were in place, which staff were aware of.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. No recent accidents or incidents had occurred with 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff completed a four week induction. This involved mandatory training, orientation to the service, getting to know service users and shadowing a more experienced staff member. A staff member commented, "I can't fault it [the induction]. There was a supportive process afterwards."
- Staff received training in areas relevant to their role, such as first aid, fire safety and moving and handling. A staff member said, "The training is really good." Staff spoke highly of the training they had received in autism and how this had developed their practice. The service facilitated and encouraged staff to develop their skills and knowledge through recognised qualifications in health and social care.
- Staff had supervisions with their line manager and said these were supportive. A staff member said, "I receive regular supervision and can always ask to speak to [Name of registered manager]."

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

- People were supported as required in shopping and preparing meals. One person said, "I cook for myself and shop for myself."
- Information was in people's care plans about the support they required in regard to nutrition and hydration.
- One person told us how the service had assisted them in learning about healthy food options and losing weight. They said, "I make healthier food choices now. Look I have bought spinach and wraps."

Staff working with other agencies to provide consistent, effective, timely care

- The staff worked alongside other professionals to ensure care was effective.

Adapting service, design, decoration to meet people's needs

- People were supported to design and adapt their homes to their own choice and needs. For example, a person had hand rails installed in the bathroom. One person said, "I love my house." Another person said, "It is nice having more space."

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's capacity in different areas of their care had been considered in their care plan.

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

- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture and religion, which was recorded in people's care plans.
- Staff had a clear understanding of the MCA and gave examples of how they supported people in their decision making. For example, one staff member explained how they discussed with a person the different options of where to do their food shopping and what the differences were. The person then chose where they would like to shop that day.
- People were empowered to make their own choices and decisions.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were documented in their care plans. Staff had good knowledge of people's support needs.
- People told us they were supported as required to attend health appointments.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. One person said, "The staff are amazing. Another person said, "The staff are alright."
- We received positive feedback about the staff. A relative said, "[Name of person] has good relationships with staff."
- We observed people were comfortable and relaxed in the presence of staff. A health and social care professional said, "Staff I've met seem to know the client well."
- The service had received several compliments. These had praised the work of staff and their knowledge of peoples support needs. One person had commented on the excellent work of their keyworker. A relative said, "[Name of person] is very happy."

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

- People were asked and consulted about their care. For example, one person on the day of our inspection met with relevant people to review their care. A staff member said, "Most people have a good input into their care plans." Another staff member said, "[Name of person] will tell you what they want to put into their care plan."
- When individual issues or concerns arose, people met to agree strategies that may aid and support them to make positive changes.
- People had an allocated keyworker to oversee their care and support. One keyworker explained how they were supporting a person in organising their holiday.
- Keyworkers met with people on a monthly basis to review their care and support.

Respecting and promoting people's privacy, dignity and independence

- Supporting people to develop and maintain their independence was key to the services aims. The service worked with people in developing their individual skills and goals.
- Staff knew how to maintain people's privacy and dignity. Some staff were dignity champions and had attended additional training in this area.
- Care plans described how people were encouraged and supported to be independent. This described what people could do for themselves and where people required assistance.
- People were supported to maintain family and social relationships.
- Staff were clear on their roles around confidentiality of information. Peoples wishes about sharing their information was respected.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were in place which described people's care and support needs which were individual to them. However, care records were not always up to date. We have referred to this in the well-led domain.
- People's likes, and dislikes were documented. For example, one person liked watching soap operas on television but disliked bad weather.
- Care plans described people's preferred methods of communication and gave guidance to staff on effective communication.
- People were supported in activities of their choice. This included shopping, walks and eating out. The service was flexible and enabled people to plan ahead but also make day to day decisions about how they spent their time.
- The service encouraged and facilitated people to try new activities and opportunities to enhance their wellbeing, health, social enjoyment and independent skills. This included a cookery class, a disco and visiting the laundrette.
- Staff supported people to develop strategies when they felt distressed or anxious. For example, one person now shopped online when they felt unable to go shopping.
- Behaviours were monitored if appropriate to establish any patterns or trends and to ensure responses were effective.

Improving care quality in response to complaints or concerns

- The service had received two complaints since January 2017. Complaints were fully investigated, and actions taken to address the issues.
- People said they could raise any concerns with staff. One person said, "I can talk to my keyworker."

End of life care and support

- No end of life care plans were currently in place. The registered manager took actions during the inspection to develop this area.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Care records we reviewed were not always up to date and contained information from several years ago. This meant that care records were not always reflective of people's current support needs. One person's file we reviewed had handwritten changes over several years which meant it was not always clear what the current plan of care was.
- Care plans were being transferred to a new format and we saw some of these which had been completed. This meant that information could be updated when required and be more accessible to people.
- Care plans were reviewed monthly. However, these reviews were not always meaningful and often documented 'no change'.
- Systems were in place to monitor and review the quality of the service. Previous audits had identified that information in care plans and risk assessments required updating and that some areas of medicine management required reviewing. However, actions identified had not always been completed. We were sent actions that had been taken immediately after the inspection around updating care records.
- Notifications of important events were submitted to CQC as required.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service office and on their website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and staff spoke positively about the registered manager. One person said, "[Name of registered manager] is the best manager. A staff member said, "Nothing is ever too much trouble for the registered manager. [Name of registered manager] listens to staff." Another staff member said, "Lots of things are moving faster now. [Name of registered manager] listens and gets things done."
- The service respected people's wishes around communicating and involving family members. One relative said, "They communicate well, they will call."
- Systems were in place to communicate within the service. Staff completed handovers, daily records and communication books.
- Staff said they were valued by the provider. One staff member said, "All in all the company supports staff very well." Another staff member said, "Support from the service has been fantastic."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people, relatives, staff and professionals. Results received were positive. One

person had commented, "I am new to supported living, but I am enjoying the support and independence." A relative had said communication was, "Excellent."

- Staff said whilst they mainly lone worked the systems in place ensured they "Worked closely together as a team."

Continuous learning and improving care

- Meetings were held with staff. Staff members told us meetings were well attended and they could raise any issues or concerns.
- Staff were encouraged to develop their knowledge and skills by undertaking further training and qualifications. For example, one staff member had completed a qualification in health and safety.
- Senior staff attended local networks and forums which enabled them to share and learn from best practice.

Working in partnership with others

- The service sought links with community organisations and groups. For example, a local college and community centre. This enabled people to try different courses, social groups and activities available.