

CCS Homecare Services Ltd

# CCS Homecare Services Limited

## Inspection report

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21 December 2016

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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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 16 and 21 December 2016. It was an announced visit to the service.

We previously inspected the service on 11 October 2013. The service was meeting the requirements of the regulations at that time.

CCS Homecare Services Limited provides domiciliary support to people in supported living properties. Twenty three people were receiving support with personal care at the time of our inspection. People using the service were mostly adults under the age of 65 with learning disabilities or mental health needs. Support was being provided in the Slough, Hillingdon, Surrey and West Berkshire areas.

The service had a registered manager in post. 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.

We received positive feedback about the service. Comments from people included "Happy with staff" and "Nice people." One person said their keyworker was "Brilliant." A relative told us the house manager where their family member lived was "Clearly very committed to her job and interested in the individuals." They considered their relative was "Provided with all that he needs" and added "The staff have created an environment where he is happy and settled and wants to stay." Another relative said "I feel very reassured that my (family member) is in such safe hands. I cannot praise the whole lot of them highly enough." They added "I have only good things to say about Comfort Care Services. They are a wonderful service provider who very much live up to their name." A social care professional told us "The manager and all CCS staff are extremely approachable, responsive and deal with any issues or concerns that we may raise with them. The management team are open to discussion about improvements or changes and work with the council to deliver high quality services." They added "CCS endeavour to always put the service user first and at the centre of any support they provide."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Risk was managed well at the service so that people could be as independent as possible. Risk assessments had been written to reduce the likelihood of injury or harm to people during the provision of their care.

We found there were sufficient staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction, regular supervision and appraisal of their performance. There was an on-going training programme to provide and update staff on safe ways of working.

People told us they were treated with dignity and respect. They were involved in decisions about their care

and support and their independence was promoted.

Care plans were centred around the needs of the person and documented how they wished to be supported. Care plans had been kept up to date to reflect changes in people's needs. People were supported with their healthcare needs and medicines where necessary.

The service was managed well. Staff told us they felt supported and would be confident in raising any concerns about people's care with the manager or provider. The provider regularly checked the quality of care through visits and audits. Records were maintained to a good standard and staff had access to policies and procedures to guide their practice.

## 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.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

### Is the service effective?

Good ●

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

### Is the service caring?

Good ●

The service was caring.

People were supported to be independent and to access the community.

People's views were listened to and acted upon.

Staff treated people with dignity and respect and protected their privacy.

### Is the service responsive?

Good ●

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service. People were able to identify someone they could speak with if they had any concerns.

The service responded appropriately if people had accidents or their needs changed, to help ensure they remained independent.

### Is the service well-led?

Good ●

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

The provider monitored the service to make sure it met people's needs safely and effectively.

The registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

# CCS Homecare Services 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 checked 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 16 and 21 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care or supported living service; we needed to be sure that someone would be available to assist with the inspection.

The inspection visits were carried out by one inspector. An expert by experience made telephone calls to some of the people who use the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before 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 service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted community professionals, such as local authority commissioners of care. A visit was made to one of the supported living properties. We also contacted three people's relatives to ask them about standards of care at the service. Nine members of staff were contacted by email to invite them to provide feedback about the service.

We spoke with the registered manager and the human resources manager. We checked some of the required records. These included care plans, people's medicines records, staff recruitment and

development files and a selection of policies and procedures.

# Is the service safe?

## Our findings

People were kept safe at the service. A relative told us "I have no concerns at all over (name of person)'s safety. He appears to be well supervised and is always accompanied when he goes out. He does not have access to knives. There were some initial concerns over staffing when the house was first set up and new staff were being recruited, although this was quickly resolved and there have been no issues at all since those initial teething problems." Another relative said "I feel very reassured that my (family member) is in such safe hands. I cannot praise the whole lot of them highly enough."

The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Information about reporting abuse was displayed in the property we visited. Staff had also undertaken training to be able to recognise and respond to signs of abuse.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. We read assessments to support people to use kitchen facilities, access the community and for their personal care, as examples. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. For example, where people needed assistance to reposition. This ensured people were supported safely.

We saw emergency evacuation plans had been written for each person. These documented the support people needed in the event of emergency situations. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately to emergencies.

Staffing rotas were in place. Staffing levels had been determined from carrying out assessments of people's needs. People we spoke with and relatives told us staff were around when people needed support and to help them access the community. One relative said their family member "Appears to be well supervised and is always accompanied when he goes out."

People were protected from the risk of unsuitable workers supporting them. The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. Recruitment files contained all required documents, such as a check for criminal convictions, proof of identity and written references. Gaps to employment were clearly accounted for in each case.

People's medicines were managed safely. People were supported to manage their own medicines where possible, subject to risk assessment. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. People told us they received their medicines when they needed them and knew what their medicines were used to treat. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail.

The registered manager told us they would take action where staff had not provided safe care for people.



For example, where errors occurred. This included re-training staff if appropriate and use of disciplinary proceedings where necessary.

# Is the service effective?

## Our findings

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work which led to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

Training was also included in the induction. Courses were completed on areas such as fire safety awareness, first aid, safeguarding from abuse and moving and handling. Staff completed training on epilepsy and, where necessary, on use of rescue treatments. Rescue treatments are taken 'as needed' to stop clusters of seizures, seizures that last longer than usual or when seizures occur at specific predictable times. This helped ensure people received effective care that met their needs.

There was a training programme to update staff skills and knowledge. A matrix was maintained which showed when courses had been completed and were coming up for renewal. This showed staff training had been kept up to date.

Staff received regular supervision from their line managers. Staff met with their managers to discuss their work and any training needs. This meant staff received appropriate support for their roles. Appraisals were undertaken to assess and monitor staff performance and development needs.

Staff told us they felt valued and supported. They said they could access managers or other senior staff when they needed advice, or in emergencies, and received a prompt response.

We observed staff communicated effectively about people's needs. Relevant information was documented in electronic and other records about people's health and welfare. Handovers took place to share information between staff.

People were supported with meals and shopping, where appropriate. Care plans documented people's needs in relation to eating, drinking, cooking and meal preparation. This included information about dietary likes and dislikes and any support people required. We saw staff noted information about the meals people had, where this was appropriate. One relative told us their family member received good support with their dietary needs and described staff as "Finding innovative ways" in doing this. They added "There are high standards with the food."

People were supported with their healthcare needs. Health action plans were in place describing the support people needed to maintain their health. Staff maintained records of when people had been supported to attend healthcare appointments and the outcome of these. The records showed people routinely attended appointments with, for example, GPs, dentists, opticians and hospital specialists.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For domiciliary care services, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the service had obtained copies of legal documents to show who could make decisions on people's behalf. This ensured they involved the right people in making decisions on service users' behalf. A relative told us "I am encouraged to be involved in the decision making process as and when it is appropriate."

## Is the service caring?

### Our findings

We received positive feedback from people about the approach staff took. Comments included "Happy with staff" and "Nice people." We asked one person if staff were kind and caring; they replied "Yes." Another person told us their keyworker was "Brilliant." They said this was because they were "Very supportive and she knows exactly what I need, when I need it." A relative said staff were "Polite and courteous and approachable." They added the house manager where their family member lived "Is also clearly very committed to her job and interested in the individuals."

Another relative told us "Every member of the company from the boss... through to the managers... carers... and all the others are the most warm, kind, caring, efficient and wonderful people you could ever hope to have looking after a loved one. They are always trying to find ways to stimulate and nurture their charges, taking them out and about, doing crafts, singing and dancing, encouraging them to do as much for themselves as they can but always being there to help when help is needed. They really do provide a warm, supportive, homely environment whilst giving their clients as much autonomy and choice as possible, encouraging them to make their own decisions but not forcing them."

People told us staff were respectful towards them and treated them with dignity. One person said "They wait for a response before they come in, they always knock." They added "They respect me and cover me over with a towel (during personal care) if someone comes to the door."

The service took into account people's needs arising from equality and diversity. Care plan assessments included details of any religious and cultural needs. Information was provided about special dietary requirements and any support people required to manage disabilities.

People told us they were involved in making decisions. This included decisions about meals, going out into the community, attending Christmas events, encouragement to undertake household chores and participation in reviews of their care. One person told us "From day one, they asked me about the support I needed." We saw people were involved in progress reports about their health and well-being. These were completed between people and their keyworkers on a weekly, monthly and quarterly basis.

We saw some documents had been produced in easy read formats, to meet people's different communication needs. This included care plans and service user satisfaction surveys.

The service promoted people's independence. Risk assessments and support plans were in place to assist people with tasks such as accessing the community and undertaking household chores. One person told us they had the level of independence which felt right for them. They said staff did not take over and added "They won't stop you being independent. They'll ask if they can help if they see you are having difficulty, like if you drop something in the kitchen."

## Is the service responsive?

### Our findings

People were supported by a service which was responsive to their needs. A relative told us "The staff listen to (name of person)'s requests and try to assist him to do all those things that are important to him. They are finding away to get things done."

People's needs were assessed before they received support from the service. Information in these initial assessments was then used to develop care plans. Care plans were personalised and each file contained information about the person's likes and dislikes. There were sections in care plans about supporting people with areas such as their personal care, dressing and grooming and housekeeping tasks. We saw assessments to support people to manage their medicines and finances. Behavioural support plans had been written where needed. These included information about any known triggers and what staff needed to do to reduce the likelihood of people becoming distressed. Care plans had been kept under review, to make sure they reflected people's current circumstances.

People told us they had a keyworker. A keyworker is a named member of staff who had responsibility for ensuring people's care needs were met. This included supporting them with activities and would spend time with them.

There were procedures for making complaints about the service. Complaints and concerns were taken seriously and used as an opportunity to improve the service. Records showed complaints had been investigated and appropriate action was taken. We saw the service had also received compliments. One example of a compliment showed the service had been responsive in changing someone's keyworker to a different member of staff. This suited the person's needs better. People told us they would speak with their keyworker, other staff or a relative if they were worried or had any concerns. They said they would feel confident in being listened to by the service.

People were supported to follow their interests and take part in social activities, education and work opportunities. One person told us they attended a day service four days a week. A relative told us staff had taken the time to make enquiries to enrol their family member on a college course. They added "They are also taking him to a Mencap social evening every Thursday because he specifically wanted to meet up with old friends from a long time ago. The staff appreciate these things are important and we appreciate that."

Staff took appropriate action when people had accidents or incidents occurred. Records showed appropriate action was taken when people fell or became unwell. We saw measures were put in place to prevent recurrence. For example, a rug was removed after someone tripped over it. When some money was found to be missing from one of the properties, this was reported to the police and access to cash was restricted to one nominated member of staff per shift.

## Is the service well-led?

### Our findings

The service had an experienced and skilled registered manager. They facilitated arrangements for the inspection visit and co-operated with our requests for information throughout the course of the two days.

We received positive feedback about how the service was managed. One person described it as a "Very good service" and said it met their needs well. A relative said "I have only good things to say about Comfort Care Services. They are a wonderful service provider who very much live up to their name." A social care professional told us "The manager and all CCS staff are extremely approachable, responsive and deal with any issues or concerns that we may raise with them. The management team are open to discussion about improvements or changes and work with the council to deliver high quality services." They added "CCS endeavour to always put the service user first and at the centre of any support they provide."

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, lone working, whistleblowing and safe handling of medicines. These provided staff with up to date guidance.

Staff were advised of how to raise whistleblowing concerns during their induction to the organisation. Whistleblowing is raising concerns about wrong-doing in the workplace. This showed the service had created an atmosphere where staff could report issues they were concerned about, to protect people from harm. A member of staff told us they would feel confident in raising concerns. They added "Staff here are encouraged to raise any concern and to make suggestions and recommendations if they have better ideas or ways of doing things."

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. They told us they were kept up to date with changes to people's care and new ways of working.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about relevant events and from these we were able to see appropriate actions had been taken.

The provider regularly monitored the quality of care at the service. This included visits to the supported living properties and audits of practice. Audits covered areas such as medicines practice, staffing, people's care records and finances.

People were asked for their views about the service. Monthly service user satisfaction surveys were used. These included questions about feeling listened to, being treated with dignity and respect and standards of support from their keyworker. We saw that where any negative views were expressed these were followed up with the person to see what improvements could be made.

We found there were good communication systems at the service. Meetings were held for people who used the service. These provided an opportunity for communication between people who use the service and staff about concerns or improvements that were being made. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.