

Consummate Care (UK) Ltd

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Inspection report

1st Floor, Kensington House
50-52 Albany Road
Coventry
CV5 6JU

Tel: 03335778707

Website: www.consummatecare.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Consummate Care UK is a domiciliary care agency which provides personal care to people in their own homes. The service provides support to adults with a range of needs including people living with dementia, physical disabilities and sensory impairments. At the time of our inspection 74 people were receiving personal care. CQC only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People felt safe with the support they received. Staff knew how to keep people safe and protect from harm. Risks associated with people's care and their home environments were identified and assessed. People received their medicines safely, when needed by staff trained in medicine management. Staff were recruited safely.

Quality assurance systems were in place to monitor and review the quality of the service provided, for example, audits of care records. The staff team worked in partnership with a range of professionals to achieve good outcomes for people. Staff felt supported by the registered manager who worked in an open and transparent way.

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

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

Rating at last inspection

The last rating for the service at the previous premises was good (published 5 July 2018).

Why we inspected

The inspection was prompted due to concerns received in relation to the scheduling of call times, and the safety of people using the service. As a result, we undertook a focused inspection to review the key questions safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Consummate Care UK on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspectors visited the service and the Experts by Experience gathered feedback about the service from people and relatives via the telephone.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC and sought feedback from the local authority who work with the service. We used the information the provider sent us in

the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 7 relatives about their experience of the care provided. We spoke with 8 members of staff including the nominated individual, registered manager, deputy, co-ordinator and carers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from a health care professional who worked with the service.

We reviewed a range of records, including 7 people's care records. We looked at 4 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- Lessons had been learnt. We found the registered manager had taken action to address the concerns shared with us prior to our inspection. This ensured people received safe support from staff who knew and understood their needs.
- People's care and support needs were assessed before the service started to ensure these could be met safely.
- People and relatives told us staff supported them safely and their care needs were fully met. One person said, "I'm very happy with the care I have no concerns at all." One relative told us, "Staff are wonderful and are respectful. Another relative said, "Staff do a good job and are trained in what they do."
- Risk associated with people's care and home environments were assessed and well managed. Risk assessments informed staff how to provide safe care and were regularly reviewed.
- Staff recorded incidents and accidents, and these were reviewed by the registered manager and action taken to prevent reoccurrence.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff have received MCA training and demonstrated an understanding of the principles. One staff member told us, "I always ask permission and respect people's choices." This was confirmed by people and their relatives.
- The registered manager told us if people lacked capacity to make specific decisions, they would involve people's representatives and healthcare professionals to ensure any decisions made would be in their best interests.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person told us, "My regular carer is very experienced and very good at their job." Another person said, "I feel safe with the staff."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to the registered manager. Staff were confident their concerns would be followed up.
- The registered manager understood their responsibility to report any concerns to the local authority and to CQC to ensure any allegations or suspected abuse were investigated.

Staffing and recruitment

- There were enough staff to provide people's planned care calls. People were happy with their call times although provided mixed feedback about whether they were informed if staff were running late. One person said, "They don't phone me, if running late." Another person said, "They usually arrive on time and do ring me if they are running late."
- Staff were recruited safely in line with the providers procedure.
- The provider had an electronic system in place to monitor the time staff arrived and left people's homes. The management team checked this regularly to ensure people had received their planned care. This ensured any missed or late calls were quickly identified and addressed.

Using medicines safely

- People received their medicines as prescribed. There were systems in place to ensure this was done safely. One relative told us, "Staff manage [Person's] medication and stay with them until they have taken it."
- Staff completed training to administer medicines and competency assessments were completed to confirm they did so safely.

Preventing and controlling infection

- People and relatives confirmed staff wore personal protective equipment (PPE). One relative said, "Staff are very good with the hygiene side of things and do wear PPE."
- Staff received training in infection control and understood their responsibilities. They told us there was a good supply of PPE to maintain good infection control practice.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke positively about staff. One person said, "Staff are friendly, I like that they come in, I'm happy." Another person told us, "The staff I have go the extra mile, a bit more even."
- The registered manager used a range of quality audits and checks to monitor the service and drive forward improvements, where shortfalls were identified, action was taken to address these, including reviewing call schedules and staff induction. This demonstrated lessons had been learnt.
- Staff felt supported and received the guidance they needed to fulfil their roles through individual and team meetings. One staff member told us, "I enjoy the job and being able to connect with people." Another staff member said, "I love the job, the company is brilliant."
- The registered manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were happy with the service provided and the way the service was managed. Comments included, "Perfect", "We are happy with the care," and "Staff are good, I have already recommended this company."
- A few people commented about the inconsistency of staff who supported them but felt this had improved recently. The registered manager told us they had recently reviewed the call schedules to address this.
- People and relatives were encouraged to provide feedback through annual surveys and felt their views were listened to.
- People were asked about their preferences for example, being supported by female staff. This preference was recorded in their care plan and respected by staff which was confirmed by relatives.
- The providers' policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equality Act 2010.

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

- Staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing as seen in the records we viewed.
- One professional said, "Communication with the service was good, staff were already proficient with

equipment which was impressive. I observed staff to be respectful, kind and patient with people."

- The registered manager understood the need to be open and honest when things went wrong in line with the responsibilities under the duty of candour.