

CTRC Community Interest Company

CTRC CIC

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses. People who use the service are older adults and younger adults who have a learning and/or physical disability. This is the only location operated by CTRC CIC which is a not-for-profit Community Interest Company.

There were 21 people using the service at the time of this inspection including people who received 24 hours live in support from the service. The service also offered outreach support to people in the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, 11 people received support with personal care.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care and right culture.

Right Support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported to have the maximum possible choice and control, to be as independent as possible and to have control over their own lives. Staff supported people to make decisions and communicated with people in ways that met their needs. Staff also supported people to take part in activities and pursue their interests in their local area.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff understood and responded to people's individual needs. People's care plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture

People received good quality care and support because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 April 2019) and we made a recommendation. At this inspection we found improvements had been made and the provider was meeting the regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 29 and 30 January 2019 and made a recommendation that the provider review their processes around people giving consent to their care to ensure they are working in line with the Mental Capacity Act 2005.

We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for CTRC CIC 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

CTRC CIC

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 was conducted by 1 inspector. After the inspection, an Expert by Experience supported the inspection by making phone calls to people who used the service and their relatives to ask for their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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. However, they were not available on the day of the inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 May 2023 and ended on 18 May 2023. We visited the location's office on 11

May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account in making our judgements in this report.

During the inspection

We spoke with the quality assurance officer and the care coordinator. We reviewed a range of records. This included 5 people's care records, medicines records and 4 staff records. A variety of records relating to the management of the service, including audits were also reviewed. As part of the inspection, we spoke with 8 relatives. 7 care workers emailed us feedback of their experience of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager was not available for the inspection, so we provided feedback during a virtual meeting on 18 May 2023.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to help safeguard people from abuse. This included safeguarding adult and whistleblowing procedures.
- People using the service and their relatives told us people were safe. Relatives told us, "[Person] is safe with them because I have good communication with the care manager" and "I feel [person] is safe with them and has not had any falls or accidents when with them."
- Staff had completed safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of abuse and how to respond to help ensure people remained safe. Staff confirmed they would report any concerns to their line manager.
- The registered manager and staff understood their responsibilities in relation to safeguarding. We saw they worked with other agencies such as the local authority to investigate safeguarding concerns to help ensure people were kept safe from abuse.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to help ensure their needs were safely met. Assessments included risk for people in areas such as medicines administration, behaviours that challenge and moving and handling.
- Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring. For example, where a person had been assessed with certain behaviours, a behaviour support plan had been put in place that included triggers and how to help prevent and manage the behaviour.
- People's home environment was assessed to help make sure it was safe.

Staffing and recruitment

- There were enough staff deployed to meet the needs of the people who used the service.
 - People often received support from the same staff which provided consistency of care.
 - Relatives told us staff arrived on time and completed tasks as required. Comments included, "The agency is strict on time, and they are on top of that" and "I have not heard of them being late ever."
 - The provider had a call monitoring system which provided oversight and identified any late or missed calls.
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- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider had systems for managing medicines and people received their medicines in a safe way. This included an assessment of people's medicines risks with plans that provided guidance to staff about how to manage medicines safely.
- Training records confirmed that staff had received training on the management and administration of medicines.
- Relatives told us medicines were safely managed. One relative said, "They do all [person's] medicines and they have it on time."

Preventing and controlling infection

- The provider had appropriate procedures and systems to help prevent and control infections.
- Staff had relevant training and were provided with personal protective equipment (PPE) such as gloves and masks to help protect people from the risk of infection.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. They maintained a lessons learned log and their safeguarding records included the action taken, changes to the person's care and a follow-up.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

At the last inspection we recommended the provider review their processes around people giving consent to their care to ensure they are working in line with the MCA code of practice. At this inspection we checked whether the service was working within the principles of the MCA and found they were.

- People's capacity to make decisions was assessed and recorded in their care records.
- People who had the capacity to consent to their care, did so appropriately.
- Where people did not have capacity to consent to their care, best interest decisions were undertaken, and Court of Protection authorisations were in place.
- Staff received training about the principles of the MCA.

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

- People's needs were assessed prior to starting with the service to confirm their needs could be met by the provider. These assessments formed the basis of people's care plans.
- People's assessed needs included medical information, dietary requirements, personal care requirements, communication and hobbies and interests.
- People, their relatives and relevant health care professionals had contributed to these assessments to help ensure the person's individual needs were considered and addressed. A relative confirmed, "They do discuss [person's] care with me."
- Care plans were reviewed and updated when there was a change in need.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the skills and knowledge to provide safe care to people. Staff were supported to provide effective care through an induction, training and supervision. A staff member told us, "This training was useful as it was applicable to my work and allowed me to improve my knowledge." Relatives confirmed staff had the skills to carry out their duties effectively. Relatives said, "The staff are well trained and understand [person]" and "They are kind and caring and are very in tune to [person] and they know how to talk to them and interact with them."
- The provider undertook spot checks of staff working in people's homes to help ensure good staff practice. Staff felt supported and one staff member told us, "My manager is readily available to advise and support me."

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

- People were supported to have enough to eat and drink.
- Records indicated the provider completed a needs assessment and a care plan in relation to people's dietary support needs.
- Care plans included information about people's preferences and if they required specific foods that were culturally appropriate to them, for example halal foods. One relative said, "They do a good job making [person] a meal." In terms of support received with meals, another relative noted, "[Person] has a good appetite, and will now wait for their food where once [they were unable to wait]."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support to maintain good health. The provider worked in partnership with family members and other health care professionals. For example, one relative said, "I take [person] to their medical appointments but [staff] come as well so they can understand and see where things are and procedures and what the doctor says."
- Care plans contained details of any professionals involved in people's care such as their GP and other community professionals involved.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open culture within the service, where people, relatives and staff felt comfortable approaching the registered manager.
- Relatives felt people received appropriate support and spoke positively about the care provided. Comments included, "They try to get the best carer to suit your needs", "They always have a plan of care there on the table and make notes" and "They make sure that when they take on staff, they know about learning difficulties."
- Most staff told us they enjoyed working for the service and it was a good place to work. Comments included, "This agency provides excellent care to clients. I will recommend to friends and family as CTRC do person centred care."
- The registered manager told us about the work they undertook in the community to promote inclusion and awareness around equal access opportunities.
- Within the service they engaged in conversations about transgender rights, gender awareness and respecting people's pronouns.
- As an example of achieving a good outcome for a person, the registered manager told us they supported a person from a specific culture and religion and the family only wanted to work with an agency from that background. CTRC staff undertook training with the faith leader and worked to ensure the care plan reflected the person's cultural needs. The person has remained with CTRC as they have been able to meet this person's needs. This was also confirmed by the person's relative.

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

- The provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong. There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints.
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us it was important to take accountability, identify lessons learned and ensure everyone is safe. They also said that they always try to impress on staff that it is always better to tell the management team if something has happened so they can work out what to do.
- We saw a safeguarding allegation that showed the provider was working with the staff member, the local authority, police and the family. The family confirmed they had been made aware of the concern.

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

- Managers and staff understood their roles and responsibilities in this family run service.
- The registered manager demonstrated a good knowledge of people's needs and the needs of the staff.
- They carried out quality review checks which helped to ensure care plans were up to date.
- Relatives knew who the managers were and felt able to raise concerns with them. They told us, "The service is quite well run and has got better", " We can always talk about anything with them, and they are good at understanding" and "They do their best and if I report something to them, they listen and act on it."
- Most staff were positive about how the service was run and about the support they received from the registered manager. One staff member told us, "Yes, my care manager always helpful. If I have an issue or concerns or have a complaint, she is always helpful."

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

- People, their relatives and staff engaged with the service and the provider worked in partnership with other agencies to provide good outcomes for people.
- People's diverse needs such as culture, religion and language spoken were considered as part of the assessment process.
- Team meetings were held to share information and give staff the opportunity to raise any issues. Staff told us, "[Team meetings] are useful for me because I can voice my concerns and hear other staffs' experiences in their roles" and "It is very useful because we discuss what is working and what is not working. Thereby we deliver care in a unified way as a team."

Continuous learning and improving care

- The provider undertook several checks and audits that included feedback from people and checks on staff performance through spot checks. They also had systems for logging and learning from incidents and accidents and complaints.
- The provider had a business continuity plan that provided guidance for a number of events that could impact on the continuity of care.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met.
- The registered manager told us one person they supported attended music therapy. The music therapist communicates with CTRC and provides tasks for staff to complete with the person during the week. CTRC does this and provides feedback to the music therapist to help make sure the person is supported to have maximum benefit from their therapy.