

C & S Care Services Ltd

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 19 May 2015. At the last inspection in October 2013 the service was not meeting the regulation around the safe management of medicines. We saw that the provider had completed the actions from their action plan after the inspection and they now met the requirements of this regulation.

The service is a domiciliary care agency, providing care for 245 people in their own homes at the time of our inspection and employs 106 staff at this location. There was a registered manager for the service. 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.

People were protected from harm and abuse by staff who had a good understanding of how to protect people. The staff members we spoke with all knew the different types of abuse and were confident in the processes to report any concerns or abuse they have witnessed. People had

Summary of findings

clear risk assessments that detailed the risks to them with guidance for staff to follow to make sure people were kept safe. There were enough staff to provide people with safe care.

People's medicines were managed safely. Since our last inspection the provider had developed new systems to safely record and administer people's medicines to support their health needs.

People were supported by staff who were well trained and supported in their work. Staff had completed training, which the provider considered to be essential training and were able to request additional training. They received regular supervision and support from their managers. This made sure staff had the skills and support they needed to support people safely and effectively.

People were asked for their consent for care. We saw that people's views and consent for care were sought and care and people's rights and freedoms were respected.

People were supported to maintain a balanced diet and were given the food and drink they needed. We saw that people were given choices about their food and were happy with the support they received. People's health was monitored and the provider worked with other services involved in people's care to make sure they received the correct care.

Staff members had caring relationships with people who used the service. People had regular carers who knew them well and understood their needs and preferences. Care workers involved people in making decisions about their care and supported people to maintain their independence. People's privacy was respected by care staff who made sure they maintained people's dignity when providing them with personal care.

People had care plans that were tailored to meet their individual needs. We saw care plans were regularly reviewed and updated to reflect people's changing needs and preferences. The care plans had personal information and details of people's backgrounds and detailed the ways that people wanted to receive their care. People told us these care plans were followed by staff and they received the care they needed.

The provider had a clear complaints procedure and people felt confident in raising any concerns or making a complaint about the service. Complaints were dealt with in the timescale set out within the policy and we saw examples of feedback given to people following complaints and suggestions.

The service had an open culture that supported people and staff to talk about their experiences of the service and encouraged people to give their feedback and ideas for improvement. Staff were involved in regular team meetings and given the support they needed to increase their skills and confidence in providing good care. The registered manager had a visible presence in the service and was approachable for staff, people using the service and their relatives to discuss their care and service received.

The provider had a quality assurance system in place to audit and monitor the quality of the service. We saw details of regular audits of care files and staff files, and an annual survey was completed with the results of the survey being sent to people using the service.

Summary of findings

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.

People were supported by staff who understood the process to keep people safe and knew how to report any concerns or abuse they witnessed. There were enough staff to provide safe care for people. People's medicines were managed safely with clear records and audit trails of each medicine that was given to people.

Good



Is the service effective?

The service was effective.

People were supported by staff who were well trained and supported, who had the skills they needed to provide effective care. Staff sought people's consent for care and involved them in making decisions about the care they received. People received the food and drink they needed and were given choices about what they had.

Good



Is the service caring?

The service was caring.

Staff had good relationships with people and knew them well. People had regular carers, who knew their likes and dislikes well. People's privacy and dignity was respected by staff while they provided personal care.

Good



Is the service responsive?

The service was responsive.

People had care plans that were tailored to meet their individual needs. Information about people's preferences and backgrounds in addition to the main care tasks was provided. The provider had a clear complaints procedure and encouraged people to give their feedback about the service.

Good



Is the service well-led?

The service was well led.

There was an open culture that supported people, relatives and staff to give their views on care and ideas for development. The registered manager provided visible leadership and was approachable for staff, people using the service and their relatives to discuss their care. There were good systems for auditing and monitoring the quality of the service with regular surveys and feedback to people using the service.

Good



C & S Care 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 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.

The inspection took place on 19 May 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. The registered manager is often out supporting staff and completing reviews. We needed to be sure that they would be in.

The inspection was done by one inspector and one expert 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. This expert by experience has experience of using domiciliary care services through arranging care for a family member.

Before the inspection we reviewed the information that we held about the service. We sent out questionnaires to 50 people who used the service, three staff members and six professionals involved in the care of people including a district nurse and we contacted the local authority safeguarding team. We reviewed all of the information received from these questionnaires to help plan our inspection. We also looked at the notifications that had been submitted to us, including notifications and details of any incidents and investigations that had taken place that the provider is required to send to us.

During the inspection we spoke with 18 people who use the service and two relatives, the registered manager and six members of staff. We also reviewed a range of documents, including eight people's care files, eight staff files, quality assurance audits, eight medicines administration records (MAR) and recruitment information.

Is the service safe?

Our findings

At the last inspection in October 2013 the service was not meeting the requirements of the regulation of the safe management of medicines. At this inspection we saw the provider had completed their action plan and had implemented a new system for recording and monitoring people's medicines. This new system gave a clear audit trail of medicines and care staff and managers could identify any errors or issues with medicines quickly. The provider was now meeting the requirements of this regulation.

Where the service supported people with their medicines, this was done safely. Most of the people we spoke with managed their own medicines, but where this was done by staff they felt it was done well. We spoke with staff about the procedure they used for supporting people with their medicines. They told us the correct procedure that they followed and were confident in helping people with their medicines and recording them correctly to show that this had been done safely. One staff member talked us through the process in detail, telling us about checking the care plan, the Medicines Administration Record (MAR) and talking to the person about their medicines. They would then put on gloves, administer the medicines and then record it on the MAR sheet and sign it so that it was clear what medicines had been taken and that the person had received the correct medicines as they were prescribed.

People told us they felt safe and well supported by the service. One person we spoke with told us, "Yes I do feel safe with them and I have had them for many years and I am quite happy with them and I do trust them." Another person told us, "Definitely I feel safe and they are a great crowd of ladies – I am never anxious – I leave my door unlocked for them but they always ring the bell."

People were protected from abuse and harm by support from staff who had a good understanding of safeguarding and the process to follow if they suspected any potential abuse. We spoke with staff who could all tell us about the different types of abuse and gave us details of the correct procedure to follow to report any concerns they had. One member of staff told us, "If I was concerned I would contact my manager and report it straightaway." Another member of staff told us about an incident that they witnessed and had reported to the manager, and that following the investigation there was a positive outcome for the person

who was protected from any further harm. People were encouraged to talk to the care co-ordinators and manager if they had any concerns, and they told us they felt confident to do this.

We looked at eight people's care files and saw there were risk assessments within them that clearly set out the risks to the person, with scoring of the risk and details on how to minimise the risks and what actions carers needed to take when supporting the person. These included details on what equipment was to be used and how to do this as safely as possible. We saw in one person's risk assessment they had been identified as being at risk of choking. The tasks for carers clearly set out how to support the person, with details of what position they needed to be in, making sure their head was not tilted back and other details to keep the person safe. We spoke with staff about their understanding of the risks to people, and they told us about the different risks to people they cared for and how these risks were managed. One member of staff told us in detail about the support they provided and understood all of the identified risks and what they needed to do to make sure their care was provided in line with the risk assessment.

There were enough staff available to meet people's needs and provide the amount of care they required. One person told us, "I have carers twice a day. The same girl comes except when she is on holiday." Another person told us, "I've had the same carer for over two years now and she knows and listens to me." People told us they were happy with the staffing and had regular carers to support them. We discussed the staffing levels with the registered manager and deputy manager who told us how they managed the staff rotas so that people had regular carers and that there were always the correct number of staff on each call as many people required two carers to support them. People told us they had regular carers and received the support they needed.

We looked at staff files and saw that safe recruitment processes had been followed. We spoke with staff who told us they had all provided references, completed criminal records checks through the Disclosure and Barring Service (DBS) and had gone through interviews and inductions before starting work. These checks make sure that people

Is the service safe?

are safe to be providing care in people's homes. We saw in the files that there were copies of people's application forms, references and details of when their DBS checks were done and all correct processes had been followed.

Is the service effective?

Our findings

People told us that they were supported by carers who knew what they were doing and were good at their jobs. One person told us, “They are definitely skilled in their jobs and they do know all the things that are wrong with me.” We saw that people were supported by staff who had the skills they needed to care for people well, and they had a good understanding of people’s needs and preferences in order to provide the appropriate care for them. Staff members were well trained and supported to be effective in their work. One staff member told us, “We had a whole week of induction training which was really interesting. It was excellent. I’ve had refresher training every year as well. They’re really hot on training.” Another staff member told us, “It’s excellent training and covered everything I need. We have regular training, at least every year for core training.”

On the day of our inspection we saw that training was taking place with the in-house trainer. We saw the training room had a range of equipment, such as hoists, to give care workers the training in using this safely. The staff we spoke with all told us they found the training helped them provide the correct care for people and was high quality training. Staff told us they completed training including manual handling before they provided this type of care to people so they could move people safely and comfortably.

Staff received regular supervision and support to help them deliver quality care to people. One member of staff told us, “I have regular supervision, but I can always talk to my manager at any time, they’re great. If I have a problem with a service user or another carer I can talk to them and they sort it out.” All of the staff members we spoke with told us they had regular supervision and that they found this useful to discuss their work, and they were able to use it to request additional training as well. We saw that staff training was recorded and monitored by the service managers and staff were automatically booked onto training when their current training certificates were close to expiring, so that staff were continually provided with training and kept up to date with any changes in delivering care.

People were asked for their consent for care and support by the service at the start of care, and also by carers on a daily basis. One person told us, “They always ask my

permission first before doing anything.” People told us that carers asked their permission for care and always respected their wishes. Staff members told us that they would always talk to people and ask what they wanted, as well as looking at the care plans and making sure that people received the correct care.

We spoke with the registered manager and deputy manager about getting people’s consent for care. They told us about the initial assessment, where they would use the information from the local authority about the person and visit them to talk to them about what care they wanted and how they wanted to be supported. People were supported to make their own decisions and the service was provided in line with the requirements of the Mental Capacity Act 2005 and associated code of practice. This legislation makes sure that people are given choices and have given their consent for care so that their freedom is respected and that their rights are upheld.

People told us that they were given the food and drink they wanted when this was provided by the carers. One person told us, “They supervise my meal at lunchtime and supervise me making my sandwich and covering it with cling film at tea time to eat it later when I want it.” People told us they could ask for what they wanted and the carers would get this for them, and they were happy with the support they received. Staff members told us how they would give people choices about food. One staff member told us, “I give people choices. One has the same thing all the time but I still give them a choice and they point out the one they want.” Staff told us about the different requirements in people’s care plans for food. Some people did not need or want any support and were totally independent, whereas other people needed special diets and help to eat.

People told us that their health needs were met and monitored by the service, including helping them to get referrals to other services including the district nurse. We saw in people’s care files information about the other services involved in people’s care and that they were involved in the reviews of care plans and risk assessments so that all the most up to date information was included and people received the appropriate care for them. Care staff told us that they would report any changes in people’s health to their manager so that they could be referred to their GP or other services if they needed them.

Is the service caring?

Our findings

People told us that the service was caring and they were treated in a compassionate manner. One person told us, “I have the same three girls and anything I want, they offer to do it for me and I have a laugh with them.” Another person told us, “I get on with them and I don’t feel embarrassed and yes they are caring and they are kind and help me if I need it but most things I can do for myself.”

We spoke with staff about how they provided care and how they made sure they were caring and kind in their manner with people. One staff member told us, “I pride myself in giving care the way I would want to be cared for.” They told us about how they gave people choices about things like what they wear, what they eat and make sure they are fully involved in their care. Another member of staff told us, “I’m very sincere and aware of people’s own self. I make eye contact, talk slowly and explain things, treating people like you’d like to be treated yourself.”

Both the care staff and care co-ordinators knew people well and had a good understanding of people’s needs and preferences. One person told us, “The co-ordinator calls. He often phones and comes once a month and is very helpful and knows his job and he knows I want to stay in my own home.” This person found the service was caring and was happy with the quality of care they received from the carers, saying, “They’re wonderful.”

People were supported to be involved in their care and were encouraged to make decisions about their care and to

be as independent as possible. One person told us, “They are caring and they make sure that you are alright and make you tea, make the bed if I want the sheets changed – they do what jobs I want them to do.” One staff member told us they always asked people how they were and if they were happy with their care, and encouraged them to say if there was anything they wanted done differently. Another staff member told us, “It’s about independence – asking if they want your help. Some people are capable of doing some tasks.”

People told us that their privacy was respected and that care staff were very caring when providing them with personal care. One person told us that when they receive personal care, “They respect this and they are marvellous”. Another person told us, “They always knock before coming into the bathroom to do my back and my legs.”

Staff members we spoke with told us how they respected people’s privacy and helped maintain people’s dignity when providing personal care for them. One member of staff told us how they would undress part of a person to wash them and keep the rest of them covered, and then helped them to wash themselves wherever possible so they still had control over their care and could be as private as they could while receiving care. Another member of staff told us, “I talk to people while doing it and make them comfortable. I’ve built up bonds with people after working with them for years. They all have their own ways of wanting things done.”

Is the service responsive?

Our findings

People we spoke with told us the service was tailored to meet their needs and that their views were listened and responded to. One relative told us, "If [person] is not well and does not want to get up [person] tells the carer and stays in bed, if [person] does not fancy cereal and asks for dry biscuits they get them for her." Another person told us, "Having the same carer is important as she knows what to do and what needs doing and knows where everything is."

We spoke with staff about how they tailored the care they provided for each individual. One member of staff told us, "I follow everything in the care plan, ask people what they want. If they want something different I do this, note it down in the book and tell the office so they can update the care plan." Another member of staff told us, "You're there for that person. Talk to them about how they want to do things, give them choices and respect their decisions. We don't decide for them."

People were involved in the assessment and planning of their care so that the care plans and support provided met their needs and was the care they wanted. We looked at people's care files and saw the details of their initial assessments and reviews, and that these had been signed by the person and stated that they had been developed as a discussion between them. We saw there was an assessor who completed the initial assessment and created the initial care plan with the person, and this plan was then reviewed after care had started to respond to any changes the person wanted to make.

We saw in people's care files that reviews were completed every six months or if there was a change in their condition

or care needs. We looked at the review forms and saw these contained questions about the quality of care and any issues that people had and they could request changes to the care or their carers through this process. We looked at the latest review in one person's care file from May 2015 that they had a change in their medicine prescription. We then saw in the care plan that this had been updated and the manager confirmed that staff had been told about the changes and the new medicine plan was being followed.

The provider had a complaints policy which people were aware of and was given to people at the start of their care packages. People told us they knew how to complain and felt confident to do so, and would also be able to talk to the care staff, co-ordinators and managers about their care and if they had any issues with it.

One person told us, "I have not made one but if I did want to complain I would ring the office and that would not be a problem." Another person who had made a complaint told us, "I have phoned the manager as the carer used to be late but had no problems over the last 12 months." One person who made a complaint said, "I have had a feedback form from the office and you get a thank you letter afterwards and any complaints they look into them."

We discussed the complaints procedure with the registered manager, who told us that complaints were discussed as part of the review process, and we saw evidence of this in the review forms. We discussed the most recent complaints with the manager and saw details of the investigations that were completed. All of the complaints had been responded to within the timescale set out within the complaints policy and had satisfactory outcomes for the people involved.

Is the service well-led?

Our findings

People told us they thought the service was run well and that the culture was friendly and open, so they felt confident in discussing their care and their experience with the care staff and the managers. One person told us, "I have found them good and I would recommend them to anyone." One relative told us, "It is pretty well run and the elderly like familiar faces and when someone is off sick [person] likes to know who is coming. The rota is printed out in the book and they tell [person] who is coming."

People and staff were involved in developing the service, as they could make suggestions about care and were encouraged by the registered manager to give their feedback about the service. One person told us, "I fill in a form every six months and they come to see if there are any changes needed." Staff members told us that the registered manager was approachable and would ask them for feedback about their work and ideas for the service. Staff meetings were held regularly in which staff members were able to speak freely about their experiences and discuss how they provided care and ideas for the service. Staff members told us they found these meetings productive and they felt able to put forward their ideas and opinions.

The registered manager provided clear leadership for the service, with a visible presence for staff and service users. The managers were involved in reviews of people's care and were part of the 'on call' rota to cover care in emergencies and saw the experience of people's care through this.

The provider had complied with all of the requirements of their registration. The registered manager had sent notifications of any incidents and concerns as required to the local authority and CQC. We saw that all staff

responsible for line management were currently completing Level 5 training in leadership and management to develop their skills in managing and supporting staff effectively. Staff members told us they found their managers were approachable and would listen to any concerns or problems they had and would deal with them quickly and supportively.

Staff members were given feedback about their performance which included praise about good care and positive feedback received from people using the service. We were told about the process of giving care staff feedback from people using the service, which is shared during supervision and informal conversations.

The provider had systems in place for monitoring and auditing the quality of the service. We saw in people's care files they had regular reviews of their care and that care files were audited regularly to make sure people's care plans were up to date and that people had the correct care they needed. We discussed the audits that were completed and saw details of the different audits and reviews done by the care co-ordinators, deputy manager and registered manager that looked at the care, safety of the service, contingency plans and continuity plan for the service. We saw the monthly office audits included audits of three staff files and four service user files, to make sure that they all contained the correct information and were kept up to date.

The provider conducted an annual survey of people to understand their experience of care. We saw the results from the 2014 survey and saw that people were pleased with the support they received. The results had been analysed and actions had been completed following the survey and a letter was sent to all people using the service with the analysis of the results.