

Commit2Care Services Ltd

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Inspection report

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Date of inspection visit:
12 December 2018

Date of publication:
22 January 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 12 December 2018 and was announced.

Commit2Care Services Ltd is registered to provide personal care to people in their own homes. Commit2Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection visit, 35 people received personal care.

There was 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.

This was the first inspection since registering with the Care Quality Commission. At this inspection we found people received a service that was well led, providing safe, caring, effective and responsive care and support that met their needs.

People felt safe using the service and staff understood how to protect people from abuse and harm. There were procedures to keep people safe and manage identified risks to people's care.

People had a detailed assessment of their health and social care needs before they used the service. Care plans contained detailed information to enable staff to provide people with the appropriate care and support for their needs. People's care needs were regularly reviewed. The management team maintained regular contact with people, or their relatives, to check the care provided was what people needed and expected. People told us staff were reliable and stayed for the time needed. People were treated with dignity and respect.

Where medicines were administered, staff were trained and assessed as competent to do so safely. The provider had a recruitment process that had suitable checks to ensure that prior to staff starting work, they were suitable to support people who used the service.

People knew how to complain and information about making a complaint was available for people when they started using the service. There was a system to log and action any complaints or concerns that people had raised.

Staff felt there was good access to training and felt supported in their roles. People were assisted to access health services when needed and staff worked well with other health and social care professionals.

The principles of the Mental Capacity Act (MCA) were followed by staff. People's decisions and choices were respected and people felt involved in their care. People were supported to have choice and control of their lives and staff sought permission before assisting them.

Effective governance systems provided the registered manager with an overview of areas such as care records, medicine records and call times to assure themselves, people received a service they expected.

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.

Medicine systems ensured that people received their medicines safely. Records provided accurate details of what care and support a person had received. People were protected from abuse by staff that understood about safeguarding.

Is the service effective?

Good ●

The service was effective.

Staff had training that was appropriate to their roles. People were supported to maintain their health and staff involved and worked with other health professionals in people's care when required. Staff understood the principles of the Mental Capacity Act 2005 and supported people to make their own decisions.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring in how they supported people and people were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Support was personalised and tailored to people's choices and needs. Care records included clear information and guidance for staff. There was a system for people to make a complaint or raise concerns.

Is the service well-led?

Good ●

The service was well led.

The provider had a clear vision for the future of the service. There were systems to monitor and review the quality and safety of service people received. Staff felt well supported in their roles.

Commit2Care Services Ltd

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.

We gave the provider 48 hours' notice that we would be visiting their premises on 12 December 2018 to carry out our comprehensive inspection. We gave them notice so they could arrange to be there and arrange for staff to be available to talk with us about the service. The inspection visit was conducted by one inspector.

Before the inspection visit, 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 also reviewed the information we held about the service. This included any information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection visit we spoke with the provider who was also the registered manager and the nominated individual. Following our inspection visit we spoke with six people who used the service and four staff by phone, including the deputy manager. We reviewed four people's care records to see how their care and support was planned and delivered. We also reviewed records such as staff training records, care call rotas, medicine records, risk assessments and records associated with the provider's quality checking systems. We used this information to help us make a judgement about the service.

Is the service safe?

Our findings

People told us they felt safe receiving care and support. One person said, "The carers are reassuring." Another person said, "I always feel that I am kept safe." Staff told us about their responsibilities to safeguard people from harm. They knew what to do and who to contact if they had any concerns about a person's safety. Where a concern had been raised, the provider and deputy manager had taken positive steps to work with other agencies to keep people safe. We saw examples in people's care records where the local authority had been contacted with concerns that had been raised by staff supporting people.

People had detailed risk assessments and comprehensive care plans which provided staff with guidance about how to reduce risks when supporting people and meeting their needs. For example, one care plan we looked at provided detailed information for staff on how to support a person to move safely.

Staff told us there were enough staff available to cover the daily calls and safely meet people's needs. Senior staff, including the deputy manager, were experienced care staff and told us they completed care calls to cover for any unexpected staff absence.

There were recruitment processes to ensure that only people of suitable character were employed. This included the gathering of previous employment references and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. All staff we spoke with confirmed they had been subject to a robust recruitment procedure and that checks had to be clear before they commenced working alone.

People who had medicines administered told us they had their medicines at the times they expected. Staff told us they could only administer medicines once they had been trained and assessed as competent to do this safely.

People's medicines were administered as prescribed. Staff recorded in people's records when medicines had been given and signed a medicine administration record (MAR) to confirm this. MARs were reviewed regularly as part of the provider's quality assurance systems. Where errors had been identified, for example a missing signature, there was evidence this had been discussed by the provider with the staff member responsible. We did not identify any concerns from the records we looked at.

People and relatives told us they had no concerns with staff cleanliness or how they left their property. Staff followed good infection control practice and told us they had access to personal protective equipment such as aprons and gloves when needed.

We found there was a system in place to make sure that any recordable incidents were reported and investigated. Where staff practice was involved, the deputy manager or provider carried out observations of practice to minimise potential for further occurrence. There was also a system to analyse any incidents so that any trends or actions could be identified, and the provider could be assured that appropriate action had been taken to minimise risks.

Is the service effective?

Our findings

People told us they were confident in the skills and knowledge of the staff. All staff had induction training when they first started to work for the service and had completed the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. We found staff had regular updates and refresher training in areas that were important to their roles. The provider told us they were in the process of adapting the existing office space so more practical training for staff could take place in the workplace. They gave examples of staff being able to do moving and handling training in a safe area all together.

All people had comprehensive assessments of their needs completed by the management team, including the provider, prior to commencing the service. This was to make sure people's needs could be fully met and they were happy and confident with the support that was available. Where people's needs had changed, people and their relatives were involved in reassessing their needs.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People felt staff respected their choices. Staff demonstrated knowledge of the principles of the MCA and told us they always provided people with choice and respected their wishes. The deputy manager demonstrated a good understanding of who to involve when a decision needed to be made in a person's best interests.

People who required assistance with meals and drinks were supported to have what they wanted to eat and drink and to meet their own nutritional needs. People told us that food was prepared how they liked it and at the time they wanted.

Staff told us that where needed, people would be supported to attend health appointments. They said that during visits they constantly monitored people's health and welfare and reported any changes to the relevant professionals and the deputy manager straight away.

People's records showed us the provider, deputy manager and staff liaised with a range of health and social care professionals, including doctors, nurses and social workers where required.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "You couldn't ask for kinder people." Staff spoke fondly of people and demonstrated empathy and kindness in their recollections of the people they supported. It was clear the staff we spoke with cared about people and that staff took a great amount of pride in what they did.

Staff had good understanding and knowledge of the needs of the people they supported. They knew about people's preferences and told us they treated people with the dignity and respect they deserved and expected. This was confirmed by the people we spoke with. All people's records were personalised containing important information regarding their interests, personal history and preferences.

People felt staff treated them as individuals with all assessments and care plans individually tailored to their needs. Staff explained that they always tried to involve the person themselves in decisions about their care. From the records we looked at and the people we spoke with, it was clear that the approach of staff was person centred.

People were supported to be as independent as possible. Care plans described the support and encouragement people needed to promote their independence. Staff told us they supported people to do certain tasks rather than just doing everything for the person. One person told us how staff encouraged them to participate in aspects of their personal care. They told us this made them feel useful and gave them control over what they could do.

People told us that staff ensured that their privacy and dignity was respected throughout the delivery of care, both through their actions and in the way they spoke with people. All staff had training in equality, diversity and human rights. Staff demonstrated an approach that was non-discriminatory, and we were assured that regardless of people's abilities, race, culture or sexuality they would be treated equally.

People's personal information was kept secure in the office. Call rotas and care plan information was accessed from staffs' own telephones. However, the application to access the system was password protected and if not used, automatically logged out to limit the possibility of unauthorised access.

Is the service responsive?

Our findings

People told us they felt involved in how their care and support was planned and reviewed and had access to the deputy manager if they wanted. The provider told us how they tried to maintain regular contact with individuals, families and professionals to ensure identified care needs continued to be met. Staff demonstrated how they always involved the people they supported in their care.

Staff understood the needs and preferences of the people they supported. Staff explained what actions they needed to take to safely support people with their personal care needs. Where required, care staff followed guidance from health and social care professionals to ensure any changes in people's needs continued to be responded to.

We looked at four people's care records. All records had assessments of people's care and support needs. There were regular re-assessments of people's needs and these involved the person themselves as well as people important to them including family members.

People felt the times and length of calls were tailored around their needs. They told us staff were punctual staying for the expected length of time. The provider told us that providing a service that was reliable was important to them. They explained that the local authority who commissioned care for most of the people who used the service, had a robust system in place to monitor call times. Information on the calls carried out was gathered by the provider and submitted weekly to the local authority with financial penalties for short falls in call times. The provider felt this was an added incentive for staff to be conscientious in what they did. They said they had complete confidence that staff worked to the times that had been agreed with people. All the feedback we received from people confirmed this.

People had been provided with a copy of the complaints procedure and knew how and who to complain to. We saw there was a system to log complaints along with any actions taken. There had been no recent complaints, but we were assured that the system in place would ensure complaints would be dealt with appropriately.

No one was receiving end of life care at the time of our visit. The provider said they had previously supported people who were at end of life and followed and respected people's and families wishes. They also told us they followed advice and guidance from other healthcare professionals to make sure people received the right care and support they needed, especially if they chose to stay in their own home instead of moving into a hospital or a residential or nursing home.

Is the service well-led?

Our findings

People and professionals were complimentary about the management of the service. They told us the deputy manager and management team were approachable. The provider who was also the registered manager, delegated day to day responsibility to the deputy manager to manage the service. Whilst the provider did not have day to day contact with people and relatives, they maintained regular contact with the care manager. They said this worked well because they were kept up to date with what was happening with staff and the people they supported. They said if any response was needed by them, it could be taken without delay.

The provider told us how they were committed to becoming the 'go to' service in the area. Part of the plans going forward was to establish a supported living service that would see people receive 24-hour care in their own homes. They also planned to provide care to people with wider and more diverse needs than they were currently supporting. Plans for these developments had already started to be discussed with the local authority and with CQC. This included plans to link in with diagnosis specific agencies and support groups which, together with the planned future provision of more specific training, would lead to a more specialised service.

Staff felt valued and supported by the management team. One member of staff said, "I feel very well supported by all of the management." There were regular team meetings and staff received regular supervision which provided them with opportunities to share feedback or raise any issues they had.

There were effective governance systems which enabled the provider and management team to have good oversight and monitoring of areas such as daily records, care plans, risk assessments and medicine records. In addition, there were unannounced spot checks carried out by the provider who told us there were currently no concerns over staff practice.

There was an effective system for monitoring call times. We asked the provider how they ensured that staff turned up on time, or if a call had been missed. They showed us there was a procedure where staff contacted the on-call person to inform them if they were going to be absent or late. There had not been any missed or late calls. Times of calls were written onto the daily records which were checked every week by the management team.

The provider had submitted statutory notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means we can monitor any trends or concerns and can monitor the service effectively.