

CSK Support 24 Ltd

CSK Support 24 Ltd Northampton

Inspection report

Unit F19
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Tel: 01604439995

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14 April 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

CSK Support 24 Ltd Northampton is a domiciliary care agency. They provide personal care to people living in their own homes. 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, medicine and eating. Where they do we also consider any wider social care provided. At the time of the inspection 45 people were receiving personal care.

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

Not all risks to people had been assessed or detailed strategies implemented. Staff did not consistently record what mitigating tasks had been completed to reduce the risk to the person.

People told us and records evidenced that call were often late or cut short. People were not always informed when call times were changed.

Systems and processes in place to assess, monitor and improve the quality of the service required improvement. Audits completed had not identified some of the concerns found on inspection regarding whether care had always been supplied to meet people's health needs, records and risk assessments.

People received medicines as prescribed however, staff had not recorded the reason for giving as required medicines in line with the provider's policy.

Not all complaints had been recorded and acted on. People, staff and relatives told us they knew how to complain.

People were supported by trained staff who knew them well and who had been recruited safely.

People were supported to access healthcare as required. Staff knew how to report a person's change in needs and how to refer to specialist healthcare.

People were protected from abuse. Staff understood safeguarding procedures and knew the signs of abuse.

People were protected from infections. Staff wore appropriate personal protective equipment [PPE] and received regular testing for COVID 19.

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 this service was good (published 24 October 2020).

Why we inspected

We received concerns in relation to missed care calls, medicine errors and staff's knowledge of people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for CSK Support 24 Ltd Northampton on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

CSK Support 24 Ltd Northampton

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and an assistant inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 April 2021 and ended on 21 April 2021. We visited the office location on 14 April 2021 and made calls to staff, people and relatives on 20 and 21 April 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the HR manager and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance and governance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Staffing and recruitment; Using medicines safely

- Not all people had detailed risk assessments in place. For example, we found risk assessments which did not contain all the potential and known risks for, one person who smoked and used emollient creams and for another person who had an identified risk associated with their mental health.
- Staff did not consistently record the evidence of strategies used to reduce risk. For example, staff had not recorded checking water temperature for one person or skin pressure damage checks for three people. This put people at potential risks of scalding or pressure damage.
- People us, and records showed, staff did not consistently turn up on time or stay the allocated amount of time. One person said, "Due to staff being late I don't always have my tablets at the right times." Another person told us; they leave if they are in a rush when they are behind time. Sometimes they don't have time to do you a dinner, so it has to be something quick." This meant people's needs had not always been met.
- When people had 'as required' [PRN] medicines prescribed; staff did not always document the information required. For example, Staff did not record the reason for administering a medicine prescribed on an 'as required basis' to manage a person's distress or pain. These medicines should only be given in specific circumstances described by the prescriber. This meant the effectiveness of the PRN medicines could not be monitored.

We found no evidence that people were harmed, however, the provider had failed to ensure that all strategies to mitigate risks had been completed and that the safe and proper management of medicines was in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the registered manager put new systems in place to ensure the recording of PRN medicines was improved.

- Risk assessments had been completed on the environment to promote staff safety.
- Staff were recruited safely, and the necessary checks were completed such as references and Disclosure and Barring Service [DBS] check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People's medicine administration records [MAR] were completed appropriately and staff recorded when a person had refused their medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. The registered manager had reported

and investigated as necessary any safeguarding concerns.

- Staff had received training about protecting people from abuse and understood how to identify and report abuse.

Preventing and controlling infection

- Staff were being regularly tested for COVID-19 to protect people from the spread of infections.
- Staff told us they had sufficient PPE and had received training in infection prevention and control.

Learning lessons when things go wrong

- Incidents and accidents had been recorded and the registered manager audited these and looked at trends and patterns in order to take any needed action.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes in place to assess, monitor and improve the quality of the service required improvement.
- Audits completed for care files and MAR charts had identified some issues and actions were implemented. However, these had not identified concerns found on inspection. For example, missing information recorded on daily notes regarding skin checks, oxygen and water checks, missing risk assessments and PRN protocols not being in place.
- Audits were not completed on call times. Systems were not in place to identify when call times had not met people's needs. However, the registered manager was aware that not all calls had been completed in a timely manner due to the COVID-19 pandemic.
- Not all complaints had been recorded and managed. For example, one relative told us their recent complaint had not been dealt with to their satisfaction and communication with management had been lacking. This complaint was not documented on the complaints log.
- People and their relatives were involved in the care planning process. People signed their documents to evidence they agreed with the care tasks provided and times identified.
- The registered manager was open and transparent during the inspection and after inspection feedback the registered manager was reviewing the concerns raised to identify how to improve the systems.

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

- People, relatives and staff told us they knew how to make a complaint.
- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they felt supported by the registered manager and were able to give feedback during their regular staff meetings and supervisions.
- The registered manager completed surveys with people to gain their feedback on the care received. This

information was collated, and an action plan implemented.

Working in partnership with others

- Staff supported people to access health care appointments and to get specialist support from physiotherapist, speech and language therapists and the falls team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that all strategies to mitigate risks had been completed and that the safe and proper management of medicines was in place.</p>