

CSS Care 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 ● |

Summary of findings

Overall summary

About the service

CSS Care Ltd is a domiciliary care service providing personal care and support to people living in their own homes. At the time of our inspection, there were 14 people using the service which included nine people receiving personal care.

Not everyone who used the service received personal care. The Care Quality Commission (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.

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

People told us they felt safe and were happy with the care and support they received. They told us their care was delivered by a caring and consistent team of staff and they received their care on time and in a flexible way. Staff confirmed they had enough time to complete their visits without rushing. Recruitment processes ensured new staff were suitable. Management and staff understood how to protect people from abuse. People's medicines were managed safely, and records were clear. Risks to people's health and welfare had been assessed. However, the records were difficult to follow and did not provide staff with sufficient guidance. The registered manager was carrying out a full review of these records. Staff followed safe infection prevention and control practices. We discussed how the recording of staff COVID test results could be improved to ensure consistency and oversight.

Staff provided people with support which reflected their needs and risks. 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. Staff received the induction, support and training they needed to support people well. Staff were aware of people's dietary and healthcare needs and provided appropriate support in line with the care plan.

People liked and trusted the staff who supported them. Staff were described as amazing, caring, considerate and friendly. People appreciated their staff team and good friendships had developed. Staff respected people's privacy and dignity and people's right to confidentiality was respected. Staff treated people as individuals and supported them in a way which reflected their needs and preferences. However, the care records were not always reflective of the support being given. The registered manager was currently reviewing all care records to ensure they were personalised. Staff knew people well and knew their likes, dislikes and what was important to them. Staff reviewed people's care needs regularly and involved them in decision making. Concerns and complaints were managed appropriately.

The registered manager and staff were clear about their responsibilities. They prioritised providing people with personalised, good quality care which met their needs. The registered manager was aware of where improvements were needed and there was a management plan to support this. People's views about the service were sought and listened to; we discussed sharing the outcome and actions taken with people. Staff

told us the registered manager was approachable and supportive. People using the service told us the registered manager went above and beyond. The registered manager completed regular checks to ensure appropriate standards of quality and safety were being maintained at the service.

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

Rating at last inspection

This service was registered with us on 12 May 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

CSS Care Ltd

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 carried out by one 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 CQC. The registered manager was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure registered manager would be in the office to support the inspection.

Inspection activity started on 2 March 2022 and ended on 3 March 2022. We visited the location's office on 3 March 2022.

What we did before the inspection

We used information gathered as part of a monitoring activity that took place on 14 February 2022 to help plan the inspection and inform our judgements.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, two care staff, four people using the service and three family members. We reviewed a range of records. This included three people's care records, a sample of medication records and three staff recruitment records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to confirm evidence found. We looked at records sent to us after the inspection.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had access to appropriate training and understood how to raise any concerns about poor practice. One person said, "I feel very safe. I trust the staff."
- The registered manager and staff were clear about when to report incidents and safeguarding concerns. Staff were confident the registered manager would act quickly to keep people safe if they reported any concerns.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were managed safely and effectively. However, the risk assessments were lengthy and guidance for staff was not always clear or easy to locate. The registered manager was aware of the shortfall and improvements were already underway.
- Appropriate action was taken when accidents or incidents occurred to ensure people were safe.
- Records of the equipment used in people's homes were maintained to ensure it was safe and complied with the necessary safety standards. The provider had a business contingency plan which provided guidance in the event of any risk situations for example, COVID infections and staffing shortages.

Staffing and recruitment

- Safe recruitment systems and processes were followed. The relevant pre-employment checks were completed to make sure staff had the right skills and character. We discussed with the registered manager, the importance of always checking people's fitness to undertake the role following an offer of employment. The registered manager addressed this following the inspection.
- There were sufficient staff to meet people's needs flexibly. New staff had been recruited and recruitment of additional staff was underway.
- People told us their care was delivered by a consistent team of staff and they received their care on time and in a flexible way. People said, "They are reliable" and "I can depend on them." Staff told us they had enough time to complete their visits without rushing and knew how to report any concerns during their visits.

Using medicines safely

- People's medicines were managed safely. We sampled previous months medication administration records (MARs) and found a number of issues including gaps in recording, lack of witnessing for handwritten documents and unclear instructions. We noted this had been identified and actioned as part of the auditing. Recent MARs were clear and accurate.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out.

Preventing and controlling infection

- There were systems, policies and procedures to help prevent the spread of infection; and to make sure infection outbreaks could be effectively prevented or managed. Staff received training and their practice was regularly monitored in this area.
- Staff carried out a daily COVID test. We found not all staff reported their test result unless it was a positive result. We discussed this with the registered manager who agreed to follow this up to ensure their policy was being followed. People confirmed staff used personal protective equipment effectively and safely.

Learning lessons when things go wrong

- Lessons learned had been discussed at management and staff meetings, and during staff one to one support sessions. There was clear evidence systems and staff practice had changed in response to any incidents to prevent re-occurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were provided with care and support which reflected their assessed risks and needs. People's care plans included information about what they were able to do for themselves, including the choices they were able to make. Assessments from health and social care professionals were also used to plan effective care.
- Management and staff applied their learning in line with guidance such as the management of nutrition. This supported a good quality of life for people.
- The initial care assessment supported the principles of equality and diversity and staff considered people's protected characteristics, such as age, disability, religion or belief.

Staff support: induction, training, skills and experience

- Staff received the induction and training necessary to meet people's needs and support them well. Staff received regular supervision and were happy with the support they received.
- People and their relatives felt staff had the knowledge and skills to support people well. Staff received additional training to support them with people's specialised needs.

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

- People were supported to eat and drink in line with their plan of care. Care plans included information about people's dietary needs and preferences to guide staff.
- People were happy with the support they received with eating and drinking. One person said, "They offer me a choice and prepare it to a good standard."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff provided people with appropriate support, where appropriate, to meet their healthcare needs. Staff had links with social care and healthcare professionals to ensure people received a coordinated service.
- If appropriate, staff shared appropriate information when people moved between services such as transfer to and from other services or admission to hospital. In this way, people's needs were known, and care was provided consistently.

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

- The service was working within the principles of the MCA. Care plans included information about people's ability to make decisions about their care. The registered manager told us people's relatives or representatives would be consulted with if people were unable to make decisions about their care.
- Staff received training and demonstrated an awareness of the MCA. They supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible. Staff told us they asked for people's consent before providing care, explained what they were going to do and respected their decisions. People confirmed this approach was followed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People confirmed staff treated them with care and kindness. They told us they were happy with the care and support they received and described staff as amazing, caring, considerate and friendly. People appreciated their staff team and good friendships had developed. People said, "I can be a bit fussy, but nothing is too much trouble" and "They know me and what I need."
- People said staff knew about their preferences and diverse needs and respected what was important to them. For example, they made sure one person had a flask of fruit tea before leaving and were aware of another person's preferences in relation to marmalade.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged to express their views and make choices. They were involved in regular reviews and decisions about their care needs.
- Staff respected people's right to privacy and dignity and encouraged them to be as independent as they could be. One relative said, "They give [family member] privacy when needed and they show him respect." One staff member said, "We treat people with respect and as individuals. It is important to treat people as you would your own family."
- Staff respected people's right to confidentiality. There were policies about confidentiality and data protection for staff to refer to and this was also addressed during their induction.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care, which reflected their needs and preferences. From our discussions, it was clear staff knew the people they supported. People told us their care and support was centred around their choices and preferences.
- People's care plans were not always personalised or reflective of the care and support being given; information was duplicated and could be confusing about the support people needed. The registered manager was aware of the shortfalls and improvements were underway with timescales for completion. However, each person had a clear summary of their needs and any risks associated with their care; this provided guidance for staff.
- The registered manager and staff understood people's needs well and encouraged them to make decisions about their daily lives. Staff supported people on an individual basis whilst promoting equality and diversity and respecting individual differences and choices.
- Staff reviewed people's care plans regularly and updated them when people's needs changed; records were detailed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff assessed people's communication needs and reviewed them regularly. Initial assessments considered the support they needed with communication and how staff should provide it.
- Information could be provided in alternative formats in a way people could understand, such as large print, pictorial and in other languages.

Improving care quality in response to complaints or concerns

- There were processes to respond to people's complaints or concerns. A complaints policy and information about how to make a complaint was available.
- People told us they had no concerns or complaints about the service they received. People knew who to speak to and were confident they would be listened to. They told us they were regularly asked if they were happy with the service.
- Records showed that complaints were managed appropriately, improvements were made where possible

and lessons learned were shared with staff.

End of life care and support

- At the time of the inspection, there was no one receiving end of life care. The registered manager told us people's end of life care wishes would be discussed to help staff understand what was important to the person. One relative whose family member had been receiving end of life care, had commented, "Thank you for the excellent care."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was 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

- The registered manager and staff team demonstrated a commitment to providing person-centred care and to ensure people received good quality care. People's wishes were respected, and care and support was arranged around people's preferences and requirements. People told us this was a good service and would highly recommend it to others.
- Staff told us the registered manager gave them support to do their jobs well. They confirmed the service was well managed, they enjoyed their work, felt valued and were listened to.

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 registered manager was aware of their responsibilities regarding duty of candour. They promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their relatives.

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

- There were effective systems to monitor the quality of the service and to monitor staff practice. Action had been taken to address any shortfalls and there was clear evidence improvement had taken place. There was a development plan to support ongoing plans and improvements which included a review of care records, recruitment of suitable staff and introduction of an electronic system to monitor staff attendance and the completion of care tasks/records. Regular management meetings were taking place to discuss actions being taken.
- The registered manager was clear about their role and responsibility. People, their relatives and staff told us the registered manager was visible, approachable and supportive. People described the registered manager as kind and caring. People said, "[Registered manager] goes above and beyond", "I can call the manager any time" and "[Registered manager] is like a friend to me."
- Staff understood their individual responsibilities and contributions to service delivery which were made clear during their induction, training, supervision and staff meetings. They had access to a staff handbook, policies and procedures, contracts and job descriptions.
- Prior to the inspection, we were made aware that an incident had not been notified to us. We discussed this with the registered manager who was clear about when to notify CQC about important events which affect the service.

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

- Feedback was regularly sought from people, their relatives and staff to ensure they were happy and to ensure their diverse needs were being met. We suggested sharing the outcome or actions taken with people. Discussions with people and a review of their feedback indicated they were satisfied with the service provided.
- People confirmed they were kept up to date with any changes. There were systems in place to ensure communication about people's needs were safe and effective. Staff meetings took place regularly and staff told us they felt involved in the service and management were supportive.

Continuous learning and improving care; Working in partnership with others

- Continuous learning and development was encouraged. Staff training, supervision sessions and meetings were used to ensure learning and improvements took place.
- The registered manager and staff had links to a variety of professionals and worked in partnership with other agencies to enable effective coordinated care and support for people.