

C.L.C.A Company Limited

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Inspection report

Unit 11, Henry Close
Battlefield Enterprise Park
Shrewsbury
Shropshire
SY1 3TJ

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Tel: 01743460957

Website: www.clcacompanyltd.co.uk

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

This inspection took place on 5 July 2017 and was unannounced.

C.L.C.A Company Limited is registered to provide nursing and personal care to children and adults in their own homes. There were two people using the service at the time of our inspection. The service specialises in providing nursing care to children and adults with a range of complex care needs. Staff are able to support people who have needs such as home ventilation, tracheostomy, gastrostomy or suprapubic catheters.

A registered manager was in post and was present during our inspection. 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.

Staff had received training in and understood how to protect people from any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety.

Risk assessments reflected how care should be provided to the person to minimise any risks to them. They were regularly reviewed to adapt the level of support needed in response to people's often rapidly changing needs.

The provider organised their staffing requirements based upon people's care needs and staff teams were built around individual people. They followed safe recruitment practices that ensured that those staff who were providing care were suitable to be working with people in their own homes.

People were supported by staff who had been trained to support them with their specific care needs. People and relatives contributed to the training of staff to ensure they were competent in their roles.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff.

Staff adopted a caring approach towards their work and had built good relationships with the people they supported. People and relatives were happy with the care provided, trusted staff and felt staff were kind and compassionate.

People received care and support that was individual and personalised to them and their preferences. Staff worked closely with healthcare professionals in order that the assessment, monitoring and delivery of care met their complex care needs.

The provider sought the views and experiences of people, relatives and staff to maintain a culture of

continuous improvement within the service. A system was in place to investigate and respond to complaints and concerns.

Staff worked for the benefit of the people who used the service. The provider had instilled a culture of continuous improvement and of putting people first, above anything else. The provider and registered manager encouraged an open, on-going dialogue with people, their relatives and the staff team. Quality assurance checks were carried out to help ensure people received a good quality of care.

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.

People were supported by sufficient numbers of staff who were trained to recognise and protect people from harm and abuse.

Where risks to people's safety were identified, plans were in place and followed to help reduce these risks.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect and were kept involved in their own care. People were cared for by staff they were familiar with and had opportunity to build relationships with.

Is the service responsive?

Good ●

The service was responsive.

People's care was kept under review to ensure it met their individual needs. Staff were responsive to any changes in people's health and wellbeing and took appropriate action when changes were identified. People and relatives were encouraged to give feedback about the care they received.

Is the service well-led?

Good ●

The service was well-led.

The service had an open, person centred culture. Staff understood what was expected of them and were supported in their roles. Quality monitoring systems were in place and these were effective in driving improvement within the service.

C.L.C.A Company 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 checked 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.

This inspection took place on 5 July 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before the inspection, 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.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection.

During the inspection we received written feedback from one person and spoke with one relative. We spoke with six staff which included healthcare assistants, clinical lead nurse, registered manager and the provider. We viewed one care record which included the assessment and management of risk, one medicine record, two staff recruitment records and records relating to how the service was managed.

Is the service safe?

Our findings

People were protected from the risk of potential abuse, discrimination or avoidable harm. A relative told us they were happy their family member was safe with the staff that supported them. They said, "We are involved in interviewing staff and we have good relationships with the staff so we trust them." Staff we spoke with knew the signs of abuse and who they needed to report it to if they suspected someone had been or was being abused. Staff understood how people could be discriminated against and the impact this could have on them. One staff member referred to discriminatory practice as not treating people with respect or treating them unfairly. Managers were aware of their responsibilities and told us they would contact the local authority to refer any concerns about a person's safety. We saw staff received training and policies were in place for both the protection of children and adults.

People were protected from risks associated with their care. Risks to people's safety and wellbeing had been assessed and were monitored regularly. People and relatives were kept involved in identifying and monitoring risks through discussion and close working relationships. Actions staff needed to take were agreed with people and staff were aware of risks associated with people's care and knew the support they needed to help keep them safe. These covered risks to people's wellbeing and safety such as the use of equipment as well as risks identified within people's own homes. One staff member said, "The most important thing is to make sure they [people] are safe." One person was at risk of skin breakdown due to their lack of mobility. They had an action plan in place to reduce the risk of this happening. This included the use of pressure relieving equipment, repositioning of the person and instructions for staff to follow on observation of the person's skin and reporting concerns. Staff followed risk assessments for maintaining safe environments and the safe use of medical equipment. We also saw that there were personal evacuation plans in place for people. These detailed the support people would need to keep safe in the event of a fire.

People were supported by sufficient numbers of staff to meet their needs safely. The provider told us they built a team of staff around the individual person. Staff from this team only provided care to that one person to ensure they received consistency of care. People received a monthly rota so they could approve staff and ensure they were happy with the skills mix. Attendance at people's homes was monitored by managers who would be notified if staff did not attend. The registered manager told us that where staff were late it was due to traffic hold ups. In this instance the person was notified by office staff.

People were supported by staff who had received appropriate checks prior to starting work with them. All prospective staff underwent pre-employment checks to ensure they were suitable to work with people. These included an enhanced Disclosure and Barring Service (DBS) check, background and employment checks. The DBS carries out criminal records checks to help employers make safer recruitment decisions and ensure suitability to work with people in their own homes.

At the time of our inspection one person who used the service required support with the administration of their medicines. We saw systems were in place to manage people's medicines safely. The records completed by staff were checked regularly by managers to ensure people received their medicine when they needed them. Staff had received training in the safe management of medicines. Their competency was checked and

confirmed through regular observation of their practice.

Is the service effective?

Our findings

People were cared for by staff who had received the training they needed to support them effectively. One person told us, "They ensure all my needs are covered and staff are trained in my complex needs." A relative said, "It's about getting the right staff in place and their training and they (the provider) has managed it."

Training for staff was bespoke to the person and their nursing needs, such as tracheostomy care or oxygen therapy. This also included training to support both children and adults and in the specialised medical equipment people used. Each person had a 'competency chart', which detailed the skills and knowledge staff must have to support that person. Staff worked with the person, other staff and managers, who were registered general nurses (RGNs) to achieve these competencies. One staff member told us they were introduced to the person they supported. They then worked with the person and their carer to learn their needs. Both the provider and registered manager supported them all until they were confident with each other. The provider said, "We build the team for the client and introduce staff to them. Once the team is built and the person is happy, staff will start their one to one training, which is specific to that person's needs. The person and family are very much involved in the training and teaching the staff. People are happy because they have choice, control and autonomy in building their own team for their own care." All new staff completed the "Care Certificate". The Care Certificate is a set of standards that social care and health workers must adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

Staff told us they felt supported in their roles by managers, which helped them to support people effectively. They received feedback on their practice and had regular one to one meetings with the provider or registered manager. Staff valued these meetings where they were able to discuss their own training needs and the support they needed. One staff member said, "We're asked if we're getting the support we need or if we have any worries or concerns."

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff and managers had a good knowledge and understanding of the MCA. They understood how it would affect the support they gave should people not have capacity to make their own decisions. Staff had received training and policies were in place to ensure people's rights would be upheld and respected in accordance with the MCA.

People's consent was sought prior to staff helping them. One staff member said, "The first thing is always to ask permission and ask if I can do what needs doing. Making sure that everything is in their best interests is the priority, if they don't have capacity. It always has to be what would be the best thing for the person."

The provider had systems in place to assess and monitor people's nutritional needs and any associated

risks. Where required, feeding regimes were kept under review by dieticians for people who received enteral nutrition via a percutaneous endoscopic gastrostomy (PEG). A PEG is a tube placed into the stomach to provide a means of feeding.

The service worked closely with other healthcare professionals to ensure there was a consistent and joined up approach to maintaining the health of people. This included physiotherapists, dieticians, consultants and community paediatricians. People were supported to access healthcare appointments should they need assistance. Staff understood and monitored people's individual care and support they needed in relation to their day to day health and well-being.

Is the service caring?

Our findings

People were supported by staff who had a caring and kind approach. One person described the care and support they received as "first class service and attention by everyone". A relative told us staff had a very good relationship with their family member. They said, "We have used other companies and there is no comparison. (C.L.C.A) are better and the staff have a very good relationship with [person's name]. The staff have a caring approach. It goes back to recruitment; we helped to choose who we wanted. They are genuinely caring and all get on well."

People and their relatives were involved in decision making and planning for their care and support. A relative told us the staff always involved their family member in everything they did. Staff spoke about one person who did not have verbal communication and how they ensured they were always involved in their own care. One staff member said, "We always involve [person's name] in any conversations we have. We give them choices by showing them the items or pictures; they can give a smile or a nod. We always tell them what we're doing before we do it so they are aware what's happening. [Person's name] is able to push away to indicate "no" and we always respect that choice."

Staff worked in teams and supported the same people. They told us that because of people's complex care needs it was especially important to have a consistency of care. Not only did this help to establish good relationships but also created trust between the person and staff. One staff member told us that some of the support they gave required specialist training. For this reason, the person had to have confidence and trust in their staff team.

People were supported by staff who respected their privacy, dignity and independence. A relative told us they were happy staff treated their family member with respect and dignity at all times. Staff understood the importance of people remaining as independent as they could. One staff member told us that they did things for people because of their medical conditions or if they are not well. But if they started to get better and stronger they would start to withdraw the support but still be there to encourage and help where needed. Staff told us that whatever people's medical conditions or complex care needs, they would always ensure people had as much independence as possible.

Is the service responsive?

Our findings

People received care that was individual to them and responsive to their needs. A relative told us that staff understood their family member's needs and preferences. They felt staff had worked with them in the continuing assessment and planning of their family member's care. Staff told us they encouraged people to identify what they wanted and how they wanted things done. One staff member spoke about a particular person they supported. They said, "The care we give is personal to [person's name]. They make their own choices. We show cards and if they look at one then we'll confirm that is what they want. I'll ask them as well, with simple choices, facial expressions and find out how they feel about something."

People's individual needs were assessed and kept under review to ensure the service provided continued to meet their needs. Staff worked with a wide range of healthcare professionals who were involved in the assessment and monitoring of people's care. One person required 24 hour support and in order to achieve the best outcomes for this person, staff and other professionals worked together. Their relative said, "Everyone is in the loop and all pull together to make things better for my (family member)." We saw staff had worked with one person's physiotherapist. Following training they created photographic instructions to enable staff to support them with sleep positions and mobility exercises.

Staff were responsive to changes in people's needs. One staff member told us they supported a person who had no verbal communication. They spoke about the changes in facial expression which would indicate if the person was in pain. This was important to ensure staff were able to manage this person's pain. Both the staff member and this person's relative told us this understanding of the person was only possible because staff knew them so well.

People's and relatives' opinions about the service were sought by the provider and a system was in place to manage and respond to complaints. The provider or registered manager conducted regular home visits. We saw on a recent home visit record that one person had been asked if they were happy with the care staff provided. This person gave a nod and wink to indicate they were happy. A relative said, "There's an open line of communication with the managers and clinical lead so any concerns or issues are dealt with straight away." Either the provider or registered manager visited people at least monthly to speak with them about their experiences of the care they received. This gave them the opportunity to raise concerns, give compliments or ask questions. The registered manager said, "We act on feedback straight away rather than waiting for problems to happen." The provider also sought feedback through questionnaires, which were sent out six monthly. We saw that all feedback received to date was positive.

Is the service well-led?

Our findings

People were supported by staff who put people first and promoted a positive culture within the service. A relative said, "It's a company that engages with us and works for the benefit of [person's name]. Their mentality is: "What can I do to make this person's life better?" One person told us, "C.L.C.A are a very professional and caring company."

People were supported by staff who were confident in their roles and understood the values of the service. We asked one staff member what the values of the service were. They said, "(The values are) care, commitment and love. It's not about the money; it's all the care. [Provider's name] puts the client first." One staff member told us that as a staff team they had wanted to cover sickness between their team, rather than rely on staff who may not know the person. Staff told us they felt supported by the provider and registered manager. Staff had access to support and advice outside of office hours through a management on call duty rota.

The registered manager was supported by the provider and both understood their responsibilities with regards to their registration requirements. They told us that resources were made available to support continuous improvement with a main focus being on staff training and development. Both the provider and registered manager previously worked as critical care nurses. They maintained links with healthcare professionals within this area of care and followed practice guidelines from the Nursing and Midwifery Council. This helped to ensure practice was kept up to date with current best practice.

Staff were supported in their roles and their performance monitored to ensure they continued to meet people's needs effectively. Staff told us they were observed by the provider or registered manager to ensure they provided good care. These observations were unannounced but the person or their relatives knew this was taking place. The provider told us this gave them an opportunity to speak with people and their relatives about their experiences of the service staff provided.

Staff felt involved in how the service was run. One staff member said, "[Provider's and registered manager's names] are always willing to listen and make sure we're involved. They ask our opinions. They're always there on the end of the phone." The provider told us staff had wanted a new handover process and were involved in creating a new handover record to make this process more structured. The provider said, "We always encourage staff to identify, create and evaluate. We want them to think and be proactive and think what can work."

The provider had systems in place to monitor the quality of care people received. Staff understood how their roles contributed to providing a quality service by following policy and procedures, the completion of training and upholding the values of the service. Managers completed quality checks on staff practice and care records and the provider had full oversight of all quality assurance systems. The registered manager told us that because the provider was based at the office they were able to feed back continuously to them. They told us they discussed outcomes from quality checks and were able to identify and quickly agree how to drive any necessary improvement. A whole service audit was completed by the provider twice yearly

which followed our key lines of enquiry (KLOE). The provider said, "It's not about the money; it's the quality of care that matters to us." They told us they had made a deliberate decision to build the company slowly so they could concentrate on the quality of the service they provided.