

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The provider is registered with us to provide personal care and support for people who live in their own homes. At the time of our inspection visit, they were supporting 114 people. 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 and eating. Where they do, we also consider any wider social care provided.

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

Although there was some monitoring around the governance and the quality of the service, as formal audits were not always completed, we could not be assured this was always effective in identifying areas for improvements.

People and relatives spoke positively about the company. The provider sought feedback from people and relatives who used the service, and this was used to make changes. There was a complaints procedure in place and people and relatives felt able to complain. Staff felt supported and listened to and felt able to raise concerns if needed.

People and relatives were happy with the support they received from staff who they found kind and caring. People were encouraged to be independent, make choices and were supported with privacy and in a dignified way. They felt involved with their care.

Medicines were managed in a safe way. Risks to people were considered and reviewed. There were enough suitably trained staff to offer support to people. Infection control procedures were followed. Lessons were learnt when things went wrong. There were safeguarding procedures in place that were followed and understood by staff.

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 support this practice. People had access to health professionals when needed. They were supported at mealtimes accordingly. People received care based on their assessed needs and their preferences were taken into account. People had the opportunity to participate in pastimes they enjoyed.

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 9 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

C & S Care Services Limited

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 announced. We gave the service 48 hours' notice of the inspection as we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 3 March 2020 and ended on 4 March 2020. We visited the office location on 4 March 2020.

What we did before the inspection

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service. A notification is information about events that by law the registered persons should tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with eight people who used the service and three relatives. We also spoke with three members of care staff, the deputy manager and the registered manager to check that standards of care were being met.

We looked at care records for ten people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out to ensure people received a good service.

After the inspection

The provider sent us some further information to support their inspection.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People felt safe with the staff that supported them. One person said, "As I know them well and they know me we have a good relationship. It gives me confidence and therefore helps me to feel safe with them."
- People's individual risks were considered and regularly reviewed. There was clear guidance in place for staff to follow, including when people used alarms for alerts, had sore skin and specific health conditions.
- Environmental risks in people's homes were considered, to ensure the safety of staff.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report potential abuse. One staff member said, "It is to make sure everyone is safe and report any issues to the office, to make sure the right help is given to the client".
- Staff confirmed they had received up to date training in safeguarding people from abuse.
- There were procedures in place to ensure people were protected from potential harm. When needed we saw these procedures had been followed.

Staffing and recruitment

- People, relatives and staff confirmed there were enough staff available to meet people's needs. A relative said, "They are usually on time give or take a few minutes. If they are going to be really late, they will ring and let you know. We have never had a call they have missed or not turned up, it's usually when they have had an emergency, we have had times like that when we have needed them to stay so we don't really mind."
- There was a system in place to ensure there were enough staff employed for the amount of care hours people needed.

Using medicines safely

- People told us they received their medicines as prescribed. One person said, "They do my tablets for me, they know what they are doing and make sure that I have them. They write it down when I have taken them."
- Staff received training in medicines management. Before they could administer medicines independently, they had to shadow more experienced staff members. They told us they also had their competency checked to ensure there were no concerns with their practice.

Preventing and controlling infection

- Staff told us they had access to gloves and aprons which they used when they were offering support to people in their own homes. One person said, "Yes they always have gloves and aprons with them and use it when they are helping me." This meant staff could protect people from the likelihood of cross infection.

Learning lessons when things go wrong

- The provider ensured some lessons were learnt when things went wrong. The provider used staff meetings to discuss changes and how things could improve. For example, we saw the signing of medication records had been discussed as this had been identified as a concern.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were met.

- When needed people's capacity had been considered. When people lacked capacity to make decisions for themselves care was delivered in their best interests.
- Staff demonstrated an understanding around capacity and consent and told us they had received up to date training in this area.

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

- People's gender, culture and religion were considered as part of the assessment process. No one was currently being supported with any specific needs.
- We saw when needed, care plans and risk assessments were written and delivered in line with current legislation.

Staff support: induction, training, skills and experience

- People felt staff knew them well and had the skills and experience to fulfil their role. A relative told us, "They are well trained, they know what they are doing and meet my relations needs. I don't really have to tell them to do anything or not to do anything, they just get on with it without a problem."
- Staff received training and an induction that helped them support people. Staff who had completed their induction told us this involved training and shadowing more experienced staff before working in people's homes independently.
- Staff we spoke with spoke positively about the training and the quality of how this was delivered.

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

- When needed staff supported people at mealtimes and with drinks. People were happy with the support they received. One person said, "They shout out what I have in, so I can have a choice and then I will say what I would like." A relative said, "They have done my relation some soup today. They will ask my relation what they want and then go and prepare it, nothing is too much trouble".
- People's dietary needs had been assessed and considered and care to people was delivered in line with this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to ensure people received care appropriate to their current needs.
- Although the provider was not responsible for people's health needs, staff gave us examples when they had contacted the GP or other professionals such as the district nurses for advice. They told us if they were concerned about someone's health, they would report this to the office staff, who would take appropriate action.
- People's oral health needs had been assessed and considered.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives were happy with the staff and the support they received. One person told us, " I have two calls. They helped me get up and washed they ask me what I would like and how I like things doing which I find really caring. They are thoughtful and kind and spend time chatting with me, it makes me feel at ease." A relative told us, "They have all shown such compassion, patience and kindness to our relation and also to us her family. They are a credit to the social care professionals."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices. One person said, "They ask me everything, I am very independent and can-do things for myself, but they still offer that choice to me."
- Staff gave us examples about how they supported people to make choices. These included, offering people choices what to wear, what they would like to eat, if they would like to get up and where they would like to sit.
- The care plans we looked at considered how people made choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. A person told us, "I know who is coming and when, they let themselves in, but they always knock and shout, so I know they have got here. They keep the curtains shut until I am up and about and let me have five minutes in the bathroom. They go and make the bed then. They keep shouting to see if I am ready, they don't disturb me."
- Staff gave examples of how they offered support to people including knocking on doors and shutting curtains during personal care.
- People were supported to be independent. One person told us, "I don't need much support, but they still offer me the encouragement I need."
- Records we reviewed reflected the levels of support people needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 personalised care from staff that knew them well.
- Staff were able to describe how people liked to receive their care, they told us they got this information from reading care plans, notes that were in people's homes and by constantly communicating with other staff members.
- People had care plans based on their needs, which were regularly reviewed and updated.
- Both people and relatives felt involved with their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard. They told us information would be available for people and their families in different formats should they require it.
- People's preferred communication was considered in the pre-assessment. Information was available relating to how people preferred to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in activities and pastimes they enjoyed. People told us staff ensured they were comfortable before they left and had things that were important to them nearby.

Improving care quality in response to complaints or concerns

- People and relatives knew how to and felt able to complain. One person said, "I have no complaints, but I would contact the office first."
- The provider had a complaints policy in place, which was followed when needed.
- When complaints and concerns had been raised, they had been responded to in line with the provider's procedure.

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 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The systems the provider had in place to monitor quality within the service were not always effective in identifying areas of improvements. For example, it had not been identified that 'as required' guidance for people's medicines was not always in place.
- Although monitoring and audits took place of key areas, the audits were not always robust, so we could not be assured all areas of improvement would be effectively identified. For example, for one person, no records had been returned to the office since they had started using the service in October 2019. Therefore, there had been no oversight or review of this documentation. After our inspection the registered manager confirmed these had now been returned and reviewed.

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

- The provider sought the opinions of people they supported. This was through satisfaction surveys. The provider collated this information and fed this information back to people through a results letter.
- We saw when needed the provider had taken action to make changes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the service and the support they received. One person said, "They are absolute brilliant we have been with the company for years and we couldn't live without them. A big thank you to them." A relative told us, "C and S provide an outstanding professional care service to our dearest relative. They have given us peace of mind that our relation is being supported and cared for by the most trustworthy, professional and highly dedicated team of very caring individuals." They went on to tell us they would highly recommend the service.

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

- Duty of candour requirements were understood by the registered manager.

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

- Staff felt supported and listened to by the registered manager. They had the opportunity to raise concerns by attending team meetings and individual supervisions.
- All staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.