

Conquest Care and Support Agency 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: Conquest Care and Support Agency (CCSA) Ltd is a small homecare agency in the London Borough of Brent. During the day of our inspection two people received the regulated activity personal care and were supported by four care workers.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Care workers knew people well and understood their communication needs. They used this information to develop positive and meaningful relationships with people.

People told us they felt well cared for by care workers who treated them with respect.

The provider ensured people had regular care workers, so that people and care workers were able to build positive relationships.

People were supported by care workers who had the skills and knowledge to meet their needs. Care workers understood and felt confident in their roles.

Care workers told us that would liaise with other health care professionals if this would be needed to ensure people's safety and health needs were met.

Care workers spoke positively about working for the provider. They felt well supported and they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their work.

Quality monitoring checks were completed by the registered manager to check the quality and safety of the service. This information was shared with the staff team. The registered manager managed and supported the staff team in their roles to ensure people received a good service.

Rating at last inspection: During our last inspection we rated CCSA Ltd 'Good'. (Report published 12 January 2017)

Why we inspected: This was a planned inspection based on the date CCSA Ltd was last inspected by the CQC.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 well-led

Details are in our Well-Led findings below.

Good ●

# Conquest Care and Support Agency 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care 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. It provides a service to older adults and some younger disabled adults. Everyone using CCSA Ltd receives the regulated activity of personal care; Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, medicines support and eating. Where they do we also take into account any wider social care provided.

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:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit took place on 5 June 2019.

#### What we did:

We used information the provider sent us in the Provider Information Return. 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 reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. We asked the local authority for any information they had which would assist our inspection. We used this information as part of our planning.

We spoke with one person who used the service, one relative, three care workers and the registered manager. We looked at two care plans and risk assessments. We looked at records relating to the management of medicine, staff training, complaints and quality assurance monitoring.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by care workers that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all care workers had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One care worker told us, "I speak to the relevant person to seek advice and report straight away to the manager."
- Relatives explained to us how the care workers did maintain people's safety, one relative told us, "My relative is 100% safe, we are getting an excellent service from CCSA."

Assessing risk, safety monitoring and management

- People's risks had been assessed, identified and reviewed regularly, they were included within the care records. They included risks associated with a person's health care needs, mobility and their home environment.
- Where potential risks had been identified clear individualised guidance was provided for staff to support people in a safe way.
- People were supported by the same care workers This consistency meant that staff got to know people and how they preferred to be supported. It also meant that care workers recognised any changes that required risk assessments to be updated. Staff explained, "If anything is changing, I would immediately contact the manager and tell her that the risk assessment needs to be reviewed."

Staffing and recruitment

- All people spoken with told us that the timekeeping of staff was 'excellent; and if care workers were late they would always call.
- Care workers said that they had enough time to meet people's needs during care visits.
- People told us they received calls from the same staff. One person said, "I have the same carers, we get on very well with each other. They understand what I need and where I require support.
- Robust pre-employment checks had been carried out on staff members to make sure they were safe and suitable to work at the service.

Using medicines safely

- Some people were supported to have their medicines, care workers and people told us this usually just meant prompting people to take their medicines at the right time and in a safe way.
- Care workers administering medicines had appropriate training and their competency was assessed.
- Care plans did contain guidance for staff when supporting people with their medicines. One care worker told us, "I sometimes have to remind [person's name] to take their medicines, if this is the case I would

record it."

#### Preventing and controlling infection

- People confirmed that care workers wore personal protective equipment (PPE). One person said, "They do use gloves when they support me."
- Staff had received training in infection control and gloves, aprons and shoe covers were available for them to pick up in the office.

#### Learning lessons when things go wrong

- Since our last inspection there had been one accident. We saw that the service responded well to this accident. The service liaised with the occupational therapist and updated the person's risk assessment to prevent similar accidents from happening in the future.



# 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

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

- Prior to supporting a person, an initial assessment of their needs and the support they wanted was carried out. This identified all tasks to be completed by the care worker at each visit and assessed any risks there may be for the person or care worker.
- People and their relatives where appropriate, were involved in the initial assessment. One person said, "I remember [managers name] coming at the start and we discussed what I need, this is now done every year again. I am very happy with the care provided."

Staff support: induction, training, skills and experience

- Care workers received the training and support needed to carry out their roles.
- New care workers were enrolled on the care certificate, which is a nationally recognised set of standards care staff work towards in their professional lives. However, we noted that not all staff had completed the care certificate. The registered manager explained to us that this was due to these care workers not being in full time employment but reassured us that they would complete their care certificate within the next two months.
- Staff completed a range of on-line training courses and also took part in a practical moving and handling session. Training was refreshed every year.
- The registered manager carried out supervision meetings and spot checks to talk with the care workers and observe their practice. This ensured that care workers received regular support and their competency of supporting people was assessed.

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

- Care plans specified where people needed support with their meals. This included if people needed assistance or encouragement to eat their food.
- Information was also available, for example guidance provided by the dietician, to meet people's dietary needs, for example if people needed a specific diet to control diabetes.

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

- Where applicable, the service worked alongside other professionals, for example district nurses, local commissioning groups or other care agencies.

Supporting people to live healthier lives, access healthcare services and support

- Care workers explained that they monitored people's health at every visit and would contact the person's family, GP or ambulance if people were unwell. One care worker said, "I would talk to the manager in the first instance if anything is wrong with [person's name], but in an emergency I would call 999."

## 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.

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.

- The registered manager told us they would contact the relevant social service department if a person's capacity changed.
- We saw that one person receiving the regulated activity personal care lacked capacity. However, appropriate documentation was in place to ensure that the person was not deprived of their liberty and the next of kin was appointed by the court of protection to act on the person's behalf.

# 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

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, we spoke with were complimentary about the care workers who supported them. One relative told us, "The care is excellent, they [care workers] are caring, they understand Dementia and Alzheimer. The love and care are outstanding."
- People and relatives said the care workers would ask if there was anything else they wanted them to do before they left. For example, one person said, "They [care workers] never leave without asking me if my relative needs anything else to be done and if I tell them they would do it."
- Care workers knew people's needs well. People's preferences, for example female only staff, were noted in their care plans. Any cultural needs were also identified during the initial assessment.

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

- People were involved in agreeing the support they needed, their care plans and the times of their support visits.
- One person receiving care and support was not always able to clearly communicate their needs. Care workers told us, "I would speak to [name] relative, but I do know the [name] well and I understand the gestures and facial expressions, if [name] is not happy with anything I do."
- People and relatives said they could contact the registered manager at the office if they needed to.

Respecting and promoting people's privacy, dignity and independence

- Care workers were able to explain how they maintained people's privacy and dignity when providing support. One care worker said, "I speak slowly and make sure [name] hears what I say and will always check [name] is okay with that."
- Staff explained how they encouraged people to complete tasks for themselves where possible. Care worker said, "It is important to let people do the things they can do so they stay independent."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were developed from assessments that identified people's care and support requirements. Care plans were reviewed routinely and when a person's needs changed.
- People, relatives and where appropriate other professionals were fully involved in planning how care workers would provide care. One person said, "Yes, [managers name] talks to me regularly about my care, they [agency] meet my needs."
- Care workers and people told us that information on their needs was available in paper copy in their home.
- Relative's and people told us on-going communication with workers was effective to ensure people's needs continued to be met. One relative said, "The communication is very good, "Yes, they listen to us, very approachable its very refreshing."
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service who have information or communication needs because of a disability, impairment or sensory loss. The registered manager told us that she would provide documents in different formats if this would be required, however, currently this was currently not needed.

Improving care quality in response to complaints or concerns

- A complaints policy was available. Systems were in place to address any concerns raised. Copies of responses to complaints showed the service had acted to address any concerns. Learning took place as a result to avoid any repetition. People told us they would feel happy to raise any concerns. One person said, "I would call [manager's name], sometimes there is a mix up with shifts and she will always sort it out."

End of life care and support

- The service does currently not provide any end of life 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were happy with the service they received and the way the service was managed. One person said, "I would recommend them without a doubt. I would rate them 8.5 out of 10. They are very good and caring, they meet my needs." One relative said, "Excellent service which I would recommend to anybody."
- The registered manager in post was described by people who used the service, relatives and care workers as "kind", "approachable" and "caring."
- Care workers felt supported by the registered manager. One said, "She is very helpful and always listens and supports me if I need something, I like working for Conquest."
- The registered manager understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.

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

- The registered manager demonstrated a good understanding of their regulatory responsibilities and kept their knowledge of legislation and best practice up to date.
- Care workers understood their roles and were aware of what was expected of them.
- Effective systems were used to continually monitor and evaluate the service provided. These included regular spot checks of care workers and telephone surveys of people who used the service. One relative told us, "The manager comes regularly to talk to us. They come on time and come together. 10+ they are the best."
- The latest CQC inspection rating was displayed at the agency's office and on the CCSA website. The display of the rating is a legal requirement, to inform people seeking information about the service of our judgments.

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

- Feedback from people and relatives was encouraged through quality questionnaires, visits by the registered manager and telephone calls. Feedback received demonstrated people and relatives thought the service they received was excellent and improvements were not required.
- Staff attended regular team meetings and met the registered manager regularly which gave them the opportunity to discuss any issues of concern and ideas for improvement.

Continuous learning and improving care, working in partnership with others

- The registered manager and care workers were committed to working in partnership with other organisations to improve outcomes for people which meant people received good holistic care.
- People had opportunities to maintain positive links with their community if this was part of their planned care.
- Care workers told us that they undertook qualifications in health and social care to update and improve their knowledge and skills in the field.