

Clece Care Services Limited

CCS Gateshead

Inspection report

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Date of inspection visit:
28 October 2022

Date of publication:
05 December 2022

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

CCS Gateshead is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 165 people using the service. 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

Medicines had not always been managed safely; medicines documents were not always completed correctly and medicines audits had not identified the issues. The provider introduced a new electronic system during the inspection which included functionality to identify errors in the future.

Risks to people's safety were assessed however, care plans were not regularly reviewed which meant some information was out of date.

Staff were recruited safely and staff were suitably trained to carry out their roles. People told us staff did not always wear masks when caring for them. Staff received regular training, supervision and appraisal.

Systems were in place to safeguard people from abuse. People told us they felt safe with their carers although sometimes they had different carers which they were less happy about.

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. People received personalised support based on their needs and preferences.

The registered manager and provider had governance systems in place. Lessons were learnt from incidents and a continuous improvement plan was in place.

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 15 December 2020).

Why we inspected

We received concerns in relation to late or missed calls. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for CCS Gateshead on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

CCS Gateshead

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 team consisted of 1 inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

Registered Manager This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection.

Inspection activity started on 28 October 2022 and ended on 22 November 2022. We visited the location's office on 28 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 12 July 2022 to help plan the inspection and inform our judgements. We contacted the local authority for feedback about the service. We used all this information to plan our inspection.

During the inspection

We visited the office and spoke to the registered manager and regional director. We spoke to 13 people who use the service and 16 relatives of people who use the service. We spoke to 11 staff members including office staff and care workers. We reviewed documents including people's care and medicines records, staff training and recruitment records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Using medicines safely

- Medicines were not always managed safely. Paper medicine administration records were not maintained in line with best practice guidance. 'As and when required' medicines were not clearly recorded in medicine records and did not include instructions about when these medicines should be given. Medicines audits had not identified all of the issues we found.
- During the inspection a new electronic process was being introduced for medicines administration which removed the risk of the same errors reoccurring in the future.

We recommend the provider reviews the new medicines process to ensure medicine errors are identified and can be dealt with in a timely manner.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed, and actions were put in place to keep people safe. Care plans included information about risks to people and how they should be managed.
- Care plans were not reviewed regularly and some information in care documentation was out of date. People and relatives said care plans had not been updated. One relative said, "We had a care plan originally but have never had it updated."

We recommend the provider reviews care plans regularly to ensure they are accurate and up to date.

- Care plans were person-centred and included detailed information about how people wished to be cared for.
- Systems and processes were in place to learn from accidents and incidents. Lessons learnt were shared across all services belonging to the provider.

Systems and processes to safeguard people from the risk of abuse

- People were safe. The provider had policies in place to help keep people safe from abuse. One relative said, "[Person] is safe. We knew it would be difficult for them to accept care but they have and they feel safe and comfortable with the carers "
- Safeguarding concerns were recorded, reported and investigated appropriately. Staff and managers were confident in their knowledge of safeguarding procedures. The safeguarding policy was accessible to all staff. Staff had completed safeguarding training.

Staffing and recruitment

- Staff had been recruited safely, in line with best practice guidance. Disclosure and Barring Service (DBS) checks had been carried out on all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough suitably trained staff to provide support to people who use the service. The provider had implanted new recruitment processes to try to retain current staff and attract new staff to the service.

Preventing and controlling infection

- The provider had procedures to promote safe infection control practices. The management team carried out spot checks on staff which included checking whether their PPE was used appropriately. However, some people and relatives said that very few carers wear masks when providing care. We have raised this with the management team.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently 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

- Staff felt there was a positive culture and said they felt the care provided was person-centred. There was mixed feedback from people and relatives about the care received. One relative said, "Overall I'm happy with the care but having a more regular carer would be better."
- People's care plans detailed their goals which included wanting to live in their own home and having companionship from carers.

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

- Staff understood their roles. The registered manager and provider carried out a range of quality assurance audits to monitor and improve standards at the service. There were some issues that had not been identified including a lack of care plan reviews and errors on medicines documentation. The provider confirmed these would be addressed as soon as possible.
- Management understood the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

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

- People were usually involved in the service. People and their relatives were involved in care plans initially, a customer satisfaction survey was carried out annually.
- There was a community engagement plan in place which included supporting the local food bank and hospice. The registered manager was involved in a 6 monthly forum for development and sharing best practice.

Continuous learning and improving care

- The provider was committed to improving the service. There was a continuous improvement plan in place which was partly generated from lessons learnt from incidents and events at the service. As part of this plan the service had recently introduced a new electronic care system which was launched during the inspection.