

# Clece Care Services Limited

# CCS Gateshead

## Inspection report

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29 October 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

CCS Gateshead is a domiciliary care agency which provides care and support to people living in their own homes. At the time of our inspection there were 172 people using the service.

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

At the last inspection there were concerns around the timeliness of staff visits to people's homes and the number of missed visits. At this inspection the provider had significantly reduced the number of missed visits and people's satisfaction levels had improved. Most people said staff turned up on time. However, some people found staff turned up late and this was particularly evident on a weekend.

The organisation of staffing rotas was not always efficient. This led to staff arriving late for some visits or cutting visits short. People were not always made aware of changes to the times that staff would be visiting.

At the last inspection we found the registered manager had overlooked some concerns. At this inspection we noted improvements had been made to general complaint handling, but some people remained dissatisfied with the way their concerns were dealt with.

The regional operation director said they would review how travel time was incorporated into rotas, revisit people's preferred times for visits, ensure any changes to planned times for visits was clearly communicated to the relevant people and all concerns were acknowledged.

At the last inspection improvements were required to care records to ensure they accurately reflected people's care and support needs. At this inspection we found improvements had been made. People's care needs were thoroughly assessed. The care plans and risk assessments were very detailed and person - centred.

Pressures on the service had increased due to the COVID-19 pandemic and this had led to increased levels of sickness or the need for staff to self-isolate. Every staff member was committed to assisting people to have a good quality of life and all available staff had pulled together to cover all the care packages.

Medicines were administered in a safe manner. Systems were in place, which monitored how the service operated and ensured staff delivered appropriate care and treatment.

Staff took steps to safeguard people and promote their human rights. Incidents were dealt with appropriately and lessons were learnt, which helped to keep people safe. When necessary, external professionals were involved in individual people's care.

Appropriate checks were completed prior to staff being employed to work at the service.

The senior management team completed comprehensive audits of the service and constantly looked for areas for improvement.

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

#### Rating at last inspection

The last rating for this service was requires improvement (report published 22 November 2019).

#### Why we inspected

This was a planned inspection based on the previous rating. We undertook this focused inspection to check the provider had made improvements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

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](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always 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 Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors and an Expert-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

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

The service has not had a manager registered with the Care Quality Commission since March 2019. Having a registered manager 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. This was because it is a large service operating during the COVID-19 pandemic and we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with the regional operations director, operations manager, the manager, two care coordinators, a scheduler, an area supervisor and 10 care staff. We telephoned and spoke with 20 people who use the service or their relatives.

We reviewed a range of records. This included 10 people's care records and several medicines records, seven staff files and a variety of management and quality assurance records for the service.

# 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 requires improvement. This key question has improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We found improvements had been made to the delivery of care and support. Now 14 of the people we spoke with were now satisfied with the care and six were unhappy with aspects of timeliness. Their concerns related to lateness and visits being too early. The provider surveys highlighted most people who responded were satisfied with the service.
- From the rotas and discussion, we found some staff had travel time whilst others did not and for those without travel time it led to them cutting short some visits and arriving late at other visits. Alterations were made to scheduled visits, and people were not always informed; this led to them believing staff were late. One person said, "I do have to ring to ask if there's someone coming. A few days ago, it was getting later and later. Nobody had phoned to tell me."
- The provider operated systems that ensured suitable staff were employed.

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

- The manager reviewed all aspects of the service and determined if and where improvements were needed. They ensured staff considered how lessons could be learnt.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained clear explanations of the control measures for staff to follow to keep people safe.

### Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- Incident monitoring records were used to learn lessons and this led to positive changes, for example a significant decrease in missed visits, with only 16 occurring over the last year.
- The provider had effective safeguarding systems in place and all staff spoken with had training and a good understanding of what to do to make sure people were protected from harm or abuse.
- A person commented, "I have a regular carer and she is brilliant, like a part of the family. They are really knowledgeable and reads me so knows when I am in more pain."

### Using medicines safely

- People's medicines were appropriately managed. Staff received appropriate training and clear protocols were in place for administering medicines in people's own home.

### Preventing and controlling infection

- Staff had received infection control training and said they had plenty of personal protective equipment such as gloves and aprons. One person commented, "[Carers wear] a full-length pinny, plastic sleeves, gloves and a visor. They have to protect themselves as well as me."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as requires improvement. This key question has improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Following the last inspection the provider had recognised that the manager needed more administrative support and additional support staff were recruited.
- People had access to information on how to make a complaint. We reviewed records that showed the manager had completed thorough investigations of complaints and resolved concerns.
- Overall people were happy with how complaints were managed. Some people told us they had raised complaints, particularly on an evening and weekend about staff being late or too early, but these had not been acknowledged or addressed. From reviewing the information, it became evident rotas were being changed the day before scheduled visits. People were not always made aware of these changes, which led to the perception of visits being late and too early. The regional operations manager confirmed these issues would be resolved.

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

- People's needs were clearly identified, including those relating to equality, and care plans were detailed and individualised. People's relatives commented, "Someone was checking [person's name] medication this last week; they went through it with me, checking it was right because it sometimes changes" and "The care plan is accurate. Last time [my relative] was in hospital, it led to changes. I made the company aware and the plan was updated."
- People told us they were consistently asked to express their opinions about what was on offer and were given choices.



# 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.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There has not been a registered manager of the service since March 2019, which meant well-led could not be rated as good.
- The manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. Where incidents had met the criteria for duty of candour action had been taken to investigate them and rectify the issues.
- The aims and objectives of the organisation were discussed with staff when they were employed.
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities.

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;

- The management team and staff were enthusiastic and committed to further improving the service for the benefit of people using it. They maintained clear oversight of the service and reviewed all aspects to determine how further improvements could be made.
- We identified some variations to practices. For example, some people's scheduled call times were changed but they were not made aware of this, other were not informed when a carer was going to be late and some complainants did not have their calls acknowledged. The regional operation director acknowledged there were issues with the effectiveness of the service communication with people. They confirmed the provider would review how travel time was incorporated into rotas, revisit people's preferred times for visits, ensure any changes to planned times for visits was clearly communicated to the relevant people and all concerns were acknowledged.
- Since the summer pressures on the service had increased due to the COVID-19 pandemic and this had led to increased levels of sickness or the need for staff to self-isolate. Every staff member was committed to assisting people to have a good quality of life and all had pulled together to cover all the care packages.
- Staff told us they felt listened to and that the manager was approachable. They understood the provider's vision for the service and they told us they worked well as a team.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others.

- The provider and manager positively encouraged feedback from people, relatives and staff. They acted on

it to drive improvement. For example, following feedback from people, the provider introduced monitoring of compliance against call start and finish times and duration on the live system. If a staff member's compliance drops below 90% their supervisor completed additional supervisions with them and spot checks are carried out.

- The service worked in partnership with external agencies and actively acted on issues raised. They used the information from these partnerships to assist them to improve the service.
- A person commented, "[The manager] is called [name] and they've been here as well when the company were short of carers, as a carer. Very nice, friendly."