Ceiba Community Support Ltd

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Inspection report

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Tel: 07514614870

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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

The inspection took place on 26 April 2017 and was announced. This was the first inspection of this service following its registration with us in June 2015.

Ceiba Community Support is registered to provide personal care to people in their own homes. At the time of our inspection the service supported one person with personal care who had physical disabilities. Three care workers were employed by the provider.

There was a registered manager in post. 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 knew how to keep people they supported safe. There were processes to minimise risks to people and staff's safety. Care staff understood how to protect people from the risk of abuse and how to report any concerns. The suitability and character of staff was checked during the recruitment process to make sure they were suitable to work with people who used the service.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) and people's consent was sought prior to any care being provided.

There were enough staff to support people who used the service. Staff had a kind and caring attitude toward people they supported.

Staff received an induction when they started working for the service and completed training to support them in meeting people's needs effectively. Staff knew people well and knew how to respond to people's needs. Information about people and assessed risks was available for staff to refer to in care records.

No complaints had been raised with the service, however people and their relatives knew how to raise concerns or make a complaint if needed.

Staff felt supported by the registered manager and they were able to contact them at any time. There were systems to monitor and review the quality of service people received which assisted the provider in understanding the experiences of people who used the service. This was through regular communication with people and health care professionals, quality assurance surveys and audits undertaken at the service.

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.

Staff understood their responsibilities to protect people they supported from the risk of abuse. The registered manager understood their responsibilities to report any concerns about people's safety and to minimise risks to people. There was enough staff so that people received support at the agreed times.

Is the service effective?

Good

The service was effective.

Staff were trained and knew people they supported well so that they could effectively meet their individual needs. The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and worked within the principles of this Act.

Is the service caring?

Good

The service was caring.

Staff were kind and caring. Staff knew how to show respect and promote privacy and dignity to the people they supported. they supported.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning care and support with staff. Care plan information was detailed, personalised and contained information to enable staff to work with people in the way they preferred.

Is the service well-led?

Good

The service was well led.

Staff felt supported by the registered manager. The provider had systems and processes to monitor the quality of the service provided to people and took action where improvement was

needed.

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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 was planned to check 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 26 April 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 available at the office. The inspection was conducted by one inspector.

The provider had 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. We found the information contained in the PIR was an accurate reflection of the service.

We reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection visit we spoke to the registered manager, one care worker and a person using the service. We reviewed one person's care plan to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support this person required. We looked at other records related to people's care and how the service operated including the provider's quality assurance audits.

Good

Is the service safe?

Our findings

One person who used the service told us "I feel very safe with them [staff] they know how to help me."

The registered manager and care worker understood their responsibilities to keep people safe and protect them from harm. A care worker told us, "I have done safeguarding training, it included information about the different types of abuse." A care worker and the registered manager both had a good understanding of what constituted abusive behaviour and their responsibilities to report this to local safeguarding authorities.

Risks were assessed and actions to minimise risks of harm or injury to people or others were recorded and staff knew what these were. A care worker was able to tell us about risks associated with people's care and this corresponded with information recorded in care documentation. .
Recruitment procedures made sure, as far as possible, that care workers were of good character to work with the person who used the service. All staff had a Disclosure and Barring Service (DBS) and reference checks before they started working with people. The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. A care worker told us "I had to wait for my references and DBS to come through before I was allowed to start supporting [Name]." Records confirmed necessary employment checks were completed before staff started work.

Care was provided at people's agreed times. One person told us "I think there are enough staff, I have the same people and they're always on time." The registered manager told us, "We have enough staff and we will recruit further if we get more customers."

The registered manager told us that people they supported did not need assistance with medicines, however staff were trained in how to administer medicines safely, should the need for this arise. They explained that if they were to support a person with their medicine, each staff member's training would be reviewed and their competencies would be checked regularly to ensure that medicines were being administered safely. The registered manager told us that if they were to begin administering medicines, a system of checks would be in place which would include completing monthly audits of Medicine Administration Records (MAR) charts.

Good

Is the service effective?

Our findings

We asked one person if they thought staff had the skills they needed for their roles. They told us, "Yes, they (staff) know what they're doing." They said before they began being supported by the service the registered manager had visited them to complete an assessment. This enabled the person to give details of what care they wanted and for the registered manager to ensure that they had care workers with the correct training and knowledge to provide this support.

A care worker told us, "I have done lots of training, it is very useful." They told us their training included moving and handling training and infection control. The care worker told us they had enjoyed their training and that it was, "Important to keep up to date with current practice." The care worker told us that before they began to deliver care to the person they had spent time 'shadowing' (working alongside) the registered manager. This enabled them to meet the person they supported and understand how they preferred to receive their care.

The registered manager told us each member of staff was expected to complete the Care Certificate during their induction. The Care Certificate is a nationally recognised qualification that helps new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. In order to provide on-going support, the registered manager told us they had arranged for the care workers to have regular supervision meetings and observations to check their competencies.

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. Staff worked within the principles of the Act, and knew they needed to gain people's consent before supporting them. One person told us, "They (staff) always ask what I want, they don't do things without asking." One care worker told us, "I have had training about the MCA. If I was supporting someone who did not have capacity to make a decision I would act in their best interest if a decision had to be made immediately. Otherwise I would tell [Registered manager] and they would arrange a meeting with the person's family and health professionals and use their knowledge of the person to make a best interest decision."

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 Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed no one they supported had a community DoLS in place, but knew when and how they should be applied for.

A care worker told us they currently did not have to plan people's meals but they provided support to prepare meals as required.

A care worker told us if they identified any changes in people's health they would inform them and suggest they contacted a healthcare professional, for example their GP. They said they would support them with this if requested. Care records showed staff regularly communicated with the district nurse. The care provided by the district nurse was documented in the care records and the registered manager explained this helped to provide, "Joined up care" for people.

Good

Is the service caring?

Our findings

One person told us, "The staff are wonderful, very caring." The registered manager explained they provided a caring service by taking time to get to know people they supported and understanding how they wanted the support provided. The registered manager told us that it was important for care workers not to, 'take over' tasks that people were able to do for themselves and instead they, "Reassure and encourage a person to do things to keep their independence."

A person told us, "I am involved in planning my care; I help write the care plan. I am not shut out or told what is happening." The registered manager told us it was very important to them that people were involved in their care, they said, "Communication is so important. We are there to help them and we are in their houses, we have to respect that and listen to what they are telling us. If they say they want their care differently one day then we will do it in the way they have asked."

One person told us, "Personal care is always done privately; they are very respectful about how I want things done." Both the registered manager and a care worker gave us examples of how they maintained people's privacy and dignity. One care worker said, "When we support [Name] with personal care, I will close the door to maintain their privacy and ask them what support they want. It's important to make sure they're comfortable."

A care worker told us that they understood the importance of maintaining confidentiality and said they would only discuss personal information with those people authorised to share it with. Care records kept at the office were secure and were only accessible to staff authorised by the registered manager.

Good

Is the service responsive?

Our findings

One person told us they were involved in the assessment and planning of their care. A copy of the person's care plan was kept at the office and was detailed and personalised to them. The care plan contained details about how the person wanted to receive their care as well as their preferences of activities they wanted care workers to support them with.

The registered manager told us, "I make sure care is person centred. People are involved in their care plan or a relative if they don't have capacity. Care must be holistic and we will involve other health professionals to gain advice to make sure we are providing care appropriate to their needs."

The registered manager told us people they supported was able to communicate verbally, however if they were to support a person who could not communicate this way, they would work with family to understand what communication methods the person used and these would be recorded in the support plan.

One person told us they were able to contact the registered manager 'at any time' and that they were able to provide feedback about the service. They went on to say they were aware of how to make a complaint but had not needed to; "I am very particular about who cares for me and how it's done. If there is anything I want changing I speak to [Registered manager] who listens and puts things right. I have no complaints but if I did I would say so."

The service had not received any complaints and the registered manager was enthusiastic about gaining feedback about the care provided. The registered manager explained that due to the small size of the service they had regular contact with each person to gain their feedback but this had not yet been formalised. The registered manager had sent quality assurance questionnaires to health and social care professionals who worked with the service and had received two positive responses. The registered manager planned to complete further quality assurance checks as the service expanded, their plans included service user meetings, questionnaires and quality assurance questionnaires for people who used the service and staff. The provider's website had a section where anyone was able to provide feedback about their service. This was to provide people with another way to give their views about the service.

Good

Is the service well-led?

Our findings

The person we spoke with knew who the registered manager and provider were and how to contact them whenever needed. A care worker told us they felt supported by their manager, they said "[Name] is very approachable and flexible. If there is any information I want [Name] gets back to me very quickly." They went on to tell us they thought the service was well led and that they felt confident raising any concerns with the registered manager or provider. The care worker told us they knew how to whistle blow and the registered manager held details of organisations to contact in their office. Whistleblowing is when a person who works for an organisation raises concerns about wrong doing in their workplace. We saw that the registered manager had received letters from care workers and people who used the service thanking them for support they had provided.

Systems monitored the quality of the service and included asking the people, their relatives, staff and visiting healthcare professionals about their experience of the service. We saw records of care were regularly checked for accuracy and that they reflected the person's current needs. One audit identified updating a person's profile to reflect the person's requests, this had been completed.

A system was in place to record accidents and incidents and that these were managed appropriately. We saw that each incident was reviewed and appropriate actions were put in place to reduce the risk of further incidents.
The registered manager sought feedback from people, relatives, staff and health and social care professionals to drive improvement of the service. The registered manager kept a record of all comments received however nothing had been identified as needing to improve. One person who used the service had responded to a question of how the service could improve with "No need, it's great!" We saw that a social worker had written to the registered manager thanking them for going "above and beyond" in the ways that they had supported a person.

The registered manager understood their responsibilities to CQC and what events they had to notify us of. The registered manager had completed a provider information return prior to our inspection and the information they included reflected what we saw during our inspection visit.