

CSPC Healthcare Ltd

CSPC Healthcare LTD

Inspection report

Unit 9 Littleton Drive
Huntington
Cannock
Staffs
WS12 4TS
Tel: 01543 495695

Date of inspection visit: 06 July 2015
Date of publication: 16/09/2015

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 

Overall summary

We inspected CSPC Healthcare Ltd on 06 July 2015 and this was announced which ensured that staff and managers were available for us to speak with. At the last inspection on 29 June 2014, we asked for improvements to be made to the way the provider assessed and monitored the quality of care. We received an action plan which showed how the provider planned to make improvements. At this inspection we found that improvements had been made.

CSPC Healthcare Ltd are registered to provide personal care. People are supported with their personal care

needs to help them to be as independent as possible and support people to be able to remain within their own homes. At the time of the inspection the service supported approximately 71 people.

There was a registered manager at the service. 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.

Summary of findings

People received their medicines safely. Medicine records were completed and staff understood the procedures they needed to follow when supporting people with their medicines.

People's risks were assessed. Staff carried out support in a safe way whilst they ensured that people's independence was promoted.

We found that there were enough suitably qualified staff available to meet people's assessed needs. The provider undertook checks that ensured staff were suitable to provide support to people.

Staff received regular training which ensured they had the knowledge and skills required to meet people's needs.

People were involved in their care and consented to their plans of care. Some people who used the service were unable to make certain decisions about their care. We found that mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005.

People told us staff treated them in a caring and kind way and respected their dignity. Staff listened to people wishes and supported them to make choices about their care.

People told us that staff knew how they liked their care provided and they were involved in the review of their care.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to complaints.

People and staff told us that the management were approachable and that they listened to them and took action where required.

We found that the registered manager had a system in place to monitor the quality of the service provided.

Summary of findings

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. Staff understood how to safeguard people from harm. Staff knew people's risks and supported them to remain independent whilst protecting their safety. There were enough suitable staff available to meet people's needs. People were prompted to take their medicines safely.

Good



Is the service effective?

The service was effective. Staff received training to carry out their role effectively. Staff and the registered manager understood their responsibilities under the Mental Capacity Act 2005. People were supported with their dietary needs and their health was monitored and maintained.

Good



Is the service caring?

The service was caring. Staff were caring and kind. People were supported by staff who treated them with dignity and respect and people were given choices in their care.

Good



Is the service responsive?

The service was responsive. People received individual care that met their personal preferences. There was a complaints procedure available and people knew how to make a complaint.

Good



Is the service well-led?

The service was well led. There was a registered manager in place who understood their responsibilities. Staff and the registered manager had clear values and staff felt supported in their role. Monitoring of the quality of the service provided was in place.

Good



CSPC Healthcare LTD

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 was 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 06 July 2015 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 the manager and staff would be available.

The inspection team consisted of two inspectors.

The provider 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 reviewed the information included in the PIR along with information we held about the service. We reviewed information that we held about the provider and the service which included notifications that we had received from the provider about events that had happened at the service. For example, serious injuries and safeguarding concerns.

We spoke with 10 people, three relatives, eight care staff, the registered manager and the provider. We viewed seven records about people's care, which included medication records. We also looked at records that showed how the service was managed.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when they were supported by staff. One person told us, “The staff are very good I feel safe when I am supported to do things”. A relative told us, “We are happy with the care provided and my relative is never left without care. The staff always make sure she is looked after”. Staff we spoke with told us how they made sure people were kept safe. One staff member told us, “I always look at the care plan, the summary of care and history before providing support so I know how I need to support people safely”.

Staff told us what action they took if they were concerned that a person was at risk of abuse. One staff member told us, “I would report any concerns to the manager. I understand the whistleblowing procedure and management ensure we know how to use it if needed”. Whistleblowing provides staff with protection to remain anonymous if they report any concerns that they may have. The registered manager understood their responsibilities to report any concerns of abuse. We saw that where any concerns had been raised they had been referred to the Local Safeguarding Authority and notified us of the alleged abuse as required.

People told us they were supported by staff in a way that enabled them to be independent. One person said, “Sometimes I need more support than other times. Staff listen to me and help me to do things for myself”. Staff we spoke with told us how they supported people with risks whilst promoting independence. One staff member said, “I always ask what the person wants me to do and read the care plan. Where people are at risk of falls there are details in the plans so we know what to do, such as making sure there is nothing people can trip on”. We saw that risk assessments were in place and reviewed regularly which ensured that any changes in people’s needs were identified and recorded.

Staff told us that they reported any accidents to the registered manager and they completed forms which detailed where and how the accident occurred. The registered manager had a system in place to monitor any accidents for trends. We saw evidence that referrals had been made to health professionals for an assessment and risk assessments had been updated to lower the risks of a further accident.

People felt that there were enough staff available to meet their needs. One person told us, “I think there is enough staff available and I normally get the same carers who visit me”. Staff we spoke with told us there were enough staff available and when there were shortages they were asked to cover visits where possible. We saw that there was a dependency tool in place to ensure that there was enough staff available to meet people’s assessed needs. The rotas we viewed showed that staff were given enough time to undertake the individual support people needed.

Staff told us they had provided information which enabled the registered manager to check on their suitability to provide support to people. We saw that the registered manager had undertaken these checks before staff were assessed as suitable to work with people.

People we spoke with told us they were prompted by staff to take their medicines. One relative said, “The staff come in and remind my relative to take their medicine. They would forget otherwise”. Staff we spoke with told us they ensured that people received their medicines on time and they recorded medicines on the medication administration record (MAR). Staff also told us that they had received medicine training and the records we viewed confirmed that this had taken place.

Is the service effective?

Our findings

Staff told us they received training when they were first employed and they had regular refresher training that kept them up to date with changes in practice. One staff member told us, “I think the training is very good. I especially found the manual handling training good as we used the equipment and practiced before we provided support to people”. The registered manager had recently identified a shortfall in staff knowledge around the Mental Capacity Act 2005 and had requested staff to complete questionnaires. We saw that this had identified where people needed further training and this had been carried out. Staff also told us that they received an induction which included shadowing an experienced member of staff before they provided support to people. One staff member told us, “The induction was very good and I shadowed another member of staff until I felt comfortable and understood what was required”. The records we viewed confirmed this.

People we spoke with told us that they consented to their care. One person told us, “I was asked what I wanted before the staff came out”. One relative said, “The manager came out before my relative received any support and asked what they wanted and how they wanted it to be provided”. The records we viewed showed people or their representative had consented to their care.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA sets out the requirements that ensure, where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. One staff member said, “It means that

people who lack capacity are unable to make some decisions and some decisions need to be made in their best interests”. Staff told us they had received training in the Mental Capacity Act 2005. We saw that where people lacked capacity to make certain decisions about their care assessments had been completed that ensured decisions were made in people’s best interests. This meant that people consented to their care and where they were unable the provider acted within the requirements of the Mental Capacity Act 2005.

People told us that staff helped them with the preparation of their meals. One person said, “The staff ask me what I fancy to eat when they come and help me as I can’t do everything myself”. A relative we spoke with told us, “The staff prepare and encourage my relative with their meals. It’s important as they wouldn’t eat enough if the staff didn’t support them”. Staff told us that they ensured people were encouraged to have enough to eat and drink and the importance of recording people’s food and drink intake where risks had been identified. We saw that care plans contained guidance for staff to follow when preparing and supporting people with their meals.

People we spoke with told us that they were aware of their health needs and staff supported them effectively. Staff told us how they recognised signs when people were not well, for example; people may show physical signs and emotional signs. Staff told us that they would contact the office if people’s health needs had deteriorated and in the event of an emergency they would contact the emergency services. The records we viewed showed that staff had noted their concerns and action had been taken by the registered manager to contact health professionals.

Is the service caring?

Our findings

People told us that they were happy with the way they were treated by staff and staff were kind and caring when they provided support. One person told us, “Staff are very caring and I’m very happy with the support I have” Another person said, “Staff cannot do enough for me, they are very thoughtful”. A relative told us, “The staff are kind and caring and take time to have a chat which helps with their emotional wellbeing”. Staff told us how they provided support to people in a caring and compassionate way. One staff member said, “I always make sure people feel comfortable and I reassure people when I am helping them with their care needs”. Another staff member said, “People are my priority and their needs always come first”.

People we spoke with told us they were able to make choices in their care and staff listened to their wishes. One person told us, “Staff know what I need but they always check that I am still happy with how they are helping me”. Another person told us, “Staff always ask me what I want as I like to do some things for myself. They listen to me and help when I need it”. Staff told us that they promoted

people’s choices and took account of people’s wishes to remain as independent as possible. One staff member said, “It is important to promote people’s independence and I listen to people’s choices and offer encouragement and support where they want it”.

People told us staff gave them time and were patient when they provided support. People also felt that staff were respectful and treated them with dignity and sensitivity. One person said, “Staff are very good and they treat me in a respectful way”. Another person said, “Staff are patient with me, as I am a little slower when doing things these days, but they never rush me”. Staff told us that they always ensured that people felt comfortable and informed them of the support they were going to provide. One staff member said, “I treat people with respect and in a way that I would treat my own family. It is important that people feel comfortable and respected”.

The service had a compliments file which contained thank you cards from people or their relatives. The comments received included; “A big thank you for your kindness and compassion” and “Very caring especially when my relative was receiving end of life care”.

Is the service responsive?

Our findings

People told us that staff knew their needs and how they liked their care to be provided. One person told us, “The staff are really good. They know how to help me and they let me do little bits myself when I can”. Staff told us that they knew people’s likes and dislikes. Staff were able to explain people’s needs, what people liked to do for themselves and what help they needed. One staff member told us, “I always ask the person what toiletries they prefer and I know how much help they like. Some people like a chat too as they don’t see anyone else”. We found that the care plans contained details of people’s preferences in care. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people’s physical and emotional needs.

We found that the provider was responsive to people’s needs. Staff understood people’s various communication needs and explained how they responded to various signs and people’s individual ways of communication. Staff understood how to use specialist technology to help people communicate and the plans contained clear detailed guidance for staff to follow.

People we spoke with told us that they had been involved in the planning and review of their care. One person said, “I was involved at the start and I was asked if I had any concerns when they reviewed my care. I find them very approachable”. We viewed records which showed that reviews had been carried out and we saw that where people’s risks had changed the assessments and care plans

had been updated. For example, we saw that one person had requested a change in their call times at the review. We spoke with this person who confirmed the changes had been made and they were happy with the new times.

People told us that staff arrived on time and the same staff usually provided their support. One person told us, “Staff always come when they should and I always get the same staff. The only time I might get someone different is when there are holidays, but they tell me it will be someone else”. Another person said, “Staff are normally on time, but if it can’t be helped and staff are going to be late I always get a call to let me know and I don’t have to wait long”. Staff told us people received consistent care because the registered manager took into account people’s geographical area which ensured staff did not have too far to travel. Staff skills and knowledge were also taken into account so that they met people’s assessed needs effectively. For example; some staff had more knowledge in dementia and they had been matched with people who had been assessed as having a dementia related condition

People told us that they knew how to complain if they had any concerns about the service provided. One person said, “I would complain if I needed to. I would talk to staff about any concerns”. Another person told us, “I know how to complain. I had made a complaint and the issues were looked into and resolved quickly. I was happy with how it was handled and my concerns have not recurred since”. We saw that the provider had a procedure in place to deal with complaints about the service. We viewed the complaints records and saw that the registered manager had investigated complaints and responded to people’s concerns promptly.

Is the service well-led?

Our findings

At the last inspection we found that the provider did not have effective systems in place to assess and monitor the quality of care provided. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to the way they assessed and monitored the quality of the service. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that improvements had been made.

People we spoke with told us that they felt that the service was well led. One person told us, "It's a very good service and the management are very helpful. Nothing is too much trouble and when I raise something it is dealt with straight away". Another person said, "I think everyone from the staff to the managers are friendly and helpful, I have never had any problems". Staff told us that they felt supported by the registered manager and that they are approachable. One member of staff said, "I like working here. I am supported with my personal needs and the managers help me to work around these". Staff and manager's we spoke with told us that their aim was to 'provide the best care to people and to go the extra mile to make people feel important'.

The registered manager told us that they had an open door policy and they were available to staff and people who used the service. Staff and people we spoke with confirmed this and told us that the management team were all approachable. Staff said they felt supported to carry out

their role and any concerns raised were acted on by the registered manager. The registered manager was aware of their responsibilities and had notified us of incidents that had occurred at the service as required.

Staff we spoke told us they had been observed whilst they were supporting people. Staff told us that they felt this was helpful because it ensured they were supporting people correctly. One staff member said, "It helps me to learn because I might not be aware that I'm doing things wrong. I think it's a good thing". Another member of staff told us, "I have had an observation and it was really good, because I know that I'm doing things right". We saw that staff observations contained feedback from the observation and actions to be taken if required. For example; time keeping and if staff treated people with care and compassion. Staff told us that they attended regular staff meetings which included the registered manager advising staff of any updates in care practices.

We saw that the registered manager had completed audits which showed how they assessed and monitored the quality of the service provided to people. We found that there were some action plans in place where improvements were needed at the service, which were then viewed by the provider on a monthly basis. However, we viewed the medication audit and found that there were some recording issues that had been identified, but these did not have actions recorded against them to show what action had been taken. The registered manager told us and we saw that this had been discussed at the last team meeting and they would make improvements to ensure that the actions taken were documented.