C.C.S. Central Limited

C C S Central Limited t/a Complete Care Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This announced inspection took place on the 13 September 2016. CCS Complete Care Services provides personal care to one hundred and ninety nine people who live in their own homes.

The service has a registered manager who was present throughout our inspection. 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.

People told us they felt safe while receiving care. Staff had the skills and knowledge to recognise the possible signs of abuse and knew the appropriate action to take should concerns arise.

People received their medicines safely and were happy with the support they received. The service had ensured that only staff who had received training in medicines were able to support people with this part of their care.

People told us that staff knew how to support them safely. However records we viewed did not evidence clearly that assessment of individual risks to people had taken place or detail what measures had been put in place to reduce the risk to the person.

The Mental Capacity Act (2005) applied to some people using this service. Staff were not clear about how this legislation applied to the people they were supporting. The service had not carried out assessments or best interest meetings when it was deemed that someone lacked mental capacity.

Staff received a comprehensive training programme to provide them with the skills and knowledge to support people appropriately. Staff told us they felt supported in their roles and there were systems in place for staff to seek advice should they need to.

People told us they valued receiving support from a consistent staff team who knew their individual needs well. People felt cared for by staff who were compassionate and dedicated to their roles. People were in control of their care.

People could state when they wished to receive their care and the service had been flexible in changing call times for people.

People were involved in reviewing their care to ensure it continued to meet their needs and wishes.

People and their relatives were aware of and felt able to raise any concerns or complaints. Where complaints had been raised the provider had taken action to resolve the concern for the person.

People and their relatives were happy with how the service was managed. The systems in place to monitor the quality of the service were not always comprehensive or robust and while they had picked up some areas requiring development they had not always identified where improvements were needed.

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.

People had support with the risks associated with their care although this wasn't always reflected in records.

People received their medicines safely

People were supported by suitably recruited staff who had the skills and knowledge to protect people from the risk of abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

People had not always been supported in line with the Mental Capacity Act (2005).

People had received appropriate support to have their nutrition, hydration and healthcare needs met.

Staff had received training and had the skills and knowledge to support people.

Is the service caring?

Good

The service was caring.

People felt cared for and had developed relationships with staff who supported them consistently.

People and their relatives were involved in planning care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were able to choose the times they wished to receive support.

People had their care reviewed to ensure it continued to meet their needs.

There were systems in place to raise and respond to any concerns or complaints.

Is the service well-led?

Good

The service was well led.

Systems to monitor attendance of calls were not consistently effective.

People and their relatives were happy with the way the service was managed and staff felt supported in their roles.

The registered manager and registered provider were aware of changes in regulations

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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 the 13 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had time to arrange for us to speak with people and had care records available for review had we required them. The inspection team consisted of two inspectors who visited the locations offices on the 13 September 2016. The inspection was also supported by an expert by experience who carried out telephone interviews with people and their relatives on the 13 and 14 September. An expert by experience is someone who has experience of caring for someone who uses this type of care service.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to help us plan the areas we were going to focus our inspection on. Before the inspection, 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 received feedback from the people who commission services from the provider.

During our inspection we spoke with the nominated individual, registered manager, quality manager, a care co-ordinator, seven members of staff, nine people who used the service and eleven relatives. We looked at records including seven people's care plans, four staff files and training records and undertook a review of the provider's recruitment processes. We looked at the provider's records for monitoring the quality of the

service to see how they responded to issues raised.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from staff at the service. One person told us, "Oh yes I'm safe. All the staff are good." One relative said, "Yes, she's safe." Another relative said, "Oh definitely he does feel safe." One relative gave an example of when the service had dealt with an unplanned emergency request to check that their relative was safe. People were able to describe action the staff took to keep them safe such as leaving call alarms near them when staff left the call.

People received their medicines safely and were happy with the support they received with their medicines. One relative said, "Like everything else, to take her medication it's always with her consent." Some people using the service required support to take their medicines. Staff had received training in administering medicines and their competency had been assessed before they were permitted to support people with this task. People's care records detailed the support the person needed to take their medicines and people we spoke with confirmed that this was carried out in practice. The medicine records we viewed had been completed accurately and fully.

Staff we spoke with were able to describe the different types of abuse people were at risk of and understood their responsibilities to report any concerns. Staff told us about safeguarding training they had received to ensure they had knowledge about current safeguarding procedures. The registered manager was aware of their responsibilities to report safeguarding concerns to the appropriate authority. The service had been proactive in alerting the local authority of any concerns relating to a person's care and safety which may have been identified through carrying out visits to people. Systems had been developed by the service to ensure information of concern was sent through promptly This meant that people were kept safe by staff who had the knowledge to recognise safeguarding concerns and the service had systems in place to escalate concerns to the appropriate authority.

We looked at how the service managed risks to people. Before a person started to use the service an initial assessment took place to ensure the service was able to meet the person's needs safely. During this assessment a standardised assessment took place which included assessing risks in the environment and parts of a person's care. Where risks were identified it was not always clear in the records what action the registered provider had taken to minimise the risk for the person. For example, one person was assessed as being at a medium risk of falls. There was no information available of how to reduce the risk for this person. However, people using the service told us they were confident that staff had the right skills and supported them well. Where people had risks identified in respect of using equipment to mobilise or specific health care conditions there had been some assessment and detail in the care plan of how to support the person. People told us they felt safe with staff support. Although people said they were supported well these assessments lacked detail and specific instructions for staff of how to support people safely. There had recently been a turnover of staff and there was a risk that new staff would not know how to manage the specific risks to people.

People and their relatives told us that for the majority of the time they received their calls as planned. One relative told us, "They come in good time. They stay, they do, they don't rush off. There are no missed calls

they've always turned up." Four people we spoke with told us that they had experienced a missed call but that this had happened a long time ago and that they had no present concerns. There were systems in place to inform people and their relatives if a member of staff was running late due to circumstances outside of their control.

People told us that they were supported by the number of staff as stated in their care plan. The registered manager informed us that they would not commence providing care to new people unless they had sufficient staff available to support the person. Although people told us there were enough staff to support them safely, staff we spoke to told us that when other staff members took planned annual leave there were not always sufficient staff available to cover the extra calls. This resulted in them having to carry out calls in quick succession. Staff we spoke with described this meant they felt rushed whilst carrying out care tasks. We spoke to the registered manager about this who told us that there had recently been a period where the service had lower staffing levels than usual but that during these times trained office staff had completed care calls themselves and assured us that there were sufficient staff working at the service.

We looked at the processes in place for staff recruitment. The registered provider had carried out checks on the staff member's suitability for the role prior to them commencing work with the service. This included gaining references from the previous employer. The registered manager advised that Disclosure and Barring Service (DBS) checks had been carried out prior to staff supporting people to ensure staff were safe and suitable to be employed in their role. Records of all staff members DBS checks were not made available to view to confirm that these checks had been received. We were advised after the office visit that these details were held on computer systems.

Requires Improvement

Is the service effective?

Our findings

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 of 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.

Staff had been provided with training about the MCA. However some staff we spoke with were unsure of the principles of the MCA and how to support people who lacked capacity in line with this legislation. The registered manager told us that some people they supported lacked mental capacity to make decisions. However, records we looked at failed to show that specific assessments had been undertaken that detailed which parts of specific decisions the person couldn't make. Where people were deemed to lack mental capacity this had not been reviewed to determine whether the person continued to lack capacity to make the decision. The service had not carried out best interest decisions for some people using the service nor had they involved people who lacked capacity to make certain decisions commensurate to their ability. People who lacked capacity had not been supported in line with the principles of this legislation.

People who had the capacity to talk with us told us they were involved in making decisions about their care. One relative we spoke with said, "They do discuss routine things and she enjoys it as well." Comments from relatives included, "They ask her and she decides. She always asks for what she wants," and "They don't force people. The agency is very clear how they want staff to behave," and, "It is about working with her, at her level- and all the workers are very good with her." Another relative told us that the staff encouraged their family member to get up and dressed, "They don't force her because she sometimes chooses to stay in bed." Staff told us the different ways they sought consent from people before supporting them with care needs and told us the importance of asking for consent first.

People told us that staff had the right skills and knowledge to care for them effectively. One person told us, "Those staff that come and see me have the right skills. I can't fault them." One relative told us, "Some of them [referring to members of staff], they've been doing it for 15 years so they know what they're doing." A person told us, "They know what to do, but I can tell them. I've got it sorted out." A relative told us, "Staff talk to him and they do understand him. They're pretty good." Another relative told us, "Yes, they have the skills, they're very good. They're nice girls, they do their jobs right."

Staff told us they had received sufficient training to carry out their role effectively. There was a comprehensive training programme in place for staff which was kept under review. The registered manager was able to provide evidence that staff would not carry out certain care tasks until they had received training to ensure they could support the person safely. In the interim the service had sourced other healthcare professionals to provide these specific parts of a person's care. This ensured that in such circumstances people received the essential care they required safely. The registered manager was certified to train the staff and resources for practical learning were available in the offices. Following training sessions the registered manager checked staff members understanding of the subject areas and determined if the staff

member was competent. People could be assured they would receive care from staff who had the skills and knowledge to support them safely.

Staff were provided with the care certificate. The care certificate is a set of minimum standards that must be covered as part of induction training for new care staff. As part of their induction to the company staff worked alongside a more experienced member of staff in order to learn how people liked to be supported.

Staff received supervisions and felt supported. Supervision meetings are a way of ensuring staff have the chance to reflect on their practice and to receive feedback about their performance.

Many people using the service could either prepare meals themselves or had support from family members in order to meet their nutritional needs. One person told us about the support they received from staff with meals if they asked for extra help. One relative explained that staff understood the specific support their family member required and commented, "She has been known to throw food in the bin, and the carers keep an eye and encourage her to eat." One relative described how the carers had encouraged their family member to drink and keep hydrated. Another relative described how staff had encouraged their family member to maintain the skills required to keep their independence in food preparation and said, "They help him do things himself." Relatives said that staff involved people in choosing their meals and drinks and then in preparing the chosen meal. People had their nutritional and hydration needs met.

Relatives told us of examples of when their family member had been unwell and staff had been responsive in contacting the emergency services, and waiting with the person. One relative told us that the service was quick to alert them to any change in healthcare needs so that the appropriate medical attention could be sought and commented, "As soon as she gets anything, any slight concern, they phone me up straight away. The service, it's so on the ball." Staff told us appropriate action they would take in a healthcare emergency. Staff described the importance of regularly supporting the same group of people especially those who could not communicate verbally as their knowledge and experience of the person would help them know if there was something wrong with the person. People had received appropriate support with their healthcare needs.

Good

Is the service caring?

Our findings

People and their relatives were complimentary of the staff's caring attitude and were happy with the care they received. Comments from people included, "They're lovely. I get on with them and have a laugh with them," and "He's so good, they couldn't have given me any better. It makes my day when they come." Another person told us, "I have [name of staff] and I get on very well with her- she's a quality carer." Relative's described the caring nature of staff and told us, "They're definitely kind and polite, and they do their jobs." One relative told us, "They're absolutely brilliant." Another relative said, "We love them- they are the world to us."

People told us of the caring relationships that had been developed over a number of years by receiving support from a consistent staff team. This continuity was important to people and their relatives. One relative told us, "The ones we have [referring to staff] are regular and I'm very pleased." Another relative commented, "They are the same people all the time, there's nobody strange- they know him." Another person explained that having regular carers enabled them to feel safe and commented, "I know who's going to be walking through the door when I wake up in the morning so I'm not frightened or anything like that." People told us they could request the gender of the carer who supported them.

Staff described the people they were supporting in an affectionate way and described the person first before their care needs. Staff could describe the things that were important to each person such as ensuring people had their jewellery on and helping people to apply their make- up. When asked what the best thing about working for the service was one staff member stated, "The clients, you get a relationship with them. I love my job." This meant people benefitted from support from consistent staff who had got to know people well.

The quality manager informed us that care plans were developed with the person and those people who were important to them when the person first began to receive the service. One person told us, "I said what I wanted and what I needed at the beginning." We saw that some care plans lacked detail about how the person would like to receive their care and instead focussed on tasks that needed to be completed. Some of these care plans had not been updated when a person's needs had changed. The registered manager assured us that people received support from consistent staff members who had learnt how people liked to be supported. Staff that we spoke with described action they took to get to know people's likes and dislikes such as speaking with the person and building relationships with family members in order to understand the person's care needs and life history to provide care centred on the person. Although care plans were not always reflective of people's current needs, people could be certain their care needs would be met as they were supported by consistent staff who had got to know them well.

People provided us with many examples where staff went the 'extra mile' for them This included staff who had supported them with social needs, in suggesting ways to save money and supporting them emotionally through a bereavement. People informed us that once the staff had finished care tasks they asked if there was anything additional the person needed support with and took time to sit and talk with the person. One person commented, "They stay and talk to me if the work's done."

People received support to maintain their privacy and dignity. People's care plans detailed the importance of treating people with dignity during their care. People told us how staff maintained their dignity and one person told us that when staff were supporting them with personal care, "They're like friends, they talk to me. They make me feel comfortable." The registered manager placed importance on retaining people's dignity and privacy and checked people were satisfied with this when observing staff during their work. Staff encouraged people's independence wherever possible and understood the importance of people remaining independent to be able to continue to live in their own homes. One staff member told us, "It's nice we can keep people in their homes and support them to do this."

Good

Is the service responsive?

Our findings

People and their relatives told us the service was flexible and responsive to their changing needs. One person told us, "I can tell people what I want so they know my routines." A relative told us, "The arrangement we have is very flexible, and I'm happy. It's what we asked for."

People told us that they could change their times of care. One person commented, "We decided on the times; the times are pretty good." Relatives informed us of occasions of when the service had been responsive in changing the times of calls to fit around hospital visits or social occasions that the person was attending. People told us they felt in control of their care and would tell staff if they wanted anything done differently.

People had their care reviewed to ensure it was still meeting their needs. The service had identified those people who had more complex care needs and had organised for reviews of care to be carried out more frequently to check that the person was safe and well. People and their relatives told us that care was generally reviewed with them once a year. One relative commented, "Somebody comes now and again to see if we're getting what we want," and another relative told us, "Yes, every 12 months, we are just happy with what they're doing." Another relative told us that the service had reviews after a short period of time to ensure the person wanted to continue with the care.

People and relatives described a relationship of working collaboratively with staff to meet people's needs. One relative informed us that the service had provided more calls following a request to increase call numbers to support the safety of the relative. Relatives informed us of systems in place to enable the service to keep them informed of any changes to their family member's needs.

During the inspection we witnessed the registered manager dealing with a concern regarding safe care of a person using the service. The service had identified that the person's needs had changed and therefore the level of support the person required could not be met by the service. The registered manager was liaising with the local authority to ensure this person could be cared for safely on a temporary placement in a care home whilst they recuperated. This demonstrated the service acting responsively to a person's changing needs.

We saw there were systems in place to share important information between staff about people's changing needs to ensure continuity of care for the person. Staff told us that they reported any changes in a person's care needs to the managers of the service who then disseminated this information to the rest of the staff team providing care for the person. There were communication books in people's homes that staff read on arrival to keep updated of any changes in care needs.

People and their relatives told us they knew how to raise any concerns or complaints. People had received a copy of the complaints procedure when they first started to use the service. One relative told us, "We've no concerns at all. I'd phone the office and speak to [name of registered manager] who is one of the gaffers, but I've not had to at all." One relative was able to give an example of how the service had dealt with a

complaint regarding the safety of their family member and appropriate action the service had taken to resolve the concern. This relative commented, "If I've complained ever, they dealt with it." The service had received four complaints over the last twelve months. The registered manager was able to provide evidence of how they had investigated and followed up these complaints on an individual basis. However, learning from these complaints to reduce the chance of the same situation occurring for other people had not been undertaken. This did not ensure people were benefitting for a service that was developing and improving in response to feedback.

Good

Is the service well-led?

Our findings

People and their relatives were happy with the service they received. One relative told us, "We couldn't wish for anything better." We viewed a compliments folder which demonstrated people had a high level of satisfaction with the service and complimented the staff and the support that people had received.

The providers own systems for checking and monitoring if people were receiving their calls as planned were not effective and failed to identify when people were having calls of a shorter duration than had been planned. Some people had an automated system installed in their homes to monitor that calls had been timely; however there had been issues with the system reliability. No other methods or systems were being utilised to ensure that any of the calls were being delivered for the required length on time whilst the system issues were being addressed.

The registered manager informed us that staff log- in sheets and communication logs were returned to the office on a weekly basis where call times and duration were recorded. They advised that a sample of these were then checked by the office staff each month to check that calls were carried out for the correct duration and that calls had been delivered as planned. We saw from records that some calls delivered were not for the full time the person had been assessed as needing. This issue had not been identified through the service's own audit system and no action was taken to address the issue.

The registered manager had knowledge of their responsibilities to inform the Care Quality Commission about certain events that occurred. The registered manager demonstrated a high level of dedication and commitment to the service and told us, "I want to provide a good service and have people treated as I would want to be treated." Through speaking with the registered manager and the registered provider at the inspection visit we found that they understood that there had been changes to regulations, such as the Duty of Candour regulation.

Records to evidence compliance with the regulations were not always available or complete on the day of the inspection. For example, some records we viewed had not been completed fully and had not always considered people's individual needs. We were provided with further evidence after the inspection visit which we took into account when making our judgements.

Staff that we spoke with felt supported by the management team and one staff commented, "The managers help us when we need help and there's always someone on-call to help." Another staff member told us, "[name of registered manager] is approachable. I know if I have any problems I can speak with her and she will do everything she can." Staff said that they worked as a team which contributed to them feeling supported in their work. Team meetings were held to share good practice and keep staff updated with changes to people's care. The service had also developed a newsletter for staff which provided them with information about changes in the service and recognised good practice within the staff team. Staff told us that there were systems in place for them to seek advice at any time of day and one staff member commented, "I can always get somebody. I'm never on my own."

Under the direction of the registered manager the senior staff team carried out monitoring checks of staff whilst providing care to people in their homes. These checks were carried out as a way of monitoring that care was being delivered as planned and that the expected standard of quality of care continued to be monitored.

The service sought feedback from people and their relatives via postal surveys and telephone surveys which occurred every six months. The service had also carried out a questionnaire with people and staff around a year prior to the inspection to seek their views and monitor the quality of the service. Where any concerns had been raised it was not clear what action had been taken to resolve these. The registered provider had recognised that these surveys lacked context and was looking at a new way to analyse responses gained to measure the quality of the service more accurately and to enable responses to be given to people.

We were informed that when contracts had been agreed with the local authority the service was hoping to recruit a further quality manager to develop seeking feedback from people at an increased frequency.