

CSK Support 24 Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 27 and 28 July and 24 August 2016 and was announced. This was the first inspection since this service was registered in March 2014. At the time of our inspection CSK Support 24 Ltd provided personal care and support to 53 people that lived in their own homes.

There was a registered manager in post and she was present during our inspection. The registered manager is also the provider for this 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 and associated Regulations about how the service is run.

Recruitment procedures were not robust to ensure all of the required information was obtained before people commenced employment.

People did not always receive a reliable and consistent service, as some people had experienced late and missed calls.

Medicine records were completed by the staff to confirm people received their medicines. However the records did not state the name of the medicines people were prescribed and which were administered by the staff.

Risk assessments and care plans had been developed with the involvement of people. However the content of these could be improved to make them more specific to the needs of the people.

Although staff had received training we received feedback from people and relatives that this could be improved. We found that the registered manager had started to undertake spot checks to monitor staff member's performance.

Staff told us they gained people's permission before providing their support.

People did not always receive support in accordance with their preferences to ensure their dignity was maintained.

A complaints procedure was in place which people and relatives knew about and had used.

Feedback was sought from people and relatives about the service provided.

Quality assurance systems were not effective and had not identified the shortfalls we found during this inspection.

You can see what action we told the provider to take at the back of the full version of the report

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 consistently safe.

Recruitment procedures were not robust and did not ensure all of the required checks were completed before staff started work.

People did not always receive a consistent and reliable service.

People felt safe with their regular staff and staff understood their responsibilities to keep people safe and protect them from harm.

Medicine records did not state the medicines people were supported to take

Is the service effective?

Good ●

The service was effective.

Staff had received training for their role, and spot checks to assess their competency had started to be undertaken.

Staff ensured they obtained people's consent before providing support.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People did not always receive support from staff in accordance with their preferences.

People expressed their anxieties when staff arrived late to provide their care.

People did describe the staff as "friendly" and respectful".

Is the service responsive?

Good ●

The service was responsive.

The support people received met their needs.

People felt able to raise concerns which they felt would be listened to and action would be taken.

Is the service well-led?

The service was not consistently well-led.

The quality assurance systems were not effective and did not identify the shortfalls in the service.

Staff felt supported in their roles.

Systems were in place to enable people and their relatives to provide feedback about the service they received.

Requires Improvement 

CSK Support 24 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 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 27 and 28 July and 24 August 2016 and was announced. We gave the provider 24 hours' notice that we would be visiting the service. This was because CSK Support 24 Ltd provides a domiciliary care service, and we needed to make arrangements to speak with people using the service, staff, and to have access to their records. The inspection was undertaken by one inspector.

We looked at the information we held about the service. This included the notifications that the provider had sent us about incidents at the service and information we had received from the public. We also contacted the local authority who monitor and commission services, for information they held about the service. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with four staff members, five people and four relatives to gain feedback about their experiences of using this service. We looked at a sample of records including five people's care plans, four staff files and staff training records. We looked at the provider's records for monitoring the quality of the service to see how they had responded to issues raised.

Is the service safe?

Our findings

We found the recruitment procedures in place were not robust and the provider had not ensured that all of the required recruitment checks had been undertaken before staff had commenced employment. We saw that staff had completed application forms but we found gaps in their employment history which had not been explained or followed up on as required by law. We saw that staff had Disclosure and Barring service (DBS) checks completed. The DBS is a check undertaken to ensure staff are suitable to work with people. We found that risk assessments had not been undertaken to detail the safeguards that had been put in place to protect people from risk. This was regarding staff who had commenced working with and supporting people before their DBS check had been received. Staff files did contain references from their previous employers or character references. We found that staff files had not been audited to ensure that all of the required information was in place.

This is a breach of Regulation 19 (3) (a) HSCA 2008 (Regulated Activities) Regulations 2014.

Some people required assistance with their medicines. We were not able to speak with people who received this support to gain feedback about their experiences. Medicine administration records (MAR) were completed by staff in people's homes and then returned to the office each month. We reviewed three people's records, and found that the medicines people was administered was not recorded on the MAR it just stated, "pre-packed monitored dosage system". A corresponding record detailing what was in the blister pack to confirm the administration dates of the charts was not in place. Therefore it was not clear what medicines had been prescribed and were being administered to people. This is important to ensure records were in place of the medicines people received and of any changes that could be made, so that staff had this information to be able to administer medicines safely. We saw that the medicine records in place had been completed in full and there were no gaps on these records. We found that some people were supported to have prescribed creams applied. We saw that body maps were not used to direct staff on which part of the person's body the cream should be applied to ensure staff were consistent when providing this support. Staff we spoke with confirmed that they had received training to administer medicines to people and they were able to tell us how they supported people to take their medicines safely. We found that staff had not been observed to confirm they were competent when administering medicines to people.

We asked people and their relatives about their experiences of receiving care. The majority of people said they had previously experienced some missed calls and they had experienced late calls. One person said, "I often have calls that are later than what we initially agreed in the care plan. I sometimes don't mind this if they [the staff] call to let me know but this rarely happens". Another person told us, "The staff used to come at the times I requested but then it has changed and they come too early now for me. I am not sure why this has changed. I have raised this with the office and they are trying to address this". A relative we spoke with told us, "The staff are often late which makes our family member anxious, so we sometimes provide the support ourselves. They do need to improve in this area". Another relative said, "My family member has experienced late calls and sometimes this can be up to an hour or more. So we have had to ring the office to ask if anyone is coming. My family member is supported with their breakfast and lunch and on one occasion they received two calls within half an hour and I had to send the lunchtime staff away as my family member

had only just received their breakfast". The registered manager advised that an electronic monitoring system was in place, where staff had to log in and out at each visit. We saw that there was a missed call log which detailed the reasons for calls being missed or late and we saw this did include the action taken to address this. Based on the feedback we had received this system had not had a positive impact on reducing and monitoring the delay in people receiving support as they had initially agreed in their care plan.

We spoke with staff about their rotas. Staff told us that these can vary depending upon circumstances such as annual leave and sickness. One staff member said, "My rotas sometimes stay the same and then they sometimes change depending upon the availability of staff". We looked at three staff rotas for the previous week and we saw that the people staff supported did vary from day to day. We also found that call times overlapped which meant staff were leaving one person's house at the same time they were expected to arrive at the next person's house. Therefore travelling time was not accounted for in between the visits. This impacted on the ability of staff to attend their visits at the right time. We discussed these issues with the registered manager who acknowledged the concerns raised. The registered manager agreed to address these issues and to include travelling time and her aim was to try and ensure people received support from the same staff where possible. The registered manager advised that they were recruiting staff on an on-going basis, and that they had sufficient staff to meet the needs of the people they were currently providing a service to. The registered manager advised that when staff were off sick, existing staff were asked to cover their calls which could impact on the times people received their care.

We saw from people's care records that risk assessments had been completed which identified any risks due to their health and support needs. These assessments included information for the staff to follow to minimise the chance of harm occurring. For example we saw that if people needed to be supported with equipment this was recorded and a procedure was detailed for staff to follow. However we did identify in one person's file that the risk assessment referred to someone else. The registered manager advised that she was unsure how this had happened, and confirmed that she would address this. We also saw that some of the content of the risk assessment was generic and not specific to the needs of the person or their home.

People we spoke with told us they felt safe with the staff that supported them. One person said, "I feel very safe with my regular staff as they know me and I know them. I am not always as confident when I am supported by someone new. But if I had any concerns I would raise them, and if staff didn't treat me well I would most certainly raise that". Another person said, "I feel safe when the staff come and support me". Relatives we spoke with had no concerns about the way support was provided. One relative said, "I have confidence that my family member is safe when they have their regular staff but I sometimes worry when they are supported by someone new. This is because they do not know them as well. But we have not any issues and I would know if my family member was not happy as they would tell me".

Staff we spoke with had an understanding of their responsibilities to keep people safe from harm and abuse, and they confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. All of the staff we spoke with was aware of the procedures to follow if they felt someone was at risk of harm or abuse. One staff member told us, "I would report any issues I had to the manager who would take action. I am confident about that". Another staff member said, "I would not hesitate to report issues to ensure people were safe". The registered manager was aware of her legal responsibility to inform us and the local authority about any safeguarding concerns. She confirmed that there has not been any safeguarding concerns since our last inspection. We had received some concerns of a safeguarding nature which we had referred to the local authority who were currently investigating the concerns raised.

Is the service effective?

Our findings

We received mixed feedback from people about the staff they received support from. Some people we spoke with told us they thought some staff would benefit from more training or longer shadowing opportunities. One person said, "I am generally happy with the staff I receive support from and most of them I have confidence in. Some of the staff I think could do with more training as they do not always seem to know what they are doing and they ask me lots of questions". Another person said, "On the whole I am happy with the staff and I think some are more skilled than others. Some staff seem to be lacking in training and confidence and I think this could be improved". A relative we spoke with said, "The staff are good but some are not very good at communicating with my family member as they do not understand their needs, so I think this could be improved". This feedback was shared with the registered manager.

Staff we spoke with told us they had received induction training when they first commenced employment with the service. This included reading policies and procedures, training in core areas and shadowing opportunities with experienced staff. One staff member told us, "My induction was okay I had some training and read some policies and then I shadowed experienced staff members for a few days. This gave me the confidence to work on my own with people". Another staff member said, "I had completed training with my previous company so I did not receive any training when I first started, but I did have shadowing opportunities and I got to meet the people I would then provide a service to." The registered manager sent us a copy of their training matrix which demonstrated that staff had completed the core training the provider felt was necessary for their role. There was no feedback information in relation to new staff whilst they were undertaking shadowing opportunities and staff had not been signed off following their induction indicating they were deemed competent in their role. The registered manager confirmed that the Care Certificate had been introduced and incorporated within the induction process. The Care Certificate is a set of standards designed to assist staff to gain the skills and knowledge they need to provide people's care.

Staff we spoke with told us they felt supported and received supervision to discuss their role and any issues they had. They confirmed they usually could contact a team leader or the registered manager if they needed help or advice. The registered manager confirmed that a system was in place to undertake annual appraisals for staff when they had worked with the service for a year. We saw that 'spot checks' on staff had started to be undertaken and the action taken in response to these was recorded where performance issues had been identified.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Although staff were not familiar with the terminologies Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) we found that staff knew that they should not restrict people in any way and

that they did ensure that people consented to their care and support. A staff member told us, "I always ask people if it is okay to provide support to them. If they said no then I would respect their decision and report this to the office". Another staff member said, "I ask permission from people first before I provide any support. This is important as it is their right to have a choice". People we spoke with confirmed that staff asked their consent before providing care. One person said, "The staff ask my permission before they start any tasks, they are good like that and they give me choices". A relative we spoke with said, "The staff make sure they ask my family members consent before they provide personal care". Training records confirmed that most of the staff had not received MCA training. Staff we spoke with said they would benefit from this training to ensure they were fully aware of the principles of the MCA and best interest decision making. We discussed this with the registered manager who advised this training would be arranged.

We received mixed feedback from people about the support they received from staff who prepared their meals. Some people told us staff prepared their meals to a good standard and in the way that they preferred. However we also received feedback that some staff did not know how to prepare meals of people's choice. One person told us, "I told the staff member what I wanted and they made it for me but it was burnt when they gave it to me". Another person told us, "The staff ask me my choice of food and then they prepare it for me and it is always nice". People confirmed that staff ensured they had snacks and drinks left close by before they left. When we checked people's well-being logs we identified a concern which had not been passed on to the registered manager. This was about a person who did not have sufficient food available for the staff to prepare their meals. This resulted in the person having the same food twice on the same day. The registered manager confirmed that she would escalate these concerns to the person's family, to ensure they had sufficient food available. She also confirmed that action would be taken to address this with the staff member.

People we spoke with confirmed they accessed health care support independently or had support from their family members. One person said, "I do not need help with arranging appointments but if I felt ill I am sure the staff would take the appropriate action". Staff we spoke with knew the procedures to follow if someone fell ill or had a fall during their visit. A staff member said, "I would take action and call their GP or if it was serious I would call an ambulance".

Is the service caring?

Our findings

People we spoke with told us they were consulted when they first started using the service about their preferences of the gender of the staff they wanted to support them. We received feedback from people who told us that although they had stated they did not want male carers to provide their support they had experienced an occasion when a male staff member had been allocated to provide their support. One person said, "I did not want male staff to support me and I felt very uncomfortable when I had to be supported by one I do not think my dignity was respected and I did not feel listened to". People confirmed that the provider had not contacted them to request their consent before the staff member arrived. We received feedback that these issues had been raised with the registered manager and people had received an apology, and assurances that it would not happen again. We saw that information relating to people's preferences was not always recorded in their assessment and care plan although the registered manager confirmed this was discussed with people. Therefore it was not clear on people's records what their preferences were.

People and relatives we spoke with told us about the impact of receiving late and missed calls had on them. One person said, "It can be very distressing not knowing what time the staff will come I get very anxious as sometimes I worry they may not turn up at all, I just wish they would call and let me know". A relative told us, "Our family member becomes very upset when the staff have not arrived on time, they have a set routine and when this is not followed they become anxious and agitated. On these occasions we have to support our family member ourselves or else they would become extremely upset. We are happy with the staff when they come it is just when they are over an hour late that we have the problems".

People told us how important it was to them to receive support from a consistent team of staff as this was not always provided. One person told us, "I want regular staff so they can get to know me and my little ways rather than having to explain everything as there is only so much that can be written down in my care plan. Consistency is very important especially when I am supported with personal care tasks, it can be embarrassing having strangers all the time". Another person said, "I would be very happy if I had the same consistent staff to support as I would feel much more happier and content. I don't mind the odd variation but I just want to be informed about it rather than finding out when someone is ringing my bell". A relative we spoke with told us, "Our family member does have some regular carers but then there are times they have new staff come so it is not always consistent which is what we would like". We discussed this with the registered manager who advised that due to annual leave and sickness it was not always possible for the same staff to visit people, but she acknowledged the impact this had on people who used the service.

People and relatives we spoke with were complimentary about the staff that supported them. One person said, "My regular staff are lovely, they are kind, caring and they would do anything to help me". Another person said, "The staff are polite and respectful". A relative we spoke with said, "The regular staff who visit my family member are really good. They are helpful, considerate and caring in their nature and we are really pleased with them". Another relative told us, "My family member speaks positively about their regular staff she really gets on well with them and tells me how lovely they are".

People said that although they did not feel involved in relation to the timing of their visits, they did generally feel involved with their care and that staff listened to them. One person said, "The staff assist me with personal care tasks and most of the staff always ask if I am satisfied and if I needed help with anything else". Another person said, "When the staff arrive they are very good and will complete all required tasks and they listen to what I say. It is nice when they have time to sit and have a chat as it is nice to have some company".

Staff demonstrated an understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. One staff member said, "I would always ensure I explain what I am doing and gain their consent. I then make sure curtains and doors are closed and the person is covered". Staff we spoke with understood the importance of promoting people's independence and enabling them to be self-managing. One staff member we spoke with said, "I always encourage people to do as much for themselves as possible so they keep their independence".

The registered manager said that she was unaware that anyone supported by them was using an advocate service. We were advised that information about advocacy services was included in the information pack provided to people. Advocacy is about enabling people who may have difficulty speaking out to have support to make their own, informed, independent choices about decisions that affect their lives.

Is the service responsive?

Our findings

People and the relatives we spoke with were aware of the complaints process. One person said, "I know how to complain and I have used the procedure and I did receive a satisfactory response". Another person told us, "I do not have any complaints but if I did I would contact the team leader or the manager and I am confident it would be addressed". Some people and relatives we spoke with told us they had made a complaint. Some of the issues these related to were late and missed calls, consistency of staff, incorrect invoices, and staff not wearing protective clothing such as gloves. Most people told us their complaint had been satisfactory dealt with, but three people said they either had not received a response or were waiting for a response. We saw that a complaints record was in place which detailed the complaints the service had received and the action taken to address the issues raised. The registered manager advised that she had responded to all of the complaints so she was unsure why we had received feedback suggesting that some complaints had not been responded to. We found that where issues from complaints needed to be addressed they were discussed with individual staff members, and raised at staff meetings to ensure that the required changes were made and lessons were learnt.

Not all of the staff that we spoke with knew about the complaints procedure that was in place. Some staff were unsure how they would respond if a person or their relative wanted to make a complaint, but most of the staff said they would inform the registered manager. We discussed this with the registered manager who confirmed that staff had received a copy of the procedure in their handbook and the procedure was discussed as part of their induction training. She said she would take action and address this with all of the staff to ensure they knew how to support someone to raise any concerns.

People we spoke with confirmed that the support they received from staff met their individual needs when they received support from their regular staff. One person said, "The staff support me and meet my needs and I am happy with the care and support they provide". Another person said, "I am generally happy with the care that is provided, my needs are met by the staff". A relative told us, "The staff do meet our family member's needs and we are happy with the support provided".

People and the relatives we spoke with confirmed that an assessment was undertaken before the service was provided. One person told us, "The manager came and visited me and we went through what support I needed and I have a care plan in place now". Another person said, "When I first started I had an assessment completed and then a care plan developed which tells the staff the support I need". We received feedback from another person who said, "I have a care plan but it refers to someone else. The staff have not picked this up but I have, and the manager is coming to look at this and to get it changed". This was confirmed by the registered manager who told us this was an error with the care plan that was printed off. The records we looked at confirmed that assessments and care plans had been completed and included some information about people's past history, and hobbies. The registered manager confirmed that a system was in place to review people's care plans.

Staff we spoke with were knowledgeable about people's needs, preferences and routines. They were able to describe to us how they met people's care needs and how they supported people to express choices and

maintain their independence by encouraging them to do as much for themselves as they could. One staff member told us, "I check and ask what support people want. I am led by them and the tasks they want support with".

Where people had specific cultural or language requirements, the provider had made efforts to find suitable members of staff that could meet these needs. The care plans included information about people's cultural and religious needs.

Is the service well-led?

Our findings

People told us they had experienced some difficulty trying to get hold of someone either at the office or when calling the out of hours number. One person said, "I have called the number and it just rings out", Another person said, "I have rang the on-call number but no-one answers it until the next day". A relative we spoke with said they had also experienced some difficulties. We discussed this with the registered manager who took action and contacted the telephone company to ascertain what the issues were. We were advised by the registered manager that the fault had been rectified and improvements had been made. This included linking the telephone system with the information technology system so all calls and messages were saved and accessible. The registered manager advised that there wasn't a system to monitor the effectiveness of the out of hour's responsiveness. The registered manager said she would implement a system to monitor the call systems in place to make sure that the phone line was diverted to the on-call phone when the office was closed to ensure people could make contact with the person who was on call.

The monitoring and auditing processes in place had not identified that some improvements were required with the records, so that accurate and detailed records were available. For example we found that protocols were not in place for staff to follow when supporting people with behaviours that challenge. We also saw that information about how people took their medicine was not recorded in their care records for the staff to refer to. However discussions with staff demonstrated that they had the knowledge about people's needs despite the lack of written guidance. We also saw that where people lacked capacity, information was not reflected in their care records to guide staff when providing support, and to make it clear that support was being provided in people's best interests.

We saw that systems to assess and monitor the quality of the service people received, were not always effective. We received feedback from people that they had received missed or late calls. We saw that there was a late and missed calls record but this did not include all of the missed and late calls the service had received concerns about. We saw that audits to monitor the care plans, well-being records, medication records and recruitment information were not in place and therefore the shortfalls we had found had not been identified so that improvements could be made in a timely way.

Systems were not effective in assessing and managing risks and improving quality. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We received mixed feedback from people, relatives and staff about the way the service was managed. People and relatives told us improvements could be made in relation to the calls times, the consistency of staff, invoices being late or incorrect and the communication processes. Some staff told us the service was being managed well. Other staff told us improvements could be made with the communication processes, their rotas, training and the information they received about people's needs. We found that although a whistleblowing policy and procedure was in place, not all of the staff we spoke with was aware of this policy. Whistleblowing is the process for raising concerns about poor practice. The registered manager was receptive to the feedback we provided and she confirmed she would address all of the shortfalls we had identified. She told us following our inspection that work had already been undertaken to improve the rotas

and that travelling time was now included.

People, relatives and the staff we spoke with all said that the registered manager was, "Friendly and approachable". One person said, "I have had the manager deliver my care and support and she was really good and spot on with everything, she is a lovely person". Another person told us, "The manager does listen and she does make efforts to address the concerns I have raised". A staff member said, "The manager is open, supportive and approachable". Staff told us they had regular team meetings. One staff member said, "We had a meeting the day after your inspection and improvements have already been made which I think will benefit everyone. I enjoy my role and working for this company". All the staff we spoke with told us they enjoyed their job and were dedicated to ensuring people received 'good care'.

We saw that systems were in place to obtain feedback from people. Some people we spoke with told us they had been contacted by telephone and asked about the quality of the service they received. One person said, "I have had a telephone call and we discussed what I thought about the service, I told them I was satisfied with the service but they could improve on the call times". We saw electronic records of these telephone calls. The registered manager advised that she had sent out questionnaires to people and we saw a couple that had been returned. People had stated that improvements were required with the consistency of the staff and the call times. The registered manager advised that a report and analysis of the feedback would be completed when the timescale for the return of the questionnaires had been reached.

The registered manager told us that there had not been any incidents or accidents that had occurred. She was aware of her legal responsibilities to notify us of events that they were required to by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (2) (a) HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>People who used the service were at risk of inappropriate or unsafe care because the provider did not have effective systems to assess, manage and monitor risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (3) (a) HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>People who used the service were at risk of unsafe care because the provider did not ensure that all of the required recruitment information was available for each staff member employed.</p>