

Comprehensive Care Services Ltd

Unit 6 The Post House

Inspection report

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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

About the service

Unit 6 The Post House provides personal care and support to people living in their own homes. The service is registered to provide support to children and adults, including people with learning disabilities and/or autism, people with sensory impairment and people living with dementia. The service had provided care to 5 people since its registration but was supporting one person at the time of our inspection.

The provider had employed staff in the past but, as the service supported only one person at the time of our inspection, the registered manager was the only member of staff providing care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support

People felt safe when staff provided their care. Risk assessments were used effectively to identify and manage any risks involved in people's care. Medicines were managed safely. Staff protected people from the risk of infection by wearing personal protective equipment (PPE) when they carried out their visits.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service focused on people's strengths and promoted their independence.

Right care

People's needs were assessed before they began to use the service and kept under review. People were involved in developing their support plans and received care that met their individual needs and was focused on their quality of life.

People received kind and compassionate care from staff with whom they had established positive relationships. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff were appropriately trained to meet people's needs and keep them safe.

The registered manager understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

Right culture

The registered manager was appropriately qualified for their role and had developed effective systems to monitor the quality and safety of the service. People who used the service, their relatives and staff were able to contribute their views and the registered manager acted on their feedback. The registered manager worked effectively with other professionals to ensure people received the care they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 March 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Unit 6 The Post House

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Inspection team

One inspector carried out the inspection.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short notice period of the inspection because we needed to be sure the registered manager was available to support the inspection.

Inspection activity started on 13 December 2022 and ended on 15 December 2022. We visited the location's office on 13 December 2022.

What we did before inspection

We reviewed information we had received about the service since its registration, including notifications of significant events. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager about how the service was run. We spoke with the person who used the service and one of the person's friends to hear their views about the care the service provided. We received feedback from a professional who had worked with the agency.

We reviewed care plans and risk assessments for 2 people, one of whom had used the service in the past and one of whom was currently using the service. We checked medicines records for one people, recruitment records for a member of staff, training records, policies, quality audits, meeting minutes, satisfaction surveys, and the provider's business continuity plan.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- People said they felt safe when they received their care. A person using the service told us, "I feel very safe with [registered manager]."
- The registered manager had carried out assessments to identify and manage any risks involved in people's care. For example, risks relating to moving and handling, skin integrity and people's home environment.
- There were systems in place to ensure any accidents that occurred were recorded and reviewed to identify any learning and actions which could be taken to prevent a similar event happening again.
- The service had a business contingency plan to ensure people would continue to receive care in the event of an emergency, such as an infectious disease outbreak or adverse weather conditions.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- The service had employed staff in the past but the registered manager was the only employee at the time of our inspection. We saw evidence that the registered manager had made appropriate pre-employment checks on staff employed in the past, obtaining proof of identity, references and a Disclosure and Barring Service (DBS) certificate for staff prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- The registered manager had attended training in safeguarding and told us all staff employed would receive this training. They registered manager understood their responsibilities in protecting people from avoidable harm and knew how to report any concerns they had.

Using medicines safely

- The service was not supporting anyone with medicines administration at the time of our inspection, although had done so in the past.
- The registered manager and staff who administered medicines had attended training in medicines management. The registered manager observed and assessed staff competency in medicines management before they were authorised to administer people's medicines.
- When the service had supported people with medicines in the past, a medicines profile had been developed, which recorded any allergies and any risks related to people's medicines. Medicines administration records had been maintained and audited regularly.

Preventing and controlling infection

- The registered manager had attended training in infection prevention and control (IPC) and understood

the importance of wearing appropriate personal protective equipment (PPE) when carrying out care visits.

- A person who used the service told us the registered manager helped them keep their home clean and hygienic and confirmed the registered manager wore PPE when they visited them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- There was an induction programme in place for staff, which the registered manager told us would include shadowing for new staff to enable them to understand people's needs.
- The registered manager had attended training in areas including moving and handling, health and safety, food hygiene and dementia. The registered manager had attended also training in learning disability and autism and was aware of the legal requirement introduced by the Health and Care Act 2022 that all registered health and social care providers must ensure their staff receive training in this area.
- The registered manager said they would expect all the staff they employed to achieve The Care Certificate. The Care Certificate is a nationally recognised set of standards that identifies the expected skills, knowledge & behaviours that health & social care workers adhere to.
- The service had access to training through Skills for Care, including training to achieve Care Certificate. Skills for Care is the strategic workforce development and planning body for adult social care in England.
- The registered manager understood the importance of regular supervision to provide opportunities for staff to discuss their role and their training and development needs. The registered manager had attended supervision with an external professional to discuss their own role and how they managed the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they used the service to ensure staff had the appropriate skills to provide their care. Assessments considered areas including mobility, continence, skin integrity and personal care.
- The registered manager told us they encouraged people to express what outcomes they wanted from their care and said people were able to invite whoever they wished to be present at their assessments.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager had attended training in the MCA and understood how its principles applied in their work. People were asked to record their consent to the care they received. The registered manager understood the need to assess mental capacity if there was a possibility a person lacked the capacity to make informed decisions. If an assessment determined a person did lack the capacity to consent, the registered manager told us they would involve relevant people to ensure decisions were made in the person's best interests.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were discussed during their initial assessments and recorded in their care plans. The registered manager had liaised with healthcare professionals, such as district nurses, who visited people to ensure people's healthcare needs were met. A friend of a person who used the service told us the registered manager monitored the person's health effectively and highlighted any changes in their healthcare needs.

Supporting people to eat and drink enough to maintain a balanced diet

- The service was not supporting anyone with meals at the time of our inspection. The registered manager understood the importance of assessing people's needs in relation to nutrition and hydration and told us they would make referrals to healthcare professionals such as speech and language therapists if people were at risk when eating or drinking.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A person who used the service told us they got on well with the registered manager and enjoyed their company. The person said, "I get on really well with [registered manager]. She is a lovely person. We always have a chat."
- A friend of a person who used the service told us the registered manager had established positive relationships with people they supported and that the registered manager's approach had achieved positive outcomes for people, saying, "[Registered manager] has done more for [person] than any other carer she has had. I can't praise her enough for what she done. She has achieved so much with [person]."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- A person who used the service confirmed the registered manager treated them with respect and maintained their dignity when providing their care. The person said the registered manager worked with them to ensure their care needs were met. The person told us, "We work as a team."
- People were asked in their initial assessments whether they had preferences regarding the gender of their allocated care workers. Assessments also recorded any needs people had in relation to their religion, culture and sexuality.
- The registered manager understood the importance of promoting people's independence and supporting them to maintain their skills and abilities. People's assessments recorded what they could do for themselves as well as the areas in which they needed support.
- We heard from a professional involved in a person's care that promoting independence underpinned the registered manager's approach to supporting people. The professional said, "[Registered manager] has tried to motivate [person] to do things for herself again. [Person] has started doing her cooking and washing again."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan which was developed from their initial assessment. Care plans were person-centred and contained details for staff about how people preferred their care to be provided. A person who used the service told us they had been involved in developing their care plan to ensure it reflected their needs and preferences. The registered manager had reviewed people's care plans periodically to take account of any changes in needs.
- The registered manager had responded when people sought their help urgently. For example, a person using the service sought support from the registered manager when a window in their property was smashed during the night. The registered manager contacted the local authority to ensure they attended the person's home to make the property safe.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were recorded during their initial assessments and any needs identified were documented in their care plans.

End of life care and support

- The service was not providing end of life care at the time of our inspection. The registered manager had attended training in end of life care and told us any staff who provided end of life care would also attend this training. The registered manager knew how to access support from specialist healthcare professionals, such as palliative care nurses and the local hospice, in the provision of end of life care.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which set out how any complaints received would be managed. This was given to people when they began to use the service. The agency had received no complaints since its registration.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was appropriately experienced and qualified for their role, having worked in social care for a number of years and completed the level 5 diploma in leadership for health and social care. The registered manager had also attended further training aimed at managers in social care, such as safeguarding for managers and management development programmes.
- The registered manager was a member of the Skills for Care registered managers' network and had attended networking meetings and webinars on topics including IPC practice, medicines management, and handling safeguarding concerns.
- The registered manager attended peer support meetings with the providers of other domiciliary care agencies. The registered manager told us these were useful opportunities to seek advice and share information. For example, one of the other agencies had been asked to complete a section 42 safeguarding enquiry by the local authority. The registered manager discussed this at a peer support meeting as they wanted to understand the process in case they were asked to contribute to a safeguarding enquiry in the future.
- The registered manager had developed systems to monitor the quality and safety of the service, including audits of key areas of the service such as medicines, care plans and daily care notes. The registered manager had carried out spot checks in the past to observe the quality and safety of the care staff provided and told us they would reintroduce spot checks on any staff employed in the future.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised. When necessary, notifications of significant events had been submitted to CQC and the local authority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to give feedback about their care and said their views were listened to and acted upon. The registered manager had sent surveys to people using the service, their families and friends. The completed surveys had provided positive feedback about the care provided by the service. One relative commented, '[Family member] is well cared for and we are happy with the support she is getting.' Another relative said, 'We were very impressed with the care [family member] received. She was treated with dignity

and respect and was able to discuss her needs.'

- The registered manager had also sent surveys to staff in the past to ask about the training and support they received and whether the registered manager was responsive to any suggestions they had. A member of staff had described the registered manager as, 'Very supportive and approachable' and said they were, 'Willing to listen to suggestions, concerns and any issues that may arise.'

Working in partnership with others

- The registered manager had established effective working relationships with other agencies and professionals involved in people's care. For example, the registered manager had worked with healthcare professionals and the local authority to ensure people's needs were met.
- We received positive feedback from a professional about the way in which the registered manager worked with them and the quality of care people received. A professional said of the support their client received from the registered manager, "I am very happy with it."
- A professional told us the registered manager communicated effectively with them and kept them informed about any issues related to the care their client received. The professional said, "[Registered manager] gives me updates on anything I need to know. Any concerns, she will raise them with me. She is like my eyes on the ground."