

CSK Support 24 Ltd

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Inspection report

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16 January 2019

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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

This announced inspection took place at the providers offices, on the 15 and 16 of January 2019, with phone calls undertaken to people with experience of the service, on 21 January 2019. The provider was given short notice that we would be undertaking an inspection. This was because it is a small service and the manager is often out of the office supporting staff, or meeting with people using the service. We needed to be sure that the manager would be in.

Our last inspection of CSK Support 24 Ltd took place in September 2017 and was a fully comprehensive inspection. At this inspection the service was rated overall as requiring improvement. This was because people did not always receive a reliable and consistent service and staff did not always follow risk assessments in people's homes. At this inspection we found that the required improvements had been made and sustained by the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults, and children. At the time of our inspection 42 people were receiving a personal care service from the provider and there were not any services being received by children.

Not everyone using CSK Support 24 Ltd receives a regulated activity; the Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

There was a registered manager. 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 felt safe when supported by staff from the service. The registered manager understood their responsibilities to keep people safe. Staff were knowledgeable about safeguarding and whistle blowing policies. Safeguarding issues were investigated and the relevant policies and procedures were updated where this was necessary.

People had risks to their wellbeing assessed and staff were provided with information on how to support people safely. People and their relatives were involved in developing and reviewing support plans. People's choices, independence and freedom was respected in the risk assessment process and by staff delivering care. Risk assessments were updated as part of the review process.

People were protected by staff recruitment practices, which were effective and safe and reduced the risk of unsuitable staff being employed by the service. Staffing levels were constantly reviewed to ensure people's needs were safely met. People had a regular group of staff, where possible, and that their staff were

generally on time and stayed the full allocated time.

Most people managed their own medications. The administration of medication was well recorded and staff were trained in giving people medicines.

People's needs were met by staff that received ongoing training, and had the knowledge and skills to meet people's needs. Staff inductions included time with people, to get to know their needs and preferences, prior to delivering the service.

People received kindness and good care from staff who people said had a caring nature. Staff respected people and promoted their dignity throughout the services they provided. Staff knew and understood their responsibilities to keep people's information in confidence. There was a low level of staff turnover resulting in people having continuity of staffing.

People had opportunities to express their views, directly to the registered manager, on the services they received. The registered manager knew how to identify where advocacy services may be required and how to arrange them. Most people we spoke to felt that generally the management team addressed their concerns.

Any complaints people raised were investigated and actions were taken based on any outcomes identified. The registered manager communicated outcomes of people's complaints to them, throughout the process.

The registered manager had an effective presence in the service and monitored the day to day culture of the service by regularly speaking with the people receiving the service and supporting the staff that delivered it. Most people had met the registered manager.

The registered manager effectively analysed various quality assurance indicators and we could see that this process was used to improve outcomes for people.

The provider had notified us about events that they were required to by law and had on display the previous care quality commission rating of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People felt safe when being supported by staff from this service.

People were protected as staff and management were aware of their responsibilities to keep people safe.

Risks to people were assessed and staff used the risk assessment information to deliver a safe service.

Is the service effective?

Good 

The service was effective.

People's needs and choices were assessed and considered in care planning and service delivery.

Staff had the skills and knowledge to effectively deliver the service.

People were supported to eat and drink to maintain a balanced diet.

Is the service caring?

Good 

The service was caring.

Staff were kind to people and treated them with respect.

People have opportunities to express their views to the registered manager and to be actively involved in their care planning and support.

Staff promoted people's privacy, dignity and independence.

Is the service responsive?

Good 

The service was responsive.

Staff were responsive to people's needs and delivered person centred care.

Managers responded quickly to meet people's changing needs.

There was a complaints policy in place and complaints were thoroughly investigated and action taken when required.

Is the service well-led?

Good ●

The service was well led.

There was effective leadership of the service and the day to day culture of the service was positive.

There was a governance framework in place that was used to improve outcomes for people.

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 comprehensive inspection took place on 15 and 16 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit, because it is a small service and the manager is often out of the office supporting staff or meeting with people using the service. We needed to be sure that the manager would be in.

This inspection was undertaken by one inspector and an expert by experience, who completed telephone calls to people and their relatives, to gain feedback about their experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person's area of expertise was as a family carer for those receiving regulated services, including the elderly and those living with dementia.

Inspection site visit activity started on 15 January 2019 and ended on 16 January 2019. We visited the office location on 15 January and 16 January to see the registered manager, office staff and care staff; and to review care records, policies and procedures. On the 21 January we made telephone calls to people using the service and their relatives.

Before the inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as `notifications`. We looked at the notifications that the provider had sent to us. We also contacted the local authority who monitor and commission services, for the information they held about the service. We used the information that we had gathered to plan what areas we were going to focus on during the inspection.

We spoke on the phone to nine people who used the service and three relatives of people that used the service. Whilst at the offices we spoke with the registered manager, the human resources manager, one supervisor and two care staff. We looked at a sample of records, including three people's support records,

three staff files and training records. We also sampled records that relate to the management and quality assurance of the service for example accident and incident records and complaints information. We looked at quality assurance actions plans to understand how the service was using information to improve outcomes for those using the service.

Is the service safe?

Our findings

At our last inspection on 12 September 2017, we rated this key question as 'requires improvement', as we found people did not always receive a reliable and consistent service and staff did not always follow risk assessments in people's homes. At this latest inspection we found that these aspects of their service had significantly improved and we rated the key question as 'good'.

People told us they felt safe when supported by staff from this service. One person said, "They know what to do so that makes me feel safe", another person said, "I feel safe especially with the regulars who have got to know us. I feel they all know how to help me.", another person said, "I'm fine with them all. I have no problems with feeling safe and confident.", another person said, "They make sure I am safe- they check on me and they cook my food. There is nothing that could be improved. I am quite pleased with them." A relative of a person using the service told us "I do feel [relative] is safe with them. On a few occasions they have had to phone me or the emergency services if [relative] has been unwell. They have stayed with them until the ambulance has come and then phone us to let us know what is happening. I trust them."

The registered manager understood their responsibilities to keep people safe. The registered manager told us that different aspects of safeguarding were discussed at each staff meeting and questions were asked to test the understanding of staff. Staff we spoke to were able to confirm this. Staff told us about the service's safeguarding and whistle blowing policies. One staff member told us, "If I had cause for concern I would raise it with the manager, if they did not listen I would not hesitate to seek outside help from the local authority or care quality commission". Another member of staff said, "I had safeguarding training in September 2018". We saw evidence of one safe guarding issue that had been investigated and as a result the relevant policy had been updated and the change had been communicated to staff.

People had their risks assessed and staff were provided with information on how to support people safely. We saw that staff signed to acknowledge they had seen and understood the risk assessments. Staff could access this information on their handsets.

Examples of risk assessments include; moving and mobilising people, behaviour that challenged staff, administering medication, infection control and nutrition. We found moving and handling risk assessments were very detailed and assessed the risk within each individual activity of personal care.

We found that people and their relatives were involved in developing the support plan and that people's choice, independence and freedom was respected in the risk assessment process. Risk assessments were updated as part of the review process.

We reviewed the staff recruitment practices and found that effective and safe systems were in place to reduce the risk of unsuitable staff being employed by the service. Staff told us that they were interviewed for their post, references had been taken, including from their most recent employer, and that a check with the Disclosure and Barring Service, (DBS), had taken place. This check would show if a prospective staff member had a criminal record or had been barred from working with adults. Records we looked at confirmed that all

required checks had been completed before staff had started working for the service. New staff received induction training, which included a period of shadowing a more experienced staff member. The registered manager explained that staffing levels were constantly reviewed to ensure people's needs were safely met, they explained that people's needs could change quickly, maybe requiring two staff to support a person, rather than one. We found there was a small workforce and everyone was trained to the same standards, to ensure flexibility of rostering, when covering holiday's and other staff absences.

Most people told us they had a regular group of staff, time keeping had improved and staff stayed the allocated time. One person told us, "They are generally on time and phone if they are running late. They always stay for the full time" another person told us, "At one time they were coming whenever they pleased, I phoned them to say that they were late and it has improved a lot recently".

Most people were managing their own medications. The registered manager said that there were five people receiving support with medication blister packs. We could see that medications were clearly recorded in support plans and that recording charts were in place. Recording charts were viewed by the registered manager monthly, to ensure they were properly completed and spot checks on medication services were also in place. Staff confirmed this and told us they received training in medication which was reflected in staff training records. One staff member told us, "We have lots of medication training, we have classroom training and computer based training as well as spot checks in the community".

We found that staff had a good understanding of infection control. One person told us, "They [staff] do always have gloves they bring them with them. They are a very professional looking service". Another person told us, "They wear gloves, they are clean and tidy". Records we viewed showed that staff were trained in infection control and food hygiene. Staff told us that gloves and aprons were always available to them.

Is the service effective?

Our findings

We found that people's needs and choices were assessed and considered during the care planning process and by staff during care delivery. We could see that care plans were regularly updated and that people and their relatives were involved, either in person or by phone. Communication needs were taken into account as part of the assessment process and we could see that where people may not be able to effectively communicate by phone, the registered manager visited them, ensuring they had equal opportunity, for example, to express their views.

People told us staff had the skills and knowledge to support them and nobody felt unsafe with the staff. One person said, "I do feel they have the right skills to help [relative] to get washed and dressed". A second person said, "I do think they are trained enough to support me. I think they have training from the organisation". We heard from one person how some members of staff knew them well enough to know what level of support was required, they told us, "Once or twice recently I haven't felt well enough to do my breakfast, [staff] will look at me and realise and just say, you stay sitting down and I will get it for you".

We heard from staff that there was an ongoing programme of training. Staff told us, "I have had training in fire safety, infection control, assisting with medication, using the hoist and managing behaviour that challenges". A new member of staff told us, "I've had enough training to do the job", another member of staff said, "We have training, I feel completely confident, you can always come into the office, there is a lot of support, you are always being given information".

The registered manager told us that staff completed a questionnaire prior to the delivery of training and then completed the questionnaire again, after the training was completed. They explained that this was to enable them and the staff to see what added knowledge staff had gained from the training. The induction training programme included time with people to enable staff to get to know their needs and preferences, prior to delivering the service.

Staff had regular supervision meetings with the registered manager. Members of staff told us "The manager is supportive, we discuss training at supervision meetings and this can lead to further training being provided", a second member of staff told us "We have staff meetings and supervision meetings". One member of staff told us, "Spot checks take place monthly, you want to work with a good team and you are only as good as the person your work with, spot checks are a positive thing".

Staff supported people to eat and drink. One person told us, "I choose what I am having for my breakfast", another person told us, "They always make me a drink and ask me what do you fancy today". A relative told us, "They always ask [relative] what they want to eat. They will help clear up to", another relative told us, "They get her a sandwich at lunch. She will make the choice. She will say, for example, can you make me a ham sandwich?"

Communication between staff was effective. Staff recorded the care delivered directly into the electronic system and completed medication charts that remained in the person's home. People had an emergency

recording chart in their home for staff to use for urgent communication with the staff member at the next visit. People also had an accident and incident report form in their home to ensure that such events were appropriately and quickly recorded and passed to the registered manager for any required action.

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. At this inspection the service were found to be compliant with the Mental Capacity Act 2005.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA. We heard from people using the service, their relatives and staff, that consent was obtained prior to the delivery of service. We saw that consent was also obtained and recorded within the persons care plan as part of the care planning process.

Is the service caring?

Our findings

One person told us, "They are all nice and do the job, but some lift my mood more than others", another person said, "The carers will ask if it is ok to look in the kitchen cupboards for things, I think that this is respectful".

People using this service and their relatives, found the staff to be kind and caring and we received many positive comments about the caring nature of staff. One person told us "Most of them [carers] are very nice. There is nobody I feel uncomfortable with. They are chatty and friendly and most are lovely", a second person said, "The carer this morning rang to say she was running late, I asked her if she was near the shops would she pick up a tin of soup for me and she did and didn't want me to pay her". A third person told us, "most of them are caring and respectful to me and my [relative]" A fourth person told us, "I'm very happy with the care they are kind and friendly". Another person told us, "They are loving and kind and chat with me. They always ask if I am ok and comfortable and I do feel safe". A relative told us, "She loves [carer] but they are all friendly", another relative told us, "As [relative] has got to know them they have become quite pally, they do provide a decent service".

Staff told us how they respected people and promoted their dignity. A member of staff told us, "I always ask people if it is ok before I support them, during personal care I always make sure they are covered", another member of staff told us, "When they are in the bathroom I always close the door and use towels to keep them covered. I always promote their independence for intimate personal care and only assist with this if the person needs me to".

Staff knew and understood their responsibilities to keep people's information in confidence. One person told us, "You can talk to [staff], they never talk about other people they visit".

We found that people had opportunities to express their views, directly to the registered manager, on the services they received. The registered manager visited people and contacted them by telephone. One person told us, "I have seen the registered manager, she phones to ask how I am". People also met the registered manager at service reviews and when spot checks of the service were being carried out.

The registered manager told us that people were not currently using advocacy services. The registered manager knew how to identify when these services may be required and how to arrange them.

Is the service responsive?

Our findings

Most people we spoke to felt the management team discussed and addressed their concerns. Nobody could recall receiving a written survey requesting feedback but most people reported that the registered manager would phone them and ask how things were going. We did see some completed survey forms, dated October and November 2018, from people using the service, one person told the service, "The staff are never judgemental toward me they are always kind" and another person told the service, "Sometimes staff are a little late".

There was a record of complaints received by the service. We saw that 11 complaints had been made to the service in 2018. Complaints had been investigated, outcomes had been reached and action plans were in place for each complaint. Those making complaints were updated on the progress made. We could also see that issues raised on survey forms or in complaints were being communicated to staff at general staff meetings and individual supervision meetings, to ensure that improvements were made and maintained.

One person using the service told us, "I spoke with the registered manager last week, as I feel I need a reassessment as I am finding it hard to manage now, she said to leave it to her and she would arrange it", a second person told us "The registered manager calls us and arranges a care plan review with the family and she comes to the house. Sometimes she phones to see how things are going". A third person told us "I have seen the registered manager she is very nice and has been out to go through my plan and phones to ask how I am. I do feel that she listens to what I have to say". Another person said, "The registered manager has been out to see me several times, I needed an increase in my calls and the manager came out straight away and set up a new personal plan, I am very happy with how it is done and feel they listen and ask the right questions".

We heard from one relative how the manager had liaised with social services to help them get a profiling bed for their relative. We heard from another person that they had been asked if they would mind having a male carer, they told us, "I said that I would prefer female carers and they have stuck to that".

Is the service well-led?

Our findings

At our last inspection on 12 September 2017, we rated this key question as 'requires improvement', as we found improvements were required in relation to the way the staff rotas were completed, the timings of people's calls, and issues with the phones not being answered promptly. We also found improvements were required with the way information was recorded. At this latest inspection we found that these aspects of their service had significantly improved and we rated this key question as 'good'.

The registered manager had a strong presence in the service. They monitored the day to day culture of the service by regularly speaking with the people receiving the service and supporting the staff that delivered it. Most people had met the registered manager. One person told us, "We find [registered manager] friendly, not bossy or authoritative, [registered manager] seems to know what they're doing".

We found the day to day culture of the service was very positive. One staff member told us, "I know my colleagues and I am happy with our service", a second staff member said, "I have a sense of achievement when I see people happy", a third staff member said, "They are not seen as a service user they are more like family", a fourth staff member said, "We are their second family I absolutely adore giving care, it is such a humbling thing to give for someone". Another member of staff said, "We are a good team together, good communication with team leaders, we are a little family but it is professional". Staff told us they felt listened to, supported and valued by the registered manager.

The registered manager analysed various quality assurance indicators and used this information to improve outcomes for people. These indicators included the following records; accident and incident, safeguarding, compliments and complaints, survey returns, service reviews, staff supervision and spot checks and the most recent care quality commission report.

There was an action plan in place. We could see that this was used to improve outcomes for people, for example time keeping had been raised and action taken included the introduction of travel time, a review of minimum staffing levels required and management of how many staff were on holiday at one time. The administrator now gathers information on road works and local events that may impact on travel time and adjusts the rotas to take account of this. People told us that time keeping had improved. Over the next year the manager plans to produce a regular quality assurance report for people and their relatives.

The service worked with other agencies, such as social work, safeguarding teams and district nursing, to support the delivery of integrated, safe effective care.

The registered manager told us that one of the key achievements of over the past year was the retention of staff. Working hours had been adjusted to attract new people into the sector. This had worked well, there were now more staff that worked only a few hours per week, providing services to a set amount of people. People told us that continuity of staffing had improved.

The provider had notified us about events that they were required to by law and had on display the previous

care quality commission rating of the service.