

CC Health Care Limited

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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

CC Health Care Limited is a Domiciliary Care service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults. At the time of our inspection the service was supporting four people.

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

People who used the service and relatives were positive about the service provided. One person told us, "I am more than happy, we have a brilliant relationship with all the [staff]."

People who used the service were protected from bullying, harassment, avoidable harm and abuse by staff that were trained to recognise abusive situations and knew how to report any incidents they witnessed or suspected. People were protected by staff that had been safely recruited.

Risks were assessed, and steps have been put in place to safeguard people from abuse. Risks to individual people had been identified and action had been taken to protect people from harm. Staffing levels were sufficient to keep people safe.

People received effective care from staff that had the knowledge and skills they needed to carry out their roles. People were supported with their medicines in a way that ensured that people received them safely. People were supported to eat and drink enough to maintain a balanced diet. People were also supported to maintain good health and access healthcare services.

We saw examples of positive and caring interaction between the staff and people using the service. We saw that there was a positive caring attitude shown to people who used the service. People were able to express their views, staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their needs. Care plans were person centred. Staff continually identified and reviewed people's changing needs to better support good physical and mental health.

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. People were consulted over their care needs and were actively encouraged to make their own decisions.

The service was well led by a knowledgeable manager who strove to improve the quality of the service people received. People using the service told us that the manager was open, supportive and had good management skills. The manager monitored the quality of service the organisation offered people.

Rating at last inspection: Because this is a new service that has not been inspected, this service has not been rated.

This service was registered with us on 1 June 2018 and this is the first inspection.

Why we inspected: This was their first planned comprehensive inspection following their registration.

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.

CC Health Care Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a small domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, and younger disabled adults. At the time of our inspection, there were four people using the service.

The service had a manager registered, who was also one of the directors of the registered provider with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that someone would be available to provide the information we needed for our inspection.

Inspection site visit activity started and ended on 11 September 2019. We visited the office location to see the registered manager/provider and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

We asked the service to complete a Provider Information Return. This is information we require providers to

send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed any information about the service that we had received from members of the public and external agencies.

During the inspection we looked at records relating to three people's care, three staff recruitment records, training records and complaints. We also looked at what audits and systems they had in place to check on the quality of service provided. We spoke with the registered manager. We also went to visit two people in their own homes.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe and knew who to contact if they felt unsafe. One person said, "I've never been worried about my safety."
- Staff had received training in safeguarding and understood how to recognise and protect people from abuse.
- The registered manager told us what action they would take if they had any safeguarding concerns or were worried about people's safety.

Assessing risk, safety monitoring and management

- Staff understood the actions they should take to make sure people were safe. The registered manager told us that they routinely raised subjects regarding risk as a discussion point during team meetings, such as what action staff should take if they could not access a person's home for their care visit.
- Personalised risks assessments demonstrated that the risks to people relating to their care and support were assessed and mitigated. This included risks associated with moving and handling and in people's home environment.

Staffing and recruitment

- Sufficient staff were employed to cover people's care visits. People told us that their care workers always arrived for their care visits and if the care workers were running late they were informed. One person commented, "They aren't ever very late, sometimes the traffic holds them up, but they give me a phone call." One person's relative said, "[The staff] are always here when they say they will be, they are brilliant."
- The staff team was small, and people told us they received continuity of care and normally had the same staff visiting them.
- Staff had been recruited safely to ensure they were suitable to work with people who may be vulnerable to abuse.

Using medicines safely

- When people required support with their medicines, they received them as required. People's records identified what support they required and guided staff on how this was to be provided safely.
- Care workers received training in supporting people with their medicines. The registered manager observed care staff to ensure they helped people with their medicines safely.
- There were systems to monitor and assess the support people received with their medicines. This supported the management team to act swiftly to reduce risks.

Preventing and controlling infection

- Staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.
- Personal protective equipment, such as disposable gloves and aprons were provided for care staff to use to reduce the risks of cross infection.

Learning lessons when things go wrong

- The service had systems to learn from incidents to reduce the risks to people using the service.
- The registered manager told us that they had debrief sessions if things went wrong. For example, when they started offering a service to one person, it became apparent they had not been given all the information needed to understand the person's needs. They did not immediately ask for support from the placing authority but tried to manage that person's anxiety. The registered manager told us that they had taken too long to seek specialist support. They said they had learnt the lesson to escalate immediately it became apparent they needed further assistance.

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 for 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.

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

- Assessments of people's individual and diverse needs were in place prior to the person using the service. These were completed with the involvement of people and their representatives, where appropriate.
- The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively. This included training in people's specific needs, such as dementia, protecting people's dignity and showing respect. Staff were supported to undertake qualifications relevant to their role.

Staff support: induction, training, skills and experience

- People were supported by skilled, experienced staff. Training evidenced that staff had received training appropriate to their roles and that their competencies were checked, for example the registered manager observed staff while they supported people.
- Staff were provided with one to one and group supervision meetings. These provided staff with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.

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

- Where people required support with their dietary needs, this was provided effectively.
- People's care records included the support people required and contained guidance on how that should be done. This included encouraging people to drink to reduce the risks of dehydration.

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

- People told us that if they needed help to get to an appointment, such as hospital appointments, staff would go with them and supported them to arrange health care appointments.
- Records demonstrated that if staff had concerns about people's wellbeing, they had acted quickly. This included calling health professionals or advising people's relatives they needed to see a doctor.
- The registered manager told us how they had worked with other professionals including occupational therapists to support people to obtain the equipment they needed.

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. 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.

- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Information in care plans, demonstrated staff's working knowledge of the MCA and how they put it into practice. Staff received training in the MCA.
- People's capacity to make their decisions was assessed, and where people required assistance, this was provided in their best interests and with the involvement of others involved in people's care. The registered manager understood their responsibilities to apply for an Order from the Court of Protection as needed.

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 for this newly registered service. This key question has been rated Good.

Ensuring people are well treated and supported; equality and diversity

- People were supported by kind and compassionate care workers. One person told us the staff were, "So kind and thoughtful." One person's relative told us that the staff were, "Helpful and supportive. We have built up a good relationship."
- Staff received training in dignity and respect. They understood why it was important to treat people with respect.

Supporting people to express their views and be involved in making decisions about their care

- One person commented, "I've done a survey, telling them what I think. ... They're very good." One person's relative told us that they and their family member were consulted about the care and support provided. They said, "They do things just like my [relative] likes it."
- People's care records evidenced that people were central to the decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were guided in people's care records to ensure their privacy, dignity and independence was always respected.
- One person told us, "My privacy is important to me, I have no worries about it at all with these lovely ladies."
- There was storage in the service's office to keep confidential records safe and secure.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were happy with the care they received, it met their needs and preferences. One person's relative told us that the care their family member received enabled them to be comfortable and relaxed.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- People's care records demonstrated their full involvement in the decisions about how they wanted their care to be delivered. The care plans were person centred and guided care staff how people's individual needs were to be met.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which was provided to people who used the service.
- People confirmed they had received the guidance and told us that the registered manager had spoken with them about raising concerns and complaints. One person told us that they had not needed to complain because staff listened and made changes before they needed to.
- The registered manager used feedback from complaints and suggestions to drive improvement. The registered manager told us that ongoing communication with people who used the service and acting on any concerns swiftly, reduced the risks of complaints escalating.
- Where people raised concerns, they were managed in line with the provider's complaints procedure.

End of life care and support

- There was no one receiving end of life care when we visited the service. The registered manager said they would work with other healthcare services, such as hospice services, to support people to be comfortable and pain free when they reached the end of their lives.
- Care workers received end of life training.
- People's care records included any decisions people had made about their end of life choices. This included if they wanted to be resuscitated.

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 for 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a good overview of the service being offered and demonstrated an in-depth knowledge to support quality care for people using the service.
- The service is new and gives a service to four people. The registered manager also supported people with personal care, which means they are in daily contact with people. This means that they have a good rapport with people and know how they feel about the support they get.
- There was a programme of quality assurance checks in place, including care records and medicines. It was not fully in place at the time of our inspection because this new service supported a small number of people, and the provider, who was the registered manager, was part of the care team and was familiar with their needs and made changes as necessary. However, they were aware that, as they took on more support packages, these systems would support them to address any shortfalls promptly. Staff were observed in their usual duties, by the registered manager who worked alongside them, this ensured they were working to the standards expected.
- The registered manager was passionate about the care people received and promoted open communication. They understood their responsibility of the duty of candour.
- The people we spoke with told us that the registered manager and all staff were highly motivated and shared the same values of putting people who used the service first. The registered manager told us how they advocated on people's behalf and worked with other professionals to obtain the care packages and support people needed.
- The registered manager was clear that before expanding the service, they were going to ensure they had the capacity and systems in place to manage this safely and effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were actively engaged in developing the service; through surveys and ongoing communication to check they were happy with the service they received.
- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service to identify how they wanted their care delivered.
- The registered manager involved staff in decisions about the service. They did this through meetings and ongoing discussions.

Continuous learning and improving care

- The registered manager, who was also a registered nurse, kept their learning current and understood the importance of keeping up to date with changes in the care industry.
- The registered manager was made aware of planned changes through the local authority and the CQC.
- There was a commitment to learning and development. The registered manager told us that when people who used the service had specific needs, training was sourced before they provided care to ensure that care workers had the knowledge of how to provide care and support.

Working in partnership with others

- The registered manager told us that they made a point of working with other professionals. This included healthcare professionals involved in people's care.