

CCS Homecare Services Ltd

Church Road

Inspection report

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10 August 2022

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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? | Good  |
| Is the service responsive? | Requires Improvement  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

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.

About the service

Church Road is a supported living service providing personal care for up to six adults with a learning disability. At the time of the inspection five people were using the service. People lived in their own self-contained flats.

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

The service was able to demonstrate how they were meeting some of underpinning principles of right support, right care, right culture. However, they also needed to make improvements in order to fully meet these.

Right Support

Staff supported people to make choices and be independent where they were able. People were usually supported by staff to pursue their interests. Staff did everything they could to avoid restraining people. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

The provider's systems did not always ensure people were protected from poor care and abuse. The provider had failed to take all the actions needed to protect people following allegations of abuse and situations where they were put at risk of harm.

Sometimes the staff worked long hours and this meant there was a risk they would not be able to provide the right care for people at all times. Sometimes people could not pursue the activities of their choice because staff did not have the right skills.

Staff were able to understand people's individual communication needs, however, they needed more information and training to make sure they used best practice to enable people to always make informed choices.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff promoted equality and diversity in their support for people. They understood

people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

The provider was not effectively operating some of their systems which were designed to provide good quality care or mitigate risk. Records about people did not always show respect or understanding of their needs. The staff did not always understand best practice when communicating with people with learning disabilities/and or autism.

There had been improvements to the staff culture which helped to make sure the staff worked together in people's best interests. People and those important to them were involved in planning their care.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 April 2021 and this was the first inspection.

Why we inspected

We inspected the service based on the date of registration with us.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding people from abuse and improper treatment, good governance and staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have also made recommendations in relation to supporting people with their communication needs, duty of candour and improving the culture of the service.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Church Road

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was conducted by two inspectors.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. The registered manager undertook an area manager role, overseeing this and other services. There was another manager who worked at the service on a daily basis and had a good overview of people's individual needs.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

We looked at the information we held about the provider including notifications of significant events.

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.

During the inspection

We met four of the five people who lived at the service. We observed how staff supported and cared for them. We met nine support workers and members of the management team.

We looked at the care records for three people who used the service, records of staff recruitment, training and support for four members of staff, how medicines were managed and other records used by the provider for managing the service, such as meeting minutes, records of incidents and audits.

We spoke with the relatives of two people who used the service and received written feedback from three others. We received feedback from two external professionals.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems designed to safeguard people from the risk of abuse. However, these had not always been effectively operated. Minutes of staff meetings and supervisions in March and May 2022 included references to staff sharing inappropriate messages and photographs on a social media messaging system as well as some staff making allegations that other staff had neglected people's care. The provider had not referred this to the local safeguarding authority to be investigated or reported the allegations to CQC. Whilst there were meetings to discuss this, there was no indication a formal investigation into these concerns had taken place. Therefore, the provider had failed to effectively safeguard people.
- Records of another staff meeting held in May 2022, stated that a person was physically restrained during a visit to the hospital by hospital staff. This incident had not been reported to CQC nor had the provider recognised this as potential abuse. There was no separate report of the incident and no investigation into whether the restraint was proportionate or lawful. The staff discussions for learning from this incident took place over a year after the incident occurred. Additionally, the meeting stated that a person was escorted to hospital by one member of staff instead of two which was contrary to their support plan. This placed the person at risk but there was no formal investigation into this.
- Whilst the management team had met with staff as a group to discuss some incidents and inappropriate behaviour, there were not always clear records to show lessons had been learnt and action taken to prevent further harm.

Failure to effectively operate systems and processes to respond to allegations of abuse or situations where people were placed at risk of harm was a breach of Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were systems for recording incidents, accidents and complaints. When these had been recorded, the records showed the action the management team had taken following these.
- The staff received training in safeguarding adults. They were able to tell us about this.
- The staff worked with external professionals to plan care and support people in the least restrictive way. For example, understanding and anticipating people's needs to reduce their anxiety and distress.

Staffing and recruitment

- Staff deployment sometimes meant staff worked long hours on some days, and sometimes did this over consecutive days. For example, one member of staff had worked for over 15 hours at a time on 10 days out of the two weeks before our inspection. This included two periods of time when they worked over 24 (waking) hours in a row. Staff were allocated to work with one person at a time, often on their own with the

person for the majority of their day. There was a risk people's needs may not be met because staff were not fit to work these long periods without breaks.

- People's relatives told us that planned activities did not always take place because not all the staff had the necessary skills for these, such as being able to swim or drive.

Failure to provide sufficient numbers of suitably qualified and skilled staff was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the concerns relatives raised with the management team who acknowledged this was a problem but agreed to work with family members to help ensure suitable alternative activities took place with their knowledge and agreement.
- The provider had a pool of permanent staff who were familiar with people living at the service and who could cover staff vacancies and absences.
- There were systems to help ensure only suitable staff were recruited and employed. These included checks on the staff as part of the selection process and a range of training and competency assessments which formed their induction.

Using medicines safely

- People received their medicines as prescribed. Some people were prescribed medicines to be taken as required (PRN). The instructions for staff about when these medicines needed to be administered were not always accurate and did not clearly describe the circumstances when the medicines would be needed. There was no indication staff had administered the medicines inappropriately, however there was a risk this could happen. We discussed this with the management team and they agreed to review and update the records, to make them clearer. Following the inspection visit, the management team sent us evidence they had done this.
- Other records relating to medicines were clear and accurate. There were suitable systems for managing medicines in a safe way. When medicines errors and incidents had happened, the provider had responded to these and retrained staff when needed.
- People's medicines were regularly reviewed to help make sure they were still suitable and reflected their needs. The staff worked well with healthcare professionals to discuss people's medicines needs.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing were managed. The staff carried out assessments and these were reviewed and reflected people's individual needs. Plans to help manage risk included opportunities for people to develop their independence and take some risks.
- The provider worked with other healthcare professionals to assess and plan for risks relating to people's health needs. However, one person had been assessed at risk of choking and was waiting further assessment from a relevant professional. Whilst the provider had developed their own plans for managing the risk, these did not include expert guidelines and the management team were not able to show that the referral to the professional had been made or followed up with the GP. We discussed this with them, and they agreed to find out what was happening and request the referral again.
- The staff undertook checks of safety within people's flats and had plans to help evacuate people in the event of an emergency.

Preventing and controlling infection

- There were procedures to help prevent and control infection. Staff were familiar with these and had relevant training.
- The provider had reviewed and updated their procedures in line with best practice for managing during

the COVID-19 pandemic and to help ensure staff and others received the information they needed.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- People had care and support plans that were personalised and including physical and mental health needs. People, those important to them and staff reviewed plans.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received a range of relevant training. They completed an induction into the service and had regular training updates.
- Staff regularly met with each other and the management team to discuss the service and people's needs.
- Staff told us they had enough information to help them provide effective care.

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

- People had enough to eat and drink. They had personalised budgets and were supported by staff and families to plan meals and shop for their food.

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

- People had access to different healthcare services as needed. The staff worked closely with other professionals and included their guidance in care planning.
- We witnessed how staff worked with each other and a healthcare professional to plan one person's hospital visit and how they would support the person to reduce their anxiety around this.
- The service ensured that people were registered with a GP, and had regular consultations to discuss and review their needs.
- Multidisciplinary team professionals were involved in or made aware of support plans to improve care.

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 MCA 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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The provider had obtained consent in line with the MCA and had applied for DoLS when needed. They had assessed people's capacity to make specific decisions and worked with other stakeholders to make decisions in their best interests.
- Staff empowered people to make their own decisions where possible.

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. 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

- Staff treated people with compassion and kindness. We observed staff and people had good relationships and felt comfortable with one another. Family members spoke positively about the close relationship between people and familiar staff.
- Staff were patient and used appropriate styles of interaction with people. They were calm, focused, and attentive to people's emotional and other support needs and sensory sensitivities.
- Staff took the time to understand and develop a rapport with people.
- People's religious and cultural needs were known, planned for and met.

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

- People were enabled to make choices for themselves. Staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics – for example, due to cultural or religious preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They understood people's individual needs.
- People lived in their own self-contained flats which allowed them privacy.
- People were supported to learn independent living skills and be involved in caring for themselves and their accommodation.

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 for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some people living at the service could not use words to express themselves. Others only used a few words to communicate. People used signs, objects of reference, pictorial information and relied on being supported by staff who knew them well.
- Whilst the service provided a range of pictorial information, this was not always clear or personalised for people. Both the external professionals who gave us feedback explained communication aids were not always in place or used well. Additionally, we identified the majority of staff had not had training in specific communication techniques to support their skills and understanding. Minutes of a staff meeting held in August 2022 included reference to misunderstandings between staff and one person regarding signs they used. We spoke with the management team about this and they explained they were in the process of sourcing specialist training. We discussed further work they could do in this area and they agreed to look into this.
- Relatives explained they witnessed some staff communicating poorly with people. For example, ignoring people who were trying to get their attention or telling them to wait because the staff members were looking at their phones. We shared this feedback with the management team who acknowledged this had been a problem previously, but they were working to address these issues. Relatives also told us that other staff communicated well.

We recommend the provider follows best practice guidance to develop staff skills and knowledge of how to communicate with people.

- The staff we spoke with demonstrated a good understanding of people's communication needs and we saw personalised interaction which showed they knew people well, could understand them and be understood by them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People usually received the support they needed to pursue interests. The staff helped to plan a schedule of social and leisure activities which reflected their individual needs. However, these sometimes did not take

place because the staff supporting people did not have the skills needed. Some families and people's representatives told us this was not always well communicated. We discussed this with the management team so they could think of alternative activities for people in consultation with them and their representatives.

- The provider organised some group events which people had enjoyed.
- People were supported to stay in contact with friends and family. The management team valued the importance of these external relationships and supported people to visit those who were important to them and receive visitors.

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

- People received personalised care which met their needs and choices. The staff created care plans which included detailed information. Records of care indicated care plans were followed.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.

Improving care quality in response to complaints or concerns

- There were procedures for investigating and responding to complaints. Information about these was shared with stakeholders. Posters outlining the complaints procedure were on display for people using the service.
- Complaints had been investigated and lessons had been learnt from these to improve the service.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider did not always effectively operate systems and processes to mitigate risks or monitor and improve the quality of the service. They had not taken enough action to keep people safe following allegations of abuse and incidents where people were put at risk of harm. They had also not taken sufficient steps to reduce the risks associated with staff working excessively long shifts.
- Whilst we observed staff being kind and polite when communicating with people, records included terms and statements which were not appropriate. For example referring to people, "being in a bad mood", "[person's] mood is getting worse," "[person was] claiming to have pain", "[person was] passing wind constantly" and referring to people having "behaviour." The use of these terms and language in records about people showed a lack of respect for them and a lack of understanding regarding their needs.
- Records were not always clear and accurate. Some risk assessments were not specific, for example an assessment about the risks relating to nutrition for one person included strategies for dealing with risks relating to dogs and swimming. Similarly, some PRN (as required) medicines plans included reference to the wrong medicines. For example, one protocol for a medicine designed to reduce anxiety stated that it should be administered for pain and high temperatures but did not refer to anxiety.

Failure to effectively operate systems and processes to monitor and improve quality and to monitor and mitigate risks was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff and management team undertook a range of audits and checks designed to make sure people were safe and quality care was provided. These included audits of medicines management.
- Following the inspection visit, the provider reviewed and updated their PRN protocols to include the correct information.

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 provider had not always notified CQC following allegations of abuse. This was because they had not recognised the situations as potential abuse. We discussed this with the management team, so they had a clearer understanding of their responsibilities in this respect.
- The provider understood their responsibilities to respond to and investigate complaints.

We recommend the provider ensures all staff and managers are familiar with the requirements of the

regulations regarding duty of candour so they act in accordance with these.

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

- Relatives of people using the service told us, and staff meeting minutes confirmed, it was custom and practice for some staff to use their personal mobile phones whilst supporting people. Some relatives told us this had resulted in staff telling people to wait whilst they took personal calls and sent messages. The management team confirmed this was against company policies and they would continue to try and address this with staff. Whilst we acknowledged the provider was taking steps regarding this, a culture where staff did this, indicated they were not always putting the people they supported at the centre of their work.

We recommend the provider take further action to help ensure the culture of person-centred care and inclusivity develops further.

- Staff reported that they felt there was a good culture at the service, however records of recent staff meetings indicated this was not always the case with staff arguing and blaming each other for failings. We discussed this with the management team who told us they had undertaken a lot of work to improve the culture. This included specific training on 'closed cultures' for staff. They felt this had worked well and there were improvements for people using the service because of the change in approach from staff.
- People using the service appeared relaxed and happy with the staff who were supporting them.
- Relatives told us they had a good relationship with the service and could discuss concerns and how people should be cared for. They felt involved and listened to.
- There was a manager who ran the home on a day to day basis (not the registered manager who had an area manager role). They worked directly with people using the service and led by example. Staff and relatives told us they were approachable and helped to create a positive culture.
- The provider asked people using the service to complete satisfaction surveys each month to indicate how they felt about aspects of their care and support. These indicated people were happy. The provider shared a newsletter with stakeholders which showed some of the activities which had taken place.

Working in partnership with others

- The provider worked in partnership with other healthcare professionals and there were some examples of positive work with the learning disability nurse to support someone to access a medical appointment and with the Positive Behaviour Support Team to develop proactive strategies to meet people's individual needs.
- Sometimes healthcare support had not been provided in a timely manner when there was an identified need, and the provider was not able to demonstrate they had taken practical steps to speed up this process. We discussed this with the management team so they could take action.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a management team, including the day to day manager who worked at the service and knew the service well. Both managers were appropriately experienced and qualified.
- There were systems to help make sure staff understood their roles and responsibilities, including clear policies and procedures, regular meetings, training and a portal with information accessible to all staff.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered persons did not always ensure service users were protected from abuse and improper treatment.</p> <p>Regulation 13</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons did not always effectively operate systems and processes to monitor and improve the quality of the service and to monitor and mitigate risks.</p> <p>Regulation 17</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person must ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the needs of service users.</p> <p>Regulation 18</p> |