Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

C & S Care Services Limited

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Tel: 01902810174

Date of Inspection: 13 September 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	C & S Care Services Ltd
Registered Manager	Mrs. Jacquelynne Elizabeth Timbers
Overview of the service	C & S Care Services provide personal care for people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 September 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

C & S Care Services were providing care and support to over 400 people at the time of our inspection. We carried out telephone interviews with 10 people who received services, and seven relatives. We visited the office and spoke with five care workers, the manager, and the provider who supported us with the inspection of this agency.

People and the relatives we spoke with confirmed they had been involved in making decisions about the care and support they wanted to receive. One person told us, "I had an assessment completed and I told them what support I needed, this is what is in my care plan which I have signed and agreed."

The people we spoke with confirmed their privacy, dignity and independence were respected by the staff that supported them. One person said, "The staff are very good and I am very happy with what they do." Another person told us, "They provide the support I need them to and they always ask me what I want."

We found that people where happy with the way their medication was administered. However, improvements were required with the records related to medicines.

Care workers we spoke with told us they felt supported by the management team. They confirmed they had regular training opportunities to help them deliver care to an appropriate standard.

We found that systems were in place for assessing and monitoring the quality of service provided.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 26 October 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service were given appropriate information regarding their care. People and their representatives told us they had been involved in completing an assessment and care plan before the care was implemented. We saw records of these which included reference to people's preferences in relation to the service they wanted and the type of support they needed. One person told us, "I am very happy with the support provided, it meets my needs."

We saw that people's cultural, religious, and communication needs were taken into account as part of the assessment process. This ensured that people received a service that meets their individual needs and preferences.

People expressed their views and were involved in making decisions about their care. People and relatives we spoke with confirmed that had a copy of their care records in the home for the staff to refer to. We saw copies of these at the office. We looked at the care files for six people. We found that these had been signed by people or their representatives confirming their agreement with the care plan. We found that contracts had been completed and signed by people who paid for the service. This ensured they were aware of the costs before the service was provided.

People were supported in promoting their independence. Staff we spoke with had a good understanding of how to promote people's independence, offer choices and involve them in making decisions about the support provided. Staff described to us about how they supported people in ways which maintained their privacy and dignity. For example ensuring people were covered whilst providing personal care. One person told us, "The care workers are very good they are respectful and ensure my dignity is always maintained."

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care.

Reasons for our judgement

People and relatives we spoke with told us they had regular staff that supported them. One person said, "I have the same staff members that come and help me, this is very important to me." A relative told us, "The same core team of carers visit which is reassuring, they know what they have to do." This meant people received support from a consistent group of care workers who knew and understood their needs.

People's needs were assessed and care was planned and delivered in line with their individual care plan. We looked at the care records for six people. These contained information about people's support needs, and how these should be met by the care workers. They also included information about how to promote people's independence. All the records we looked at had been reviewed and updated to reflect the person's current care needs. However we found that in some records significant information about people's healthcare needs were not always transferred to the new care plan. We found that staff did have access to this information in the assessment record that was available in people's homes. This meant that staff may not be aware of people's specific healthcare needs as this information was not always available in the care plan.

Care workers we spoke with had a good understanding of people's needs and how to meet them. They told us that they had read people's care plans and recorded the care that they had provided. People and their relatives said that they felt their care needs were met. One person said, "The staff know me very well and they know what help I need I am very happy."

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. We found that risk assessments had been completed with people in order to assess any potential risks associated with providing their care and support. Where risks had been identified, an action plan had been completed on how care workers should support people to minimise these risks. We saw that risk assessments were in place for the environment, fire and for equipment when this was required to support people with their mobility. However, it was not clear whether risk assessments had been reviewed to ensure they reflected people's current needs. This is because some of the assessments were not dated, and other assessments were dated over 12 months ago. The provider may wish note that all risk assessments should be updated as part of the review to ensure

they reflect people's current needs.

Both people and the care workers we spoke with confirmed that equipment was in place for those individuals that needed it. This meant that people were supported appropriately to minimise any risks.

People and the relatives we spoke with told us they had never experienced a missed call, but sometimes care workers were a little late because of genuine circumstances. People and their relatives told us, that care workers or the office staff did contact them to inform them about this. People and relatives said they would contact the office if they had any concerns about their call times or the care they received.

We found arrangements were in place to deal with foreseeable emergencies. All of the staff we spoke with were able to describe what they would do in an emergency situation such as if someone had an accident or if there was a fire in their home. This should ensure that people's safety and health care needs were met.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We found that some people required support with taking their medication. We saw that people had discussed the support they needed as part of the assessment process and they had signed this to confirm their agreement. People we spoke with, told us they were satisfied with the way care workers supported them with their medicines. One person said, "I am happy with the way the carers help me with my medication and they always sign the records."

Most of the records we looked at contained separate care plans detailing information regarding what medicines needed to be administered or prompted by care workers. We saw that this support was included on the risk assessment that had been completed with people to assess any potential risks. We saw that two people's records did not contain a separate care plan for the creams that staff should apply for them. We found that specific information about how people took their medication was not included in their care plans. This meant staff did not have access to information about people's needs and preferences in relation to how they took their medication.

Appropriate arrangements were not in place in relation to the recording of medicine. We looked at people's medication administration records (MAR) that had been completed previously by care workers. We saw that when creams were applied the name of the cream was recorded. However, we saw that MARs were not available for one person who had cream applied by staff. We found that when medicines were administered from a 'prepared pack' the actual tablets administered were not recorded in the care plan or on the medication record. This meant records were not in place to confirm what medicines staff had administered to people. We found that staff had signed the medication record to confirm the support they had provided to people with their medicines.

Care workers we spoke with told us they had received training for the administration of medication, and records seen confirmed this. We were advised that staff were observed following their training to ensure they were competent to administer medicines. However records were not in place to confirm this. We found that care workers performance in

relation to administering medication was included in 'spot checks' that were undertaken to monitor their practices. However, it was not clear from the records we looked at, if these tasks had been observed and if staff continued to be competent. Action was taken during the inspection to update the record to ensure care workers performance was observed during all spot checks. This would ensure care workers practices were safe. Care workers we spoke with told us they would only administer after checking on the medicine record and the care plan that they were giving the right medicine at the right time and the right amount.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People and the relatives we spoke with told us they were happy with the support they received from the staff. One person told us, "I have a good connection with the care workers that come, we get on well. They are very skilled." Another person said, "The staff are brilliant and do a good job."

Care workers we spoke with told us they felt supported in their role. One care worker said, "We can always contact the office for support, they are approachable." Care workers told us they had supervision, and an annual appraisal. They told us they had spot checks' to ensure they carried out their tasks to the required standard. We saw evidence of these in the records we looked at. This meant care workers had the support they needed to deliver care to an appropriate standard.

We found that care workers received an induction before they started to work in the community. This included a week's training based in the office and at least one week's shadowing experienced members of staff in the community. We found that staff were assessed and provided with feedback about their performance as part of their induction. This meant that care workers had the opportunity to understand what their role was and how this should be carried out.

The care workers we spoke with told us they had the training they needed to support people. Training records we looked at showed that care workers had completed training which the provider considered to be necessary to undertake their role. This included moving and handling, fire safety, health and safety, food hygiene and infection control. Training was also provided which was specific to the needs of the people who used the service such as dementia, and catheter care. This ensured staff had received appropriate training to support people's specific care needs. Care workers we spoke with told us they had opportunities to complete national vocational training in care. This enabled the staff to develop their skills further and gain relevant qualifications for their role.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and they were acted on. A service satisfaction questionnaire had been completed with people in January 2013 and complimentary comments had been received. We saw that where improvements had been identified, action had been taken to address the issues. All of the people and relatives we spoke with said they felt confident to raise any issues they had with the office staff. One person said, "They are approachable and flexible and will sort things out." People and relatives confirmed they had regular reviews and contact to ensure the service was meeting their needs. One relative told us, "Yes they come and review the care plan, and we even had a spot check which is reassuring."

We saw that systems were in place to monitor the service that is provided. These included audits of call times, staff training, and accidents and incidents. We saw that an office audit was undertaken every three months which included an audit of records such as care records, staff files, and medication records. The last audit did not identify any concerns with the care plans and medication records based on the sample of the files that were checked. The provider may wish to note that more frequent audits of the care records would ensure that shortfalls were identified in timely manner. We saw that following these audits action had been taken where improvements had been identified.

We found that spot checks were completed for all staff to ensure they supported people appropriately and in accordance with their care plan. Where performance issues were identified action was taken to address these.

A complaints procedure was in place, and all of the people and relatives we spoke with knew how to make a complaint. The manager monitored these to identify any patterns and trends that may need further scrutiny.

Staff we spoke with told us that meetings were held on a regular basis. This ensured that staff had an opportunity to discuss the performance and development of the service.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: Regulation 13 The registered person must protect service users against the risk associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, of medicines used for the purposes of the regulated activity.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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