Continuity of Care Services 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?	Requires Improvement

Summary of findings

Overall summary

We inspected this service on 9 September 2017. The inspection was announced. The registered manager was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location's office to see us.

Continuity of Care Services Limited is registered as a community based domiciliary care agency (DCA) which delivers personal care to people living in their own homes or to children living with parents. At the time of our inspection the agency was supporting 12 people, with the regulated activity of personal care. The agency offered people additional services such as, domestic calls, shopping and companionship. This was the first comprehensive inspection since the agency was registered.

At the time of our inspection, there was a registered manager in place who was also the owner of the agency and the registered provider. 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.

Relatives and staff spoke highly of the registered manager who was committed to providing a high quality service to people. The registered manager had developed links with the local community to raise the profile of health and social care, and the benefits of working within the industry. Systems were in place to monitor the quality of the service being provided to people through regular checks and audits. People's and significant others views were not actively sought and acted on to improve the service that was provided to people. We have made a recommendation about this.

People received a service that was safe and relatives told us they felt their loved one was safe. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. The safety of staff who were working in the community had been assessed with systems put into place to reduce the risk to staff. Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified.

There was enough staff with the right skills and knowledge to meet people's needs. Staff received the appropriate training to fulfil their role and provide the appropriate support, including specialist training to meet some people's complex needs. Staff were supported by the registered manager who they were in contact with on a regular basis. A comprehensive induction programme was in place which all new staff completed, this included the Care Certificate, and this is a nationally recognised qualification. Staff had a clear understanding of their roles and people's needs. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and/or their relatives and reviewed to make sure people continued to have the support

they needed. Detailed guidance was provided to staff within people's homes about how to provide all areas of the care required. People's care plans were individualised and person centred.

People were treated with dignity and respect whilst receiving care and support from the agency. People were supported to make their own decisions and remain as independent as possible. Staff supported people in the least restrictive way possible. Staff understood the principles of the Mental Capacity Act 2005. Information about people's likes, dislikes and personal histories were recorded within their care plan.

People were supported to remain as healthy as possible. Guidance was available within people's support plans to inform the staff of any specific health condition and support needed. Staff monitored changes in people's health and sought appropriate help from medical professionals when required. People were encouraged to maintain as much independence as possible. People's nutrition and hydration had been considered and recorded, with guidance in place for staff to follow from health care professionals.

Where staff were involved in assisting people to manage their medicines, they did so safely. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

Systems were in place to monitor and respond to concerns or complaints that had been raised. Complaints were seen as a positive way to improve the service which was being provided to people. A complaints policy and procedure was in place and information about how to make a complaint was provided to people and/or their relatives within the service user guide.

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 agency was safe.

Potential risks to people and staff had been assessed and recorded.

People were protected from the potential risk of harm or abuse, by staff that had been trained to understand the action to take if they had concerns.

Recruitment practises were in place to ensure the safe recruitment of staff. Enough staff were employed to meet people's assessed needs.

When people required support with medicines, they were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The agency was effective.

Staff received appropriate training to meet people's needs, including any specialist needs.

Staff were supported in their role by the registered manager and the management team.

People were supported to maintain good health, nutrition and hydration if this was part of their care plan.

Staff understood the importance of gaining people's consent prior to carrying out any care or support tasks.

Is the service caring?

Good

The agency was caring.

People's privacy and dignity were maintained, by staff who promoted this in their everyday practise.

People and/or their relative had been involved in the

development of their care plan.

People were encouraged to share information about their histories and interests.

Information was available to people and/or their relatives about the agency, and what people could expect.

Is the service responsive?

Good

The agency was responsive.

People's needs were assessed recorded and reviewed.

People were included in decisions about their care and support.

A complaints policy and procedure was in place and available to people.

Is the service well-led?

Requires Improvement

The agency was not consistently well-led.

People and others feedback was not actively sought to improve the quality of the service.

The registered manager was visible and supported an open culture throughout the staff team.

The registered manager played an active role in the local community, building relationships with partner organisations.

Systems were in place to monitor the quality of the care and support people were receiving, through audits and spot checks.

Continuity of Care Services Limited

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 inspection took place on 07 September 2017 and was announced. The inspection team consisted of two inspectors and an expert by experience, who made calls to people using the service and/or their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we would usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. We did not request the PIR from the provider, this information and evidence was gathered during the inspection. We also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with four relatives of people using the service to gain their views and experiences. We spoke with the registered manager, one senior support worker and two care staff.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at three people's care files, five staff files, the staff training programme and induction programme.

Good

Is the service safe?

Our findings

Relatives told us their loved one felt safe with the staff supporting them. Relatives spoke highly of the infection control procedures which were in place, and said staff always used personal protective equipment (PPE) such as gloves and aprons. One relative said, "One carer has had a bad cold, even when they were getting better they swapped shifts as they were worried about the risk of infection."

Risks associated with people in their everyday lives had been assessed and recorded. Risks relating to medicines, moving and handling, risks relating to personal care needs, external activities such as swimming and nutritional and hydration needs. Each risk had been assessed to identify any potential hazards which were then followed by action plan on how to manage and reduce the risk. The safety of staff working within people's home out in the community had been assessed. An assessment of the person's home was completed which included potential risks such as whether the person had any pets or smoked. Accidents and incidents are recorded, monitored and investigated by the registered manager. The registered manager told us there had not been any accidents involving people using the service. There has been one accident involving a member of staff which had been investigated by the registered manager and action had been taken. Staff were aware of the action they should take if someone using the service or themselves had an accident.

Staff were trained in how to protect people from abuse and harm, and were able to demonstrate awareness of the different types of abuse, and of what to do in cases of suspected abuse. All staff spoken with were able to discuss the appropriate actions to be taken if abuse was suspected, and were able to demonstrate how they would ensure the person's safety was maintained. Staff had access to and followed a policy on safeguarding vulnerable adults (dated October 2016), which included detailed information on the local authority's safeguarding procedure and guidance. The policy also included contact details for the safeguarding team at the local authority, and staff were aware of the role of the local authority if an incident of abuse was suspected. Staff were aware of the whistleblowing policy and told us they would not hesitate to report any concerns. The policy was displayed on the noticeboard in the office, and included a detailed definition of whistleblowing, the steps required within the procedure, and how staff should escalate their concerns.

Recruitment practices were safe and checks were carried out to make sure staff were able to work with people who needed care and support. Staff recruitment was clearly recorded, and all required and relevant information on the care worker was retained. For example, all of the five staff files we reviewed contained comprehensive information on all stages of the recruitment process, from the application, through to interview, offer of employment and commencement of employment, with confirmation of identity, previous experience, references, and qualifications. These processes gave people assurance that the staff supporting them were safe to work with them.

There were enough staff employed to meet peoples assessed needs. Each person had been assessed on an individual basis and had a set amount of care and support hours. We reviewed staff rota records for five care workers over a three month period up to September 2017, and found that visits were scheduled to allow

staff time to complete the required care and support, and also to travel from one person to the next. Records demonstrated that staff informed the office coordinator when they were running late or unable to attend a visit, and also what actions were taken to cover the visit; for example slotting in another staff member from within the team. Staff told us that they were allocated to a team that covered a geographical area, which made it easier to schedule visits, and also for staff within the same team to cover each other's visits if required. Staff told us that this also meant that people were cared for and supported by the same team of care staff, and this enabled the staff to build positive relationships within the team and with the people they supported.

People received their medicines safely when they needed them if this was part of their care package. Relatives told us staff were responsive to their loved ones medicines. One relative said, "I've been there when medicines are due. They (staff) are very good with this especially as (loved one) struggles to take them." Another relative said, "They (staff) don't rush her they're very patient." Staff were trained in the administration of medicines and followed detailed guidance within people's care plans of the exact support they required. Staff were observed by a member of the management team on three separate occasions administering people's medicines, before being 'signed off' as competent. Individual assessments were completed with people which detailed the person's ability to manage their own medicines and the support they required from staff, such as the application of topical medicine. The registered manager completed regular audits of peoples' medication administration records (MAR) and took action when errors were identified. For example, staff had not signed the MAR for one person's medicine, after investigation by the registered manager a reminder was sent out to all staff informing them of the importance of maintaining accurate records. The processes that were put into place by the agency gave people assurance that their medicines would be managed safely.

The registered manager had a business continuity plan to make sure they could respond to emergency situations such as a major incident or a power failure. People's safety in the event of an emergency had been carefully considered and recorded. The safety of staff working within the community had been managed. A welfare check was made to people and staff if a member of staff had not arrived at a call. A procedure was in place for the event of a missed or late call. Each member of staff followed a lone working risk assessment and procedure. The potential risk of a fire had been assessed and recorded on an individual basis, relating to the persons' needs and environment. These processes enabled the registered manager to make sure that people, staff and visitors were safe in situations and people were still able to receive the care and support they needed.

Good

Is the service effective?

Our findings

Relatives told us they felt the staff were well trained and able to meet the needs of their loved one. One relative told us they had arranged for the staff to attend some additional training to meet their loved ones needs, which had been welcomed by the registered manager and staff. Another relative told us how the support from the agency had made a difference to the loved one's life. They said, "Having the carers in means [loved one] can have what they want which is to stay at home, their own home,"

There was an induction process, which involved new starters working alongside more experienced members of staff until they were assessed as competent to work independently. We saw induction records within all the staff files we reviewed, which confirmed this. The records showed when each element of the induction programme had been completed by the new staff member, for example, the policies, employee handbook, and care plans. Staff told us that the induction and shadowing programme was very helpful, and allowed new staff to "learn and grow on the job".

Records showed that staff received practical as well as theoretical training and information. Staff files contained evidence of staff attendance at training events, and demonstrated that the training available at the service covered topics such as person-centred care, health and safety, moving and handling and infection control. Training was refreshed as required depending on the subject matter. There was also evidence of specialist training on key topics such as the care and use of sheath catheters, enteral feeding, and end of life care, which staff told us they had found useful. Training was provided by an external company, and included face to face or video tools, with a written assessment. The registered manager told us that there was a weekly training programme, which allowed all staff to access the training available. Staff were supported to develop their skills with recognised training programmes including the Care Certificate. This programme was run in conjunction with Skills for Care and Skills for Health, to provide nationally-recognised qualifications for care workers on a variety of health and social care topics.

Staff told us they felt supported in their roles and were reviewed through a system of supervision, appraisal and spot checks. Records showed staff had received regular supervision with their line manager and an annual appraisal. The spot checks were unannounced, and conducted by the registered manager, who observed the staff providing care and support to the person, in the person's home. The spot checks were recorded, and the outcome of the check was sent to the member of staff, rating each area of work on a scale from poor to exceptional. Staff told us that the spot check covered areas such as punctuality, appearance and identification card of care worker, correct use of personal protective equipment such as aprons and gloves, knowledge of the person's care plan, cleanliness and tidiness of work, correct methods of recording care provided, and completion of the care visit within the allocated time. The supervision and appraisal sessions recorded a discussion between the registered manager and the member of staff, which included feedback on the staff's professional strengths and weaknesses, and any issues of concern with the staff member's performance. There was also a note made of any further training requirements and professional development such as completion or progression of the Care Certificate. There was evidence that requests for training were followed up. For example, one member of staff had requested further training in dementia care, and this was provided.

Some people had specific requirements relating to maintaining their nutrition and hydration. Staff, where required had received specialist training to use specific pieces of equipment to support people with their nutrition and hydration. A relative told us their loved ones "diet and fluid intake is of paramount importance" and that staff worked alongside the family to support this. Another relative said their loved one would not eat meals unless someone was eating with them; this had been written into the person's care plan and was accommodated by staff.

People if required, were supported to maintain good health. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, the use of any moving or standing aids or specialist equipment. A relative told us the care staff had called an ambulance for their loved one in an emergency and had stayed with their loved one until they had arrived. During our inspection staff contacted the registered office as they had noticed a decline in a persons' health. Staff contacted the persons' doctor and arranged for a home visit to take place. The registered manager went to visit the person and offer reassurance.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care, these safeguards are only available through the Court of Protection. No one was subject to an order of the Court of Protection.

The registered manager and staff were aware of their responsibilities under the MCA. Staff had been trained to understand and use these in practice for example, how they applied it to their work such as through capacity assessments, supporting people to make their own choices and ensuring the person gave their consent prior to carrying out any care. People's capacity to consent to care and support had been assessed and recorded within their care plan. A policy and procedure was in place to advice staff on any action they needed to take regarding a person's capacity.

Good

Is the service caring?

Our findings

Relatives told us the staff supporting their loved ones were kind and caring. Comments included, "They are all good, but two in particular are absolutely fabulous." "The carers are very patient and take their time with [loved one]." Another relative told us their loved one used non-verbal communication and staff were receptive to this, they said, "We can see from her reactions that she likes the carers, she smiles at them."

Staff were able to give examples of how they maintained and protected people's privacy and dignity. For example, closing curtains, windows, covering people with a towel and being aware of other people in the house. One member of staff said, "We ask the client if they are ok with the way the personal care is provided. Ensuring the client is covered up as much as possible, and giving them information about the care to be provided." Staff received training as part of their induction in effective communication and person centred care which incorporated privacy and dignity.

People and/or their relatives told us they were involved in the development and review of their care plan. One relative told us their loved ones care plan was regularly reviewed due to frequent changes in their health. Care plans were person centred and gave staff the information and guidance they required to meet people's needs. Each person's care plan recorded the specific support that the person wanted from the agency and the care and support they were receiving. For example, the specific day time and night time routine and details of where the person liked to eat their meals. Care plans were individualised, they contained information that was important to the person. For example, only being served meals on a hot plate and watching specific cartoon programmes. Systems were in place to ensure people's confidential personal information was stored securely within the registered office.

People were encouraged to share information about their life history, likes and dislikes which was recorded in their individual care plan. For example, meeting new people, specific television programmes and bands. This information enabled staff to get to know the people they were supporting and they were used to engage people in conversations. People's care plans contained information for staff to follow to promote their independence. For example, details regarding what people were able to do for themselves, such as the utensils required to enable the person to eat independently.

The registered manager had produced a comprehensive service user guide which was given to people prior to them receiving a service. This document was regularly reviewed to make sure it had up to date information. The document included information about the agency, the aims and objectives, service user's charter of rights, staffing information, quality assurance and information about the services the agency provides. The terms and conditions of the service were recorded as well as the fees and charges to people in a separate document. People using the agency were given the information they needed about what to expect from the provider and the service they were receiving.

Good

Is the service responsive?

Our findings

Relatives told us they felt the agency was responsive to their loved ones needs. One relative told us how the agency had adapted to their loved ones needs when they had changed. They said, "We talk regularly to the manager or the care coordinator, they are very good and very flexible." Another relative told us the care co-ordinator called them every day to see how things were and if there was anything they could do to help.

An initial assessment was completed with people, their relative and the registered manager before the service could commence. Referrals were made directly from the Clinical Commissioning Group but people could also make direct contact with the agency themselves. The referral form detailed the specific support which was required from staff, the frequency of visits and the duration. A record of people's emergency contact details and medical history was recorded which included any aids the person used such as a hoist or specialist equipment.

Information from the initial assessment/referral form was used to develop a care plan with people and or their relatives. Care plans were person centred and individualised to meet the exact support the person wanted and needed. Relatives confirmed they had been involved in the development and review of their loved one's care plan. Care plans contained people's preferences, life histories, interests and hobbies and these were available to staff within the person's home. Staff were knowledgeable about people's preferences, needs and how people wanted to be supported, with many staff having worked with people for a number of years. Care plans and risk assessments were reviewed regularly with people, their relatives and the registered manager. People and/or their relatives could be confident the care plans were specific and personalised to meet the individual needs of the person.

Relatives told us they knew how to make a complaint about the agency if they needed to; however they had not needed to. A system was in place to monitor and record any concerns or complaints. A complaints policy and procedure was in place, this information was also included within the service user guide which was given to people and/or their relatives when they started to receive the service. Records showed that the procedure had been followed and complaints had been investigated and responded to by the registered manager. A log was kept of any informal concerns that had been raised by people but were not taken as a formal complaint.

The registered manager had kept copies of compliments that had been received from people using the service or their families; these were in the form of emails, letters and messages via the agencies social media page. One read, 'Thank you for coming over to [name] and being fantastic members of the team. Without caring people like you both, we wouldn't be able to do what we do.' Another read, 'The care staff have been fantastic and mum looks forward to their daily visits. The care staff have always treated her with dignity and respect but also have a great sense of fun. As a family we could not manage without them.' A third read, 'The staff have improved our daily lives. We cannot thank the carers enough for all their help, kindness and understanding.'

Visit logs, held within people's homes, were detailed, person centred and focussed on a person's

preferences, providing a communication for both the person, their significant others and staff providing support on the next visit. If the call was attended to by two members of staff, both staff held responsibility for signing and agreeing the care notes. The registered manager audited the daily logs, to evaluate the quality and consistency in record keeping.

Requires Improvement

Is the service well-led?

Our findings

Relatives told us they felt the agency was well run, comments included, "The managers are lovely and helpful." And "It's well run." Staff spoke highly of the registered manager and the management team. Comments included, "The registered manager and senior carer are very approachable, and the office staff are always available." And, "Staff are aware of hierarchy within the organisation, the management team is approachable."

Staff told us the registered manager was visible and ensured an open culture where staff were kept informed about any changes. The registered manager worked alongside staff as part of the care team, completing care calls when this was required. Staff understood the management structure of the agency, who they were accountable to, and their role and responsibility in providing care for people. Staff had access to a range of policies and procedures at the registered office which offered them additional support and guidance in their role. Procedures were in place for the registered manager to follow if staff were not performing as they should be. These processes ensured staff knew who they were accountable to and what they were accountable for.

The registered manager and office coordinator ensured that staff were kept informed of any changes to procedure or policy. Memos sent from the office coordinator to staff providing information on forthcoming changes, including a new electronic rota system. The information provided within the memo included instructions on how to use the new system. Regular team meetings were held with staff working in the community which gave staff the opportunity to discuss practice and gain some feedback about the agency and organisation.

The registered manager was committed to providing a quality person centred service to people and the staff. The registered manager used various ways to increase staff morale such as covering a care shift for each member of staff to give them a break, and as a thank you for their hard work. The registered manager had recently invested in an external consultancy company to complete an audit of the recruitment, as they had noticed low staff morale. As a result of the audit changes were made to staff's contract, where they were offered the option to work a set amount of contracted hours.

The registered manager played an active role in the local community building and developing relationships. The registered manager was the chair of the Health and Social Care Guild, this was an initiative that was able to access funding for projects to be created within the health and social care sector. A recent project was a video which was sent to local schools to raise awareness of the sector and the benefits. The registered manager was also an active member of the Kent and Medway Skills Commissions where they represented social care as a sector, they had attended a recent conference at a local college to discuss health and social care as a career. They also sat on the board of the Maidstone Economic Partnership Group; this was attended by different sectors within the local community as a way of engaging with one another and developing relationships. A recent discussion had taken place regarding community home care workers who access the bus for their role.

Systems were in place to monitor the quality of the service being provided to people. This included observational audits and quality assurance telephone calls by the registered manager or a member of the management team to discuss people's experience of using the agency. The registered manager confirmed that visit logs for all staff were audited weekly, and any discrepancies were checked against the care worker's timesheet, to ensure that all start and finish times for visits had been logged accurately. People and/or their relative's views were not always actively sought and acted on to improve the quality of the service that was being provided to people. The registered manager told us they had planned to develop and send out questionnaires to people as a way to gain feedback and make changes to the agency. They told us they had previously sent out a questionnaire to request feedback with how the agency ran over the Christmas period.

We recommend the nominated individual actively seeks and acts on the views of people and others.