

Continuity Healthcare Services Ltd

# Continuity HealthCare Services

## Inspection report

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16 January 2020

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## Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Continuity HealthCare Services is domiciliary care service providing personal care to people in their own homes. The service was supporting 92 people with personal care at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. The registered manager had arrangements for the induction of new staff and provided regular training updates for existing staff. People were supported to access healthcare services, as appropriate.

The registered manager and the management team provided day to day oversight of the operation of the service. Regular audits and checks were completed by the management team to monitor the standard of the service. People and staff felt supported by the management team.

### Rating at last inspection

The last rating for this service was Good (published 28 May 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about staff training and that information was not stored confidentially. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Effective and Well-Led sections of this full report.

### Follow up

We will continue to monitor information we receive about the service until we 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 effective?**

The service was effective.  
Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.  
Details are in our well-Led findings below.

**Good** ●

# Continuity HealthCare Services

## **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 Care Act 2014.

#### Inspection team

The site visit for this inspection was completed by one inspector. Follow up calls to staff, people who use the service and relatives were made by four inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 January 2020 and ended on 30 January 2020. We visited the office location on 16 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three members of staff including the registered manager, the care manager and a team leader.

We reviewed a range of records. This included five people's care records and three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including quality assurance checks, training records and policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with 15 people, six relatives of people using the service and 13 members of staff. We spoke with three professionals who regularly work with the service.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Prior to our inspection we had received information stating that staff were not receiving training when they began working at the service or had not received regular updates to their training.
- People told us that staff had the right knowledge and skills to support them effectively. One person told us "The (staff) read the folder (care plan) but they know what to do anyway" and went on to say, "From what I have seen they are well trained." Another person told us "I am totally happy with them. They are great. They are very caring. The care I have had up to present has been superb."
- Relatives told us that staff understood how to support people correctly. One relative told us "The carers are meticulous in how they do things. I cannot fault the level of care they deliver, its exceptional."
- Staff spoke positively about the training they received. One member of staff told us "The training is good. Two different people did the training and I learned a lot. I am not new to care but I still found it interesting."
- New staff received an induction to the service to help them carry out their roles. The induction included the Care Certificate which provides a nationally recognised set of learning outcomes for new staff working in health and social care services. A member of staff said "I had a good induction. I think it is good company to work for. I learnt about a lot of things and what was expected of me. It was all very thorough and professional."
- The registered manager explained to us that they had experienced difficulty with the reliability of their training company and had made changes so that training was now delivered by a qualified member of the management team which improved the availability of training. The registered manager went on to explain that they had identified a previous employee had not maintained their training records as expected which meant although training had been delivered this was not recorded. A different member of staff had taken over this role and was in the process of bringing the records up to date. To ensure consistency of training the registered manager had booked all staff onto training courses to refresh their knowledge. Staff confirmed that they had received training prior to being able to support people.

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

- People were fully involved in their assessment to plan their care before being offered a service. A relative said, "We had a meeting to plan the care and they [staff] come to see us regularly and review it, if we needed anything changing they would do it."
- Each person was regularly assessed to ensure their support was effective. We saw relevant referrals had been made where further assessment was required to support people's needs,

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

- People prepared their meals in their own homes and some people received support with this from staff.

One person who received support with their meals told us "I have a frozen meal delivered and they [staff] put it in the oven. They do ask if I want anything else, but I tend to eat whatever I have got in. They offer me two or three choices."

- We saw records were kept where there were concerns about a person not eating or drinking and this meant health advice could be sought at an early stage. For example, a Speech and Language Therapist (SALT) was involved with a person in respect of their dietary needs.

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

- People told us they were supported to make and attend healthcare appointments if required.
- Each person had a health care plan in place. These identified any support people needed to maintain their health effectively. Staff liaised well with external healthcare professionals to ensure people got the support they needed to have healthier lives.
- If advice was provided by health or social care professionals this was recorded in people's care records and communicated with staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- People told us that staff always asked their permission before providing care or supporting them.
- Staff and the registered manager had a sound understanding of the principles of the MCA.
- Records showed people had been asked for their consent regarding the care they received. If people did not have capacity to make these decisions best interest decisions were made in consultation with the person's representative.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Prior to our inspection we were informed that the windows of the office were not suitably covered, and members of the public could see into the office and view confidential information. This information had been shared with the provider who arranged for privacy film to be fitted to the windows. The registered manager had referred themselves to the Information Commissioner Office (ICO) to report a potential breach of information. The ICO is the UK's independent body to uphold information rights. The ICO did not require any further action to be taken.
- During our inspection we saw that the privacy film had been fitted which meant that information could not be viewed by members of the public. Confidential information was stored securely in lockable cabinets and the office was uncluttered.
- Although it was not identified that any specific person's information had been compromised the registered manager had contacted every person who used the service to inform them of this incident and offered reassurance about the actions they had taken. We overheard phone calls during our inspection where people or relatives had received the letter and contacted the office to discuss it further.
- The registered manager was also the provider of the service and had identified that as the service had grown the two roles were now difficult for one person to manage and was in the process of recruiting a new registered manager.
- The registered manager had created a management team to provide oversight of the service. This included themselves, a general manager, a quality manager and care co-ordinators.
- The registered manager and the management team completed regular audits to assess the safety and quality of the service. This included all areas of the service. The registered manager then agreed a compliance action plan with the registered manager if shortfalls were identified. This ensured appropriate action was taken and not missed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff told us the registered manager was readily available and they could contact the office if needed. A relative told us "I haven't got any concerns. I know who to ring if I did. There is a number of the manager in the green folder. We would call them, but we haven't needed too."
- Staff felt supported. A member of staff told us, " [Registered manager] is kind. He listens and always comes

back to you. He has a good heart. He is fantastic."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were encouraged to be involved and give their views about the service. This included discussions with their keyworkers and regular questionnaires.
- The registered manager analysed the feedback received and used this to drive improvement within the service. The most recent survey was completed in January 2019 and had shown a high rate of satisfaction. Comments included "[Staff] is respectful and always gives me choice" and ""All the carers are good, they are polite"
- A previous questionnaire completed in September 2019 showed that a person had been unhappy with the consistency of staff. The registered manager had spoken to the person and reviewed their rota to ensure that they received consistent staff to support them.
- The registered manager had clear plans to continue to make and sustain improvements to develop the service.

Working in partnership with others

- The registered manager had developed relationships with health and social care professionals and had regular contact with commissioners of the service.