

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

Community Support Services Central

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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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Leeds City Council
Registered Manager	Mrs. Jacqueline Wright
Overview of the service	<p>Community Support Service is registered as a domiciliary care service to provide support to people and their carers to help them live as independently as possible for as long as possible in their own homes.</p> <p>Community Support Service provides care and support to a wide range of people including people who are elderly, people diagnosed with dementia and people with learning or physical disabilities in the Leeds area.</p>
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 unannounced 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 February 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

People told us that they were happy and satisfied with the care and support they received. This was because people were treated with respect and supported in meeting their care needs, whilst maintaining their independence. Comments made to us during the inspection included, "Staff are excellent." People said their care workers were reliable and professional.

People told us the staff were on time and stayed for the agreed length of time. People said they felt able to tell staff if they required any changes to the way in which they were cared for.

People who used the service said they felt safe and would feel comfortable discussing concerns with staff and the manager.

The provider and staff were aware of their responsibilities regarding protecting people from abuse. Staff told us they knew how to raise concerns.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was delivered.

The provider had quality assurance systems in place to check the quality of the service being delivered was meeting people's needs.

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

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. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Seven people who used the services told us that they felt involved in decisions about the care they received. All the people told us they liked the support from staff and found them polite and respectful.

People described the staff as 'kind and caring' and 'excellent'. They said they were asked how they liked to be cared for and felt listened to by staff. They told us their privacy and dignity was promoted whilst they were being assisted with personal care.

People's diversity, values and human rights were respected. We looked at five people's care plans and saw that they reflected people's individual preferences in relation to various aspects of their needs, such as their health and mobility.

People were involved in their care planning and had access to the care plans as they were stored in their own home.

People who used the service were given appropriate information and support regarding their care or treatment.

People who used the service understood the care and treatment choices available to them.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At commencement of the service the Community Support Service supervisor visited the person in their own home, and created a support plan and a timetable stating when the support was to be provided. Any special care needs and need for time specific calls were highlighted during the initial visit.

People who used the service told us they were involved in the planning of their care and support and were pleased with the standard of care they received. They also told us both the staff and the support supervisor were very approachable and they could contact them at any time if they had a problem.

We saw support plans were in place for all people who used the service and they were generated from the initial needs assessment.

We saw that support plans were reviewed at least annually or sooner if there were significant changes in people's needs. We were told a copy of the support plan was kept both in the home of the person who used the service and the provider's office. Risk assessments were also in place where areas of potential risks to people's general health and welfare had been identified. These included medication moving and handling, infection control and the environment.

The staff we spoke with told us they found support plans helpful. They said the support plans were clearly written and gave them the information they needed to provide good care and support.

We spoke with seven people who used the service about care and treatment. People told us they had good relationships with staff and they had agreed to the support they received.

Staff we spoke with were able to clearly describe the needs of the people they supported and were knowledgeable and enthusiastic. Staff knew who to contact if they had any concerns about a persons support.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider had an up to date safeguarding and whistle blowing policies. These were available to all staff. All staff were also given a Community Support Service staff handbook when they started employment. This gave information about the code of practice, confidentiality, working practices and health and safety.

We looked at the training records and saw that staff had completed safeguarding training. We spoke with four staff who told us they had all received safeguarding training in 2012.

Staff we spoke with were aware of appropriate actions to take if they suspected someone they provided care to was being abused. Staff said they would always report concerns to their supervisor and were confident that they would be taken seriously and action would be taken to resolve the matter.

All of the staff we spoke with were aware of their responsibilities to report poor practice.

The provider responded appropriately to any allegation of abuse. Our records showed that the provider had notified us and the local authority of safeguarding incidents. We saw that the correct procedures had been followed.

We saw information on the staff records that showed Criminal Records Bureau (CRB) checks had been completed. This meant that the provider ensured that the staff they employed were safe to work with vulnerable people.

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 we spoke with told us they were happy with the care being provided. They also told us staff were knowledgeable and skilled and they had no concerns with their conduct and behaviour.

Staff spoken with told us they were happy with the level and standard of training provided. They said it helped them to understand the individual needs of people and kept them up to date with new ways of working. They told us they felt well supported by the management team and enjoyed working for the service.

All new staff completed an induction training programme that took into account recognised standards within the care sector which was relevant to their workplace and their roles.

Staff were required to attend mandatory training courses including moving and handling, health and safety, infection control and safeguarding vulnerable people. There were systems in place to ensure staff attended and updated their knowledge base.

Records looked at showed individual staff training and personal development needs were identified during their formal one to one supervision meeting with their line manager.

Care workers were regularly kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received.

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 quality of the service that people received.

Reasons for our judgement

We spoke with the manager and asked what quality checks they undertook. Community Support Service did regular spot checks to make sure staff were providing care and support in line with the support plan in place. These checks were made without forewarning the staff but following consultation and agreement with the individual receiving the service.

There were systems in place for collecting feedback from people who used the service. People were encouraged to provide feedback on survey questionnaires. This gave people chance to reflect on their care and support. The manager said when the questionnaires were received they analysed any information to see how improvements could be made to the service.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The provider took account of complaints and comments to improve the service.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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