

CT Care Ltd

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Inspection report

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Date of inspection visit:
01 September 2022

Date of publication:
03 October 2022

Ratings

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

Summary of findings

Overall summary

About the service

CT Care is a domiciliary service providing personal care and support to people in their own homes. At the time of our inspection there were 35 people using the service, 32 of who received personal care support.

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

The care people received was safe. The systems in place for risk monitoring, managing safeguarding concerns, incidents and accidents were effective. Staff deployment met people's needs and people's medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was led by an experienced registered manager. The culture within the service promoted inclusion and person-centred care. There were systems in place to monitor that people received a good quality of care. People, their relatives and staff had good experiences of the service and could contribute to further improvement within the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service under the previous provider was requires improvement, published 26 November 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

CT Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 01 September 2022 and ended on 09 September 2022. We visited the location's office/service on 01 September 2022.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with three members of staff including the registered manager. This included face to face and telephone conversations.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe when they used the service. They told us care staff supported them in a way which made them feel and be safe. A relative told us, "I feel [person] was very safe with the carers, they are all dedicated to what they are doing. They were very caring and quickly built a personal rapport with [person] and me."
- Staff had good knowledge of safe care and reported any concerns they had about people's welfare. This meant they took appropriate action to minimise the risk of abuse and avoidable harm to people who used the service.
- There were systems within the service to record, monitor and report on incidents, accidents and safeguarding concerns. We saw these were investigated and actions were taken to keep people safe. This meant there was oversight and support which ensured people received safe care.

Assessing risk, safety monitoring and management

- People who needed help with their mobility needs received the support they required. They had access to relevant aids and equipment, and to trained staff who could support them safely with their mobility aids.
- There were effective risk assessments in place to guide staff on how to care for people in a way which minimised the risk of harm to people's physical, mental and emotional health.
- The actions staff took to manage risks associated with people's care did not restrict people's freedom or their rights. One person told us, "They do ask consent before doing anything. They do things the way I want them done."

Staffing and recruitment

- Staff deployment protocols within the service ensured people's needs were met. One person told us, "I do get a good level of support despite them being short staffed and carers very busy."
- People told us they were supported by a regular team of care staff who knew their needs and how to support them. They told us the service informed them through a regular rota of staff to expect at each care visit.
- People had their care visits at the agreed times. They told us care staff mostly arrived on time. On occasions where staff expected to arrive later than agreed, they rang people to let them know beforehand.
- The provider followed safe recruitment practices. They completed the relevant pre-employment checks before they employed staff. This assured them staff were suitable to work with people who used health and care services. This included identity, reference and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were administered safely. Staff practice was in line with good practice. They completed relevant records which showed the support they had offered people with their medicines.
- Only staff who had received training in medicines management supported people with their medicines. Their competency was regularly monitored.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and concerns raised were investigated, and appropriate action was taken to minimise the risk of reoccurrence and improve safety and quality of the care people received.
- The provider and registered manager had addressed concerns found at our previous inspection. This improvement meant the care people received was safe.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. 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

- The service had a registered manager who was skilled and experienced in the requirements of their role. Since our last inspection, they had ensured systems which promoted safe care were embedded within the service and CQC had been notified of relevant incidents which occurred at the service.

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

- The systems and culture within the service promoted person-centred care and inclusive practices. Managers provided good leadership and were easily accessible to staff, people and relatives for support when needed.
- There were protocols within the service which ensured information was promptly shared with staff and people who used the service. This included meetings, out-of-hours support arrangements and reviews. This ensured there was a shared understanding of good quality care and supported people to achieve good outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the systems within the service demonstrated the service was run in line with the requirements of the duty of candour. Duty of candour is a requirement for providers to be open and honest with people when things may/could have gone wrong with the care they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff could contribute to shaping the culture within the service. The provider acted on people's feedback. For example, feedback from telephone reviews and surveys was used to promote staff practice to ensure people's needs were met at care visits and that their care records was completed robustly to evidence the support provided.
- People achieved good health outcomes because staff worked collaboratively with health and social care professionals to ensure people received good quality of care which suited their needs. A relative said, "They [staff] are very helpful, for example yesterday they picked up a problem of [description] on [person] so they got in touch with [health professional] who came today and prescribed [description]."

Continuous learning and improving care

- The registered manager completed a range of quality assurance checks and audits which they used to monitor the quality of care people received. Their checks and audits identified where improvements were required and they took action to implement any improvements.