

Ceeda Ltd

# Ceeda Care Services

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Ceeda Care Services is a domiciliary care agency. It provides personal care to people who require care and support in their own houses and flats in the community. At the time of our inspection there were 4 people using the service, only 1 of these people was receiving the regulated activity of personal care.

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

We spoke to 1 person using the service. They told us they were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. The care plan identified how potential risks should be managed to reduce the likelihood of that person experiencing harm. Staff understood the risks to the person and delivered safe care in accordance with their support plan. There were enough staff to keep people safe and meet their needs. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people.

We spoke to 1 person using the service. They told us they were supported in a kind and caring way by staff that knew them. They were happy with the support they received from staff. Their privacy and dignity was considered and maintained, and they were encouraged to make choices. Their preferences, including their likes and dislikes, were considered, and they received support based on these needs.

Each staff member had received induction, training and shadowing which enabled them to meet people's needs effectively. We saw that supervision/spot check meetings for staff were held regularly and staff felt supported by the management to perform their role.

The care plan we reviewed was person-centred and focused on what was important to them. The person we spoke to and staff spoke positively of the management; they found them approachable and supportive. There were systems to monitor, maintain and improve the quality of the service. The manager told us as the service grew, these systems would be expanded and refined.

Due to the size of the service, there was not enough evidence available to provide a rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on 2 September 2021 and this is the first inspection.

### 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.

<b>Is the service safe?</b> Inspected not rated.	<b>Inspected but not rated</b>
<b>Is the service effective?</b> Inspected not rated.	<b>Inspected but not rated</b>
<b>Is the service caring?</b> Inspected not rated.	<b>Inspected but not rated</b>
<b>Is the service responsive?</b> Inspected not rated.	<b>Inspected but not rated</b>
<b>Is the service well-led?</b> Inspected not rated.	<b>Inspected but not rated</b>

# Ceeda Care 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 20 February 2023 and ended on 27 February 2023. We visited the location's office on 20 February 2023.

#### What we did before the inspection

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.

#### During the inspection

During the inspection we spoke with the registered manager of the service. We reviewed a range of records relating to people's care and the way the service was managed. These included care records and risk assessments for 1 person and 2 staff recruitment files. We also reviewed a range of management records concerning staff training, quality audits, and service user feedback.

#### After the inspection

Following our visits to the office, we spoke with 2 staff members and contacted 1 service user to seek their feedback about the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data, electronic monitoring data and quality assurance records off site.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been inspected not rated.

Systems and processes to safeguard people from the risk of abuse

- We spoke to 1 person using the service. They told us they were kept safe from avoidable harm. Comments included, "I do feel safe with them [staff]."
- Staff had received appropriate safeguarding training, they knew who to report safeguarding concerns to. Staff told us, "Safeguarding is protecting [people] from harm or damage with an appropriate measure. I have had training in safeguarding. I would make sure to report concerns to the manager and not investigate by myself. It is my duty to keep an eye on the clients when I visit them and if there are any concerns."
- The provider had a safeguarding policy and procedure in place. The service was yet to raise any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risk of harm to this person. There was a risk management plan in place which provided staff with guidance on actions to take to reduce identified risks for specific conditions.
- Staff we spoke to were aware of the person's risks and provided information about action they would take to support people and their conditions safely.
- The service had not experienced any incidents or accidents at the time of inspection.

Staffing and recruitment

- There were enough staff to meet the person's needs.
- The provider operated safe recruitment systems and ensured appropriate pre-employment checks were completed before staff were employed. This included 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

- We saw that not all risks associated with this person's medicines were included within medication risk assessments. The provider acknowledged this and confirmed they would take action to ensure the correct information was included.
- Staff told us, and records confirmed staff had been trained in administering medicines safely and we saw that spot checks were conducted to ensure staff followed safe practice.

Preventing and controlling infection

- Staff had attended infection control training.
- The person we spoke to had no concerns about the use of PPE and commented staff wore PPE when

required.

#### Learning lessons when things go wrong

- As the service was yet to experience any incidents, we did not see any documented reflections or actions in place to demonstrate any lessons learned.
- Staff were aware of their role and responsibility, comments included "I would report to the office ASAP and go to the office to fill in an accident and incident form. In training we were told accidents will be discussed in staff meetings as a way of reminder and training with no names mentioned."

# 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.

This is the first inspection for this newly registered service. This key question has been inspected not rated.

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

- The person's needs were assessed prior to care commencing. We asked the person if they were involved in the care planning process to ensure personalised plans were in place. They told us, "A care plan was put in place when they started with me and I was consulted over it."
- The care plan we reviewed contained information about support required. Staff told us care records gave them enough information to understand people's needs and how to best support them. For example, staff we spoke to told us "I have enough information about service users. Before meeting them, the manager gives me a copy of the care plan to read and explains the package" and "I have enough information for people I care for. Care plans and risk assessments are in a folder in the flat and also at the office."

Staff support: induction, training, skills and experience

- Staff received an induction and completed training which records confirmed. This included shadowing other staff members to learn about people's care needs. Further training was provided by other agencies where needed.
- The person did not have concerns about staff training or ability. They said "They [staff] are aware of my conditions and I don't have any concerns."
- The registered manager monitored staff's working performance through competency assessments, supervision and observations of staff whilst working. This helped to promote staff's ongoing learning and development.

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

- The care plan contained information about the person's food preferences.
- Staff were aware of the person's dietary needs and ability. Staff comments included "[Person] makes a choice of meal from the shopping. [Person] has a normal diet and no known allergies to my knowledge. No risk of choking, [person] eats well. Other professionals like dieticians would be involved by our office if needed."

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

- The provider worked with a range of professionals and partner agencies to ensure people received effective support. This included district nurses, occupational therapists and GPs.
- Due to the size of the team and service, the registered manager and staff had good knowledge and understanding about people's healthcare requirements.

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 MCA 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.

We checked whether the service was working within the principles of the MCA.

- The registered manager had a good understanding of the principles. Staff had received training to ensure they supported people in line with the principles.
- Staff had a good knowledge of the principles and requirements of the MCA. Comments included "Limited capacity means a person cannot make decisions for themselves about their needs. Every client will have a care plan for me to follow. If they don't have capacity I would be notified before visiting them. Clients with no capacity still need to be treated with respect and dignity and care to be in their best interest and not restrictive. I have Dementia training booked and I was given the policy to read and know how to care for people with dementia."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been inspected not rated.

Ensuring people are well treated and supported; respecting equality and diversity

- The person using the service told us they felt cared for by staff. Comments included "I would say yes [I do feel I am treated with kindness and compassion]."
- Staff told us they felt they got to know people well and had time to support people. Comments included, "I have enough information for people I care for."

Supporting people to express their views and be involved in making decisions about their care

- The person was included in planning their care. Initial assessments took place where their care and support needs were discussed, and these were reviewed.
- They were supported to express their views and make decisions. We saw an example of a quality review form. The person felt that they were able to express their needs and that these were acted upon. For example we heard, "I haven't been asked specifically [for feedback], but I do converse with the care manager and if changes are needed on a specific day, this happens."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance in supporting and maintaining people's dignity. When asked how staff would support someone to maintain dignity we heard "[I would ensure they were] covered during personal care, curtains and doors are closed, follow [persons] chosen routine when dressing, e.g. t-shirt first, also allowing choice" and "I promote dignity, respect, privacy and independence by following care plan. Also, I let [person] do for [themselves] whatever [they] can like putting on apron before eating. I let [them] make choices of food and drinks and let [them] have privacy when [they] receive a phone call."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been inspected not rated.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person received care which met their individual needs and preferences. The care records described what they enjoyed doing and their abilities.
- Staff told us they were kept updated when people's needs changed. One staff member said, "If there are changes, the manager phones me and the changes are added to the care plan and risk assessment."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Documents could be made available if required in different formats if required, such as Easy Read. Easy read is a method of presenting written information to make it easier to understand for people with difficulty reading.

Improving care quality in response to complaints or concerns

- The person told us they knew how to raise concerns and who to speak to if they were unhappy with the service. Comments included "I haven't had to make a formal complaint. There is a detailed complaints procedure in the care plan file left in my flat."
- The service had an appropriate complaints policy and procedure in place for the management of concerns. At the time of inspection, no complaints had been raised.
- Staff told us that although nobody had raised concerns yet, they had read and understood the complaints policy and felt able to raise their concerns.

End of life care and support

- The service was not yet supporting anyone who was nearing end of life. The registered manager said they were in the process of finding appropriate training for staff and would work alongside other health professionals if care was needed in this area.'
- Staff told us "I also have training booked for end of life. I believe the clients should be cared for with respect and dignity and made comfortable."

# 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.

This is the first inspection for this newly registered service. This key question has been inspected not rated.

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

- Feedback about the service from the person was positive. Comments included "I do know the manager and feel confident speaking to her"
- Staff felt supported in their roles. We heard positive comments about the management of the service. Comments from staff included "My manager is helpful and understanding. If I can't work for personal reasons, she understands."

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 understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- Systems were in place to monitor the service. Staff performance was monitored and regular audits were conducted.
- The provider carried out quality audits covering all aspects of the service such as spot checks on staff, training completed, record keeping, care delivery and health and safety.
- Staff had the information they needed to provide safe and effective care. We saw staff had access to a detailed person-centred care plan to facilitate them providing care to the person in the way they preferred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Team meetings took place, these covered updates on people needs, practical updates about the service and wider improvements.
- We saw an example where the person was asked for their view of the service and their feedback sought.
- Staff felt that their opinion was valued, one member of staff told us "We had a meeting and I enjoyed it as we were giving feedback on how we are finding the work and my views are also taken on board. When changes are being made resulting from meetings the manager let us know. She [registered manager] will say according to the meeting we had, this is what we will do."

Continuous learning and improving care; Working in partnership with others

- There was a clear plan in place to increase the number of care packages with the service.
- The registered manager and staff worked closely with other professionals to promote positive outcomes for people.