

Six CS Care Agency Ltd

# Six C's Care Agency

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Six C's Care Agency is a domiciliary care agency which provides personal care to people living in their own homes. At the time of our inspection there were 36 people receiving personal care support from the service.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

The provider did not always demonstrate that people were supported to have maximum choice and control of their lives or that staff assisted them in the least restrictive way possible and in their best interests; the policies in the service supported good practice but there were not always records in place to evidence this. Staff had essential training but it was not clearly recorded that new staff received induction training.

#### Right Care:

The service made sure there were enough staff to support people and keep them safe. Staff knew people well and knew the most effective ways to communicate with them. Care was provided in a person-centred and flexible way. People said staff treated them with care and kindness and supported them to follow their own lifestyles.

#### Right Culture:

The culture at the service was positive. People, relatives and staff said the service was managed in an open, approachable and inclusive way. Staff were complimentary about the values they shared with their colleagues and the supportive team culture this created. The provider needed to develop quality assurance systems to show how the safety and quality of the service was monitored.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 8 January 2019 but was dormant until it became operational on 22 January 2022. This is the first inspection.

### Why we inspected

This was a planned inspection of a new service.

### Enforcement and Recommendations

We have identified a breach in relation to good governance at this inspection. We have also made a recommendation about how people's consent to care is demonstrated.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality. We will work alongside the provider and local authority to monitor progress. 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Six C's Care Agency

## 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; 2 people receive support using a supported living model.

#### 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.

#### What we did before the inspection

We used information gathered as part of monitoring activity that took place on 4 October 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since registration. We sought feedback from the local authority, health professionals who work with the

service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke to 5 people who used the service and 5 relatives. We sought the views of 23 staff including 4 management staff and 19 support staff.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# 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 rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system for managing potential safeguarding events. Information was shared with the safeguarding authority.
- People and relatives described the service as 'reliable', 'seamless' and 'safe'. They commented, "I cannot fault them, I have [life-limiting condition] and they help me to stay safe" and "I feel [family member] is safe with [staff]."

Assessing risk, safety monitoring and management

- The provider carried out risk assessments to help to protect people from avoidable harm.
- People's care records included information for staff about how to reduce risks.
- People described how staff supported them to stay safe when they were assisting them.

Staffing and recruitment

- The provider ensured there were sufficient staff to meet people's individual care packages. There were enough staff to provide contingency cover for unexpected staff absences.
- People and relatives commented positively on continuity of care and having a small staff team who were familiar with their needs.
- Records indicated safe recruitment practices were carried out. However, during the inspection it took a long time for the management team to provide evidence of this.

Using medicines safely

- Medicines were managed safely. People controlled their own medicines unless assessments determined they needed some support.
- Staff had training in medicine management and had periodic competency checks.
- Medicine records were completed electronically and were monitored by management staff.

Preventing and controlling infection

- The provider had infection prevention and control systems in place.
- Staff received training in infection prevention and control. They had access to supplies of personal protective equipment (PPE).

Learning lessons when things go wrong

- The provider used information from incidents and complaints to learn lessons. These were shared with the staff team to improve the safety of 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

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. 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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The provider did not always have written records of people's consent to receive support, for example with medicines. This was contrary to its policies regarding consent for support.
- It was not always clear from records whether people's representatives had the legal status to make decision on their behalf.
- Staff who provided support to a person with distressed behaviours were trained in positive interventions. The provider stated physical interventions had been used and this was subject to multidisciplinary assessment to determine if the person received the least restrictive support. There was an application to Court of Protection about keeping the person safe.

We recommend the provider has an effective system for recording people's consent to care and support.

Staff support: induction, training, skills and experience

- The provider made sure staff had essential training relevant to their role. This included training in specific needs such as supporting people with a learning disability and dysphagia (swallowing difficulties). However, records of the induction training for new staff were sometimes incomplete.
- People said staff were trained and competent in care. Their comments included, "They're very well trained and sensitive to my feelings" and "These carers are very well trained and have lots of experience so I feel safe and secure in their care."
- Staff said they received sufficient support from the management team to carry out their role. The

management team had a schedule in place to provide individual and group supervisions for care staff. Supervision included staff member's well-being and work-life balance and support towards individual ambitions even outside of the workplace.

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

- The provider had a system for assessing people's needs before using the service to make sure the right care could be provided. The assessment were used to develop plans of care for each person.
- People said they were fully involved in discussions about their care package and agreements about how their care was provided.

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

- The provider assessed to see if people needed support with any special dietary needs and preferences. People were supported with meal preparation if this formed part of their assessed care needs. .
- Where people were supported with meals, they made positive comments about the service. One relative told us, "The carers come in at lunchtime and make [family member] a hot meal which has improved things enormously as their diabetes is now much better managed."

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

- The staff worked in collaboration with other health and social care agencies, where appropriate, to support people's health and well-being.
- People and relatives said there was good support if they needed to access health services.

# 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 rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well-treated by staff and their diverse preferences and needs were respected.
- People made many positive comments about the kind, caring attitude of all staff. They told us, "Staff are respectful and caring and they have a wonderful rapport" and "My [family member] loves them."
- People said the service had a positive impact on their well-being. Their comments included, "They make me feel better even on a bad day, their care takes the edge off my pain" and "They do lots of little things that really make a difference to [person's] life."

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

- People were fully involved in making decisions about their care. Their comments included, "They support me how I want to be supported. They go the extra mile for me" and "They always ask if they can do more."
- Relatives praised the service for empowering people. One relative commented, "They let [person] make their own choices wherever possible. [Person's] mobility is diminishing and staff respond accordingly, helping discreetly so [person] still feels able and in charge."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their independence was promoted.
- People and relatives made many positive comments about how staff treated them with dignity. They told us, "The staff are very respectful" and "My [family member] was initially a bit shy about letting them wash them, but staff used great sensitivity with [person] and were respectful and encouraging."

# 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 rated good. This meant people's needs were met through good delivery.

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

- People received support that met their individual needs and preferences.
- People and relatives said staff provided personalised care. Their comments included, "The staff know me well and respect me for who I am" and "They respond well to our needs. When [family member] is in and out of hospital they rearrange things for us."
- The service responded flexibly to meet people's individual preferences. A relative commented, "My family member has really hit it off with the care staff. One staff member took [person] to a disco which [person] loved. The staff member split their shift to be able to do this."

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.

- People's individual communication needs were respected.
- The provider stated information could be provided in alternative formats to suit people.

Improving care quality in response to complaints or concerns

- The provider had a procedure for managing complaints. Each person had information in their own homes about how to make a complaint.
- People were encouraged to give their comments and suggestions and said they knew who to discuss any concerns with. They told us, "I get on well with the manager so I would share any concerns with her" and "Any niggles I have had I tell [managers] and they have been addressed. They have managers with common sense who get things done."
- The management team kept a record of any complaints and how these had been addressed. Complaints outcomes were used to as lessons learnt to improve the service.

End of life care and support

- The service provided care to people who were at the end stages of their life.
- Staff had training and experience in supporting people with their palliative care needs.

# 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 rated requires improvement. This meant the service management systems did not always support effective governance.

- The provider did not have a quality assurance system in place. There was no systematic monitoring to identify or drive improvements in a timely way.
- Improvements were required to the availability and completeness of some records. Some records, including recruitment records, took a considerable time to access. Other records, including staff induction records and consent records were not completed.
- The provider's policies and procedures did not always match the practices at the service. These included, for example, the protocols for support with over-the-counter medicines. Some policies referred to historic standards, which indicated a lack of understanding of current regulation.
- The provider had carried out a survey of people's views and any comments requiring action had been discussed with individual people. However, the surveys were not analysed or dated so it would be difficult to measure the current outcomes against future reviews.
- The provider had not always submitted statutory notifications to CQC of reportable events. We have contacted the provider separately about this matter.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider's vision and values aimed to offer a positive experience for the people who used the service. The management and staff team promoted a friendly, welcoming culture.
- People commented positively on their outcomes of using the service. A relative told us, "Staff help [person] in a discreet way so [person] still feels able and in charge of themselves."
- People and relatives praised the open communication approach of the management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 provider engaged with people and their representatives. They sought their views during reviews of care.
- People and relatives said communication with the management team was very good. They told us, "If I have any concerns I go to the manager, she is very approachable and communicates well with us" and "They

try very hard to make things right for me and they listen."

- The provider understood their responsibilities under duty of candour. They were open and candid and used feedback about incidents as learning points for the service.

Continuous learning and improving care; working in partnership with others

- The provider was committed to continuous improvement. The management team learnt from incidents and events to drive improvement at the service.
- The service worked alongside other health and social care professionals who were involved in people's care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have an effective system of governance in place to assess, monitor and mitigate the risks relating to the safety and welfare of people who used the service.</p> <p>Regulation 17(2)(a)(b)(f)</p>