

Continuity of Care Services Limited

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Inspection report

The Maidstone Studios
New Cut Road Vinters Park
Maidstone
Kent
ME14 5NZ

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16 October 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Continuity of Care Services Limited is domiciliary care agency providing personal care. The service provides support to children, younger adults, older people and people with a learning disabilities, autism, physical disability or dementia. At the time of our inspection there were 17 people using the service.

People's experience of the service and what we found:

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. A relative told us, "I'm finding the carers rewarding for my relative. They do a really first-class job. They're head and shoulders above other care companies. It's changed our life".

'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: The model of care maximised people's choice, control and independence. A relatives told us, "The carers promote my loved one's independence" and "I think I've had enough involvement in the care plan". People were supported to achieve their goals and agreed how to manage any risks with staff.

People were supported by a small number of staff they knew well and trusted. A relative said, "There is a team of the same carers, familiarity is important". A person told us, "I have a very good relationship with the management. They were the first to come out and introduce me to the company. They also did my care for the first two weeks to get firsthand experience of my care needs". Staff supported people to take their medicines safely. People were involved in recruiting staff who were of good character and had the skills to meet their needs.

Right Care: Care was person-centred and promoted people's dignity, privacy and human rights. People told us they felt safe with staff. Staff knew how to identify risks of abuse and were confident to raise any concerns. Infection control risks were managed.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people lead confident, inclusive and empowered lives. Checks the provider completed had improved the quality of the service. Staff felt supported by the provider who was approachable. Everyone we spoke with told us they would recommend Continuity of Care Services.

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.

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 was Good, published 21 October 2017.

Why we inspected

This was a planned inspection based on the date of the last inspection.

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.

Continuity of Care Services Limited

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 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.

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 24 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 reviewed information we had received about the service since the last inspection and information they 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 9 people who use the service and their relatives about their experience of the care provided. We also spoke with 1 professional who arranged a person's care. We spoke with 3 staff including the registered manager, care staff and office staff. We reviewed a range of records including 3 people's care records. We looked at 2 staff recruitment records and a variety of records relating to the management of the service including audits.

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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. A person told us, "I feel comfortable and safe with the care service I'm receiving".
- Staff knew people well and understood how to protect them from abuse. They had completed training on how to recognise and report abuse and knew how to apply it. Staff were confident to raise any concerns with the management team and were assured they would act on these.
- The service worked well with other agencies to protect people from harm, including the local authority safeguarding team. The registered manager had acted to protect and keep people safe when they were at risk of abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Staff followed agreed strategies, based on recognised good practice, to minimise restrictions on people's freedom, choice and control. These had been effective and people were supported to communicate their needs without putting themselves at risk. Strategies in operation reassured people and incidents where people put themselves at risk had significantly reduced.
- People were supported to take risks and maintain their independence. This included moving around at home and when they went out. A person told us, "I have mobility issues, but the carers are very good at helping my independence". Staff knew when risks to people were increased, such as when they were tired or in pain, and offered them the support they needed.
- People were protected from the risks of epilepsy, choking, falling or becoming constipated. Staff followed detailed guidance about the support people needed to manage their needs and stay well.
- The provider had effective systems in operation to learn lessons when things went wrong. For example, some communication from staff had not been acted on as it had not been shared as required. The provider was putting systems in place to ensure communication was effective and had reminded staff how to escalate any concerns they had.

Staffing and recruitment

- The provider ensured there were enough suitable staff. Staff worked in small teams to provide people with consistent care. New staff were introduced gradually so people could get to know them. A person told us, "there is job shadowing with new staff. The staff are never rushed. I know who's coming each day through the rota. The office will contact me if there are any changes to who's coming".
- The provider operated safe recruitment processes. Checks of staffs' conduct in previous social care roles had been completed along with Disclosure and Barring Scheme (DBS) checks. DBS checks provide

information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Where people wanted, they were involved in recruiting new staff to their support team. This included meeting candidates and talking to them about things which were important to them.
- New staff completed an induction which included the skills they needed to support each person, as well as the care certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A professional told us, "I'm confident that all the staff have the right underpinning knowledge in the use of mobility equipment in aiding the person's care efficiently".

Using medicines safely

- People were supported to receive their medicines safely.
- Staff had been trained and administered people's medicines as prescribed by their health care professionals. This included administering medicines through a tube directly into their stomach when people were unable to swallow safely.
- Some people were prescribed medicines 'when required'. Staff followed guidance around their administration and recorded the medicines effect. The use of medicines which helped people to calm was monitored and they were only used when other support had not been effective.
- Systems were in operation to monitor the medicines people received to ensure they were always managed safely.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. A person told us, "They definitely have good hygiene standards and keep the areas clean and tidy".
- Staff had completed training around infection control and the use of personal protective equipment (PPE). Regular checks were completed to ensure staff were using PPE safely.
- Processes were in place to ensure staff had PPE when they needed it and stocks were maintained. Guidance was in place to remind staff when PPE was required.
- Staff were encouraged to have Covid vaccinations to reduce the risk of the spread of virus to people they supported. Staff who were unwell or had an infection did not provide people's care. The registered manager told us, "We don't chance anything".

Is consent to care and treatment always sought in line with legislation 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. The provider was working in line with the Mental Capacity Act.

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.

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

- There was a positive and open culture at the service. Everyone we spoke with was confident in the leadership and felt they could contact them at any time. The provider had systems to provide person-centred care that achieved good outcomes for people. A relative told us, "The carers support my loved one to have a go, rather than doing it for them".
- People were supported to take part in charitable events the provider put on including coffee mornings where they could meet other people and staff. These were well attended.
- The management team were visible, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. The registered manager met people and staff regularly and understood the views.
- Staff felt respected, supported and valued by the registered manager which supported a positive and improvement-driven culture. Staff told us they felt supported and could contact a manager for support during the day or night.

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 understood their responsibilities under the duty of candour. A relative told us, "I don't speak to the manager very often at all, but if I ring up, I can always speak to somebody in the office if I have any issues. I'm confident of a full and quick response to resolve things".

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The registered manager had the skills, knowledge and experience to perform their role, a clear understanding of people's needs and an oversight of the service. A professional told us "I met with the registered manager and their deputy, who is very proactive and an asset to community care".
- Effective systems were in operation to monitor the quality of the care people received. These included checks on staff practice. One check noted, 'demonstrated excellent working relationships with [person's name], enhancing trust and support'. A relative told us, "I think the relationship through the staff is extraordinary and positive all the way through the staff chain".
- The provider understood staff were essential to providing high quality care and had systems in operation to make staff feel valued and supported. These included rewards and recognition of the good job they did in

supporting people. Two mental health first aiders were in post to support staff wellbeing.

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

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics.
- The provider had acted on our recommendation to seek and act on people's views. Questionnaires were sent out annually and the feedback was analysed. The outcomes and any actions taken were shared with people in regular newsletters. The 2023 survey was being completed at the time of our inspection.
- A new system was being put in place to gather staff's views, including identifying any wellbeing issues. An electronic application would be used to gather feedback anonymously and provide feedback and support directly back to the staff member.
- Staff, relatives and professionals had shared their feedback. For example, relatives informing staff about the positive impact they had had on their loved one's life. This included 'putting them back at the centre of their care and supporting them to see a way to achieve their goals'.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received. Complaints, challenges and incidents were seen as learning experiences. The cause was explored and action was taken to prevent them from occurring again. A person told us, "I'm confident I can contact the manager if I need to. I feel if there were any issues, the management team would resolve them quickly". A relative said, "everybody listens and acts according to every situation which is key to the success of this company".
- The provider told us, "we are only as good as what is in place". They had identified they needed greater oversight of some areas of the service and were embedding systems to achieve this. This included reviewing job descriptions so that staff were clear about their role and responsibilities and other staff could cover the tasks if needed.
- Trials of contingency plans had taken place to ensure they were effective and people would receive the support they needed. This included bad weather impacting on staff travelling to people's homes and electronic management systems failing.
- The provider had commissioned a social care consultant to complete mock CQC inspections twice per year. The outcomes of these had been used to develop the service, such as offering staff the opportunity to develop an area of interest such as dementia or oral care.

Working in partnership with others

- The provider worked exceptionally well in partnership with others.
- Staff worked closely with health care professionals to support people to live fulfilled lives. For example, when a person decided they wished to have an intimate relationship with their partner, staff worked with experts to support the person to do this safely.
- The registered manager was joint chair of the local Skills for Care Registered Managers network. They had arranged speakers to chat with members about new developments in social care and 'everyone learns together'. A buddy system had also been developed to offer registered managers peer to peer support and reduce the risk of professional isolation.
- The provider was working with a local university to offer student nursing associates placements as part of their training. The plan was to develop the skills within the local care economy as well as within the service.