

CSK Support 24 Ltd

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

CKS support 24 is a large domiciliary care service, providing personal care for people living within their own homes. At the time of the inspection there were 112 people using the service. At this inspection the service provided care for older people and people living with dementia.

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 found that people did not receive consistent care call times. Calls times were different for people on a daily basis. People told us this left them unsure on what time carers will come and how long carers will stay for.

There was no clear management oversight in place for when the registered manager was absent.

The provider had an on-call system. This is an emergency contact line to be used during out of office hours. However, we found that the on-call system was not effective. Staff did not use the protocol in place and gained contact with the manager outside of the protocol.

We found staff were trained and skilled and demonstrated an understanding of people's care needs. However, we did identify a gap in the training provided, this being around end-of-life care.

The provider had a system in place to monitor and respond to complaints received. The registered manager showed where they had learnt for the future.

Staff had regular supervision. We also saw that staff received regular team meetings, these included communicating current information and involving staff around any changes or improvements to the 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.

At the time of the inspection, the location did not support anyone with a learning disability or an autistic person.

Rating at last inspection

The last rating for this service was good, this was published January 2019.

#### Why we inspected

We received concerns in relation to when people received their care, staff training, consistency of staff and the governance of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have found breaches in relation to the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of the full version 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 and safety. 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. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe.

Details are in our safe findings below.

At our last inspection we rated this key question Good.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

At our last inspection we rated this key question Good.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

At our last inspection we rated this key question Good.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

At our last inspection we rated this key question Good.

**Requires Improvement** ●

# CSK Support 24 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 team comprised of 2 inspectors and 2 Expert by Experience who made telephone calls to people and relatives. 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 48 hours' notice of the inspection. This was because 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 it registered. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a PIR. 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. We used all this information to plan our inspection.

Inspection activity started on 19 June 2023, however due to access to files and the registered manager not being available a further date was planned for the inspection to take place. activity took place from the 27 June 2023 and ended on 10 July 2023. We visited the location's office on 27 June 2023.

During the inspection

We spoke with 6 people who use the service and 12 relatives. We reviewed 12 people's care plans and risk assessments. We reviewed health documents for people. Compliance documents were also reviewed. These included medicines audits, staff competency assessments, training records and recruitment files. We spoke with 1 director, who was also the nominated individual and the registered manager of the provider. A nominated individual is a person who supervises the management of a regulated activity across an organisation. We also spoke with 1 human resource staff member who was also the deputy manager and 11 care staff.

# 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 changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People had inconsistent care call times, this meant where people were assessed to have a set call time, staff did not stay for the full length of time. This had not been identified before our inspection. We raised this with the registered manager who informed us that this was where people mainly asked the carers to leave, however this was not recorded on any documents.
- The amount of time staff stayed during a care call was not always seen to be the agreed times. This caused confusion to people on what tasks the staff were to undertake and ones that were not included in their care call. One person told us, "No. they are very evasive about the length of sessions. It's almost like they say they don't understand. It made us cross yesterday, they scooted without creaming his heels or putting his boots on. They are paid to care. I class that as care".
- We found inconsistent call times in place for 6 people we reviewed. One person told us, "Sometimes they're early, sometimes they're late. If they're late, some of the carers do ring to say if there's a problem." A further person told us, "They're supposed to come at 9 but it's 9.45 ". We shared this feedback with the registered manager at the time of the inspection and they informed us they had identified the system in place was not effective in monitoring care calls, the registered manager also told us they were looking at having a consistent system in place that will monitor care calls and alert the office when a care call is late or missed.
- Pre-assessments took place by the provider before they carried out care for a person, this included identified risks, communication needs and the needs of the person requiring care.
- People had risk assessments in place that identified personal risks and control measures in place to prevent the risks causing potential harm. A staff member we spoke with told us, "We are aware of the risks to people and the assessments in place are clear to understand".

### Systems and processes to safeguard people from the risk of abuse, learning lessons when things go wrong

- People were protected from and the risk of abuse.
- People and relatives, we spoke with said they felt safe with the staff who provided care. One person told us, "I feel the staff know what they are doing and feel safe when they are helping me".
- The registered manager had raised safeguarding concerns in the expected time frame and to all appropriate stakeholders. The manager had taken action and advice to implement improvement of quality of care in the service provided.
- The provider showed us where how they taken actions from lessons learnt when analysing where an accident or incident had taken place.
- All staff had received safeguarding training. Staff we spoke with were able to tell us how they would report

a safeguarding and who to.

#### Staffing and recruitment

- Not all people and relatives were aware of where to find the out of hours emergency number to call. We raised this during the inspection to the registered manager and they informed us that this information was in the folder kept in people's houses. During the inspection the registered manager took action and called people to remind them of where the number if required. One person told us, "Not by name but I've got a contact number."
- Staff were recruited safely, and pre-employment checks were completed prior to a new member of staff starting employment.
- Recruitment checks were undertaken to ensure prospective staff were suitable to work with people. This included Disclosure and Barring Service (DBS) checks and references to confirm applicants' character and conduct in previous employment. 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 were recruited from overseas, visas were obtained, and the provider had a system in place to monitor that all visas were in date.

#### Using medicines safely

- People received their medication safely, however some staff had limited knowledge of what the medication was that they were administering to the service user. One person told us, "I have to tell them what my medication is, then they give it to me".
- People were supported to take their medicines as prescribed. The staff who administered medicines had received training about the provider's medicines procedures which included an assessment of their competency. A staff member told us, "I feel confident in giving medication and feel the training helped in making me confident".
- Detailed protocols were in place to ensure staff understood when and how to offer people their 'as required' (PRN) medicine.

#### 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 was promoting safety through the guidance provided to people and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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.

At our last inspection this key question was rated Good. At this inspection the rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had a system in place, to monitor and ensure all staff received the training they required to provide good quality and safe care. This system highlighted the status of each staff member's individual training and alerted the registered manager for when they needed to refresh their training. One person told us, "I don't think they've been trained well enough, they put wet wipes down the toilet". A further relative told us, "The carers aren't trained enough. The people using the hoist charge through the house banging everything. There's no respect for the walls."
- Some people we spoke with told us that staff did not always read the care plan or documentation in place, one person told us, "I can relax a bit more with the older staff, but these new ones they're on their phones so I have to tell them what to do"
- The registered manager and human resources lead showed us the development options they offered to staff members, these included diplomas in health and social care.
- New staff had completed the Care Certificate as part of their induction. The Care Certificate 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.

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

- People had access to external professionals and resources as appropriate to them.
- We saw evidence that if a person became unwell, care staff made referrals to other health and social care professionals to ensure the person had treatment.
- People's care records included information and advice provided by other health and social care professionals. This meant staff had access to important information to provide each person with the care they required.
- Staff had a clear understanding of how to respond if a person experienced ill health. A staff member told us, "I would always contact the office straight away if concerned about a person's health or depending on the situation call 999 or the GP."

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

- People's dietary requirements and preferences were recorded during the provider's pre-assessment. This included food preferences, specialist diets and any religious requirements for their food.
- People were offered choices of meals. A person told us, "Staff will always ask me what I want to eat, I am happy with the food staff prepare for me".

- Staff told us they had the skills to cook and prepare meals for people. The registered manager told us, "If there was ever a concern in lack of skill, we would work with the staff member in the office to help them be able to cook and prepare food".
- Staff had completed food hygiene training. One staff member told us, "We found the training useful and informative".

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

- Assessments were in place to identify people individual needs, and specific diagnosis, life history and the people they wanted to be to be involved in their care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of these assessments.
- People's choices and preferences were recorded in their care plans.
- People told us they were offered choices. A person told us, "I am always asked how I would like a task completed, the carers never just do it without my consent".

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

care was subject to an order from the Court of Protection.

- People had best interest meetings held where a decision over a specific area of a person's care was discussed. Appropriate individuals such as relatives, health professionals or local authority were present for the meeting.
- The provider had gained consent to provide care from each person they supported.
- Staff had received training in mental capacity and had a good knowledge and understanding of how to adapt care to meet people's capacity needs and where to raise any concerns around the change in a person's mental capacity.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Daily records captured whether people had received their care at the agreed times. For most service users this identified where call times were not completed as agreed in the initial assessment and agreement of call times. Detail was basic in daily notes and did not capture the care delivered to people. This meant the provider could not be sure people received their agreed care at the agreed times and as agreed in each person's care plan.
- People had care plans in place that identified the personal needs and preferences of each person. At the time of the inspection the registered manager informed us that they were reviewing information within the care plans.
- Some service users did not understand what a 'care plan' was. The provider told us that each person had a folder in their home that had an individual care plan and risk assessments in.

We raised this at the time of the inspection and the registered manager informed us that the person may not of understood the term "care plan." After our site visit the registered manager contacted people, they confirmed they had a care folder within their homes.

End of life care and support

- At the time of this inspection, the provider was not caring for anybody on an end-of-life plan.
- At the time of this inspection the provider was not supporting anyone who was receiving end of life care.
- The provider accepted short term packages from hospitals which could include people at the end of their life.

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 communication needs were being met.
- Peoples communication needs and preferences were recorded within their care plans. The guidance for each person meant staff could effectively communicate with people. However, people who used the service told us they occasionally faced barriers when communicating with the staff. We fed this back to the provider

who told us they checked staffs' communications skills during the recruitment process.

- The provider had different reading formats available to suit people's individual needs.

Improving care quality in response to complaints or concerns

- Complaints and concerns were addressed and responded to in a timely manner.
- People and relatives were aware of how they could raise a complaint and told us they would approach the registered manager.
- The provider had a complaints procedure in place, this identified a process to follow when a complaint was made.

# 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 Good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements  
Continuous learning and improving care

- The provider had quality audit systems in place, however, these were not always effective at identifying shortfalls within the service provided.
- The provider's systems did not always identify people had not receive care at agreed times. Daily records were not completed when staff had attended to people's care. This meant the provider could not be sure that people had received their assessed care.
- The provider had not identified that care calls were often late or different from the agreed time. This meant people were left confused and unsure as to when their care would be delivered.
- The management oversight in place for when the registered manager was absent was not clear. This did raise concern for who people and staff should contact in the situation of an emergency. We raised this at the time of the inspection and the registered manager informed us that there was senior staff who would be in place of absence and there was an on-call system in place. However, the on-call system in place was not used effectively and staff we spoke with told us they contacted management outside of the set system and process in place. No impact was evidenced, staff knew there was an on call system in place, however, staff had got into the habit of contacting management on personal numbers. This had the impact of the on call system not always been answered when called, meant people and staff may not be able to gain contact with management or seniors.

Systems were either not in place or robust enough to demonstrate effective oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and senior office staff completed audits of medication, this identified any gaps in recording or incorrect information on medication documents.
- The registered manager was very passionate about improving to ensure the care provided met fully people's needs. Feedback provided during this inspection the registered manager took positively looking to resolve concerns found.

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

- Not all of the people we spoke with knew how to contact the registered manager. People who had previously contacted the registered manager told us the response was positive and communication was

received in a timely manner.

- The provider and management team promoted a positive and open culture within the service. The registered manager and staff spoke transparently during the inspection and were receptive of feedback provided.
- People told us staff are polite and kind people. A person told us, "My carers are very friendly, I look forward to them coming to see me".
- Staff we spoke with felt supported by the registered manager, one staff member told us, "The manager goes above and beyond for me, very supportive through work and personal situations."
- Care staff were very respectful and when speaking about peoples care this was done in a dignified way. One person told us, "The carers are great and always respect my home and me". People achieved positive outcomes, one outcome was shared where staff had improved a person's environment to promote their health and well being. This had a positive impact on the person and their care.
- Values of the provider were seen in the staff spoken to, staff were able to tell us the values of the service and how they provided care to meet these.

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 manager understood their responsibilities in relation to the duty of candour, and the need to be open and honest with others in the event things went wrong.
- We saw 1 occasion where duty of candour was applied after an incident had taken place, the correct procedure and documentation was followed.

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

- People, their relatives and staff completed surveys to provide their feedback of the service and the care received. We discussed with the registered manager about gaining feedback from further healthcare professionals. No recent surveys had been completed to gather feedback on the service. Reviews had taken place with people and relatives. This was seen to be positive and gathered by management on a weekly basis. Where people had raised areas to improve, the registered manager had taken action and took steps to improve the service provided. One person told us, "I get calls from the office every now and again asking if everything is ok, I am able to contact the office if I need to".
- Staff meetings were held monthly, the meetings had a clear agenda, this covered a variety of subjects that consisted of improving the service provided. Staff told us they felt listened to in team meetings and they were part of any changes to happen.

Working in partnership with others

- The registered manager had developed good relationships with the local authorities they worked in partnership with.
- Local authority provided feedback as part of the inspection and confirmed that the registered manager is responsive and communicates with them as required.

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      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided |