Cornwall Care Limited

Home Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Home Care provides personal care to people living in their own homes throughout Cornwall. At the time of this inspection the service was supporting over 350 people and employed approximately 200 care staff. Most people were supported by staff who provided domiciliary care visit at keys time throughout the day. During these visits staff assisted people with specific tasks or activities to enable people to continue to live as independently as possible. In addition, the service provided 24 hour supported living care for six people who lived in the own homes.

The service's management structure had changed since our previous inspection. One registered manager was now responsible for overseeing both the domiciliary care and supported living services which had been integrated.

People were extremely happy with the quality of care and support they received and numerous people told us the service they received could not be beaten. Peoples' comments included, "They are brilliant. I give them ten out of ten for everything", "I couldn't have better, they have been like part of the family. I am very lucky and appreciate everything they do" and "They couldn't be better. I would recommend them to everybody". Relatives told us, the service also provided them with reassurance and support when required. One person's relative commented, "It's amazing. They know him and chat to him. They have a good relationship with others in the household too. It feels like team work. If I am feeling down I get a hug. They support the three of us."

People and relatives consistently praised staff for their caring attitudes and it was clear during our conversations with staff and managers that the service was fully focused on meeting people's care needs. During our visit to a person's home we saw that staff knew people well and provided care with compassion and understanding.

People told us they had never experienced missed care visits and call monitoring systems were used appropriately to ensure all planned care visits were provided. People told us, "They have never missed any calls" and "I have never had a missed call, even when it is snow of the ground" while staff commented, "I honestly can't remember the last time that happened". The service visits schedules were well organised and included appropriate amounts of travel time between care visits. Staff reported their visits schedules did not change often and that there was a system in place to ensure visits were not missed as a result of changes.

We reviewed rotas, call monitoring data and daily care records. We found there were enough staff available to provide all planned care visits and that people's care visits were routinely provided on time and for the correct duration. People consistently told us their staff arrived on time and that they did not feel rushed while receiving support. People's comments included, "They are never rushed. They manage what they have to do very nicely" and "I don't feel rushed at all when they are here".

The service's on call system ensured people and staff could contact managers for support easily when the office was closed. People told us, "I never have a problem getting through to them" and "I can contact them anytime I need them". While staff said, "On call, that works fine" and explained that action was promptly taken when staff members were unwell to ensure people's care needs were met.

Staff and managers had received safeguarding training had a good understanding of local processes for protecting people from abuse. Everyone who used the service and all staff had been provided with details of local safeguarding contacts to ensure this information was readily available if required. Risks both within people's home environments and in relation to their support needs had been appropriately assessed. Staff had been provided with clear guidance on how to manage risks while enabling people to be as independent as possible.

Staff understood the requirements of The Mental Capacity Act 2005 and the importance of respecting people's decisions and choices. Where managers had become concerned that people cared for by the supported living team were being deprived of liberty this issue had been raised with commissioners and necessary applications made to the court of protection.

Staff were well trained and sufficiently skilled to meet people's care needs. Staff told us the training provided was of high quality and regularly updated. A health and social care professional told us, "I consider the staff to competent and well trained. It is evident that they are very much client-centred and have a wealth of experience between them all".

The service recruitment practices were robust. All new staff received comprehensive induction training in accordance with current best practice. In addition all new staff completed numerous shadowing shifts before they were permitted to provide care independently. People told us, "If they have got a new carer they come with an experienced carer" while a manager commented, "Staff don't support people they don't know."

Everyone told us staff respected their privacy and dignity. People's care plans included guidance for staff on how to protect peoples' dignity and peoples' preferences in relation to the gender of the care staff were respected. People told us, "The carers are very respectful towards me, but are still friendly" and "They are very respectful, but will have a laugh with me which I like".

People's care plans were informative and detailed. They provided staff with clear instructions on how to meet people's individual care and support needs. All of the care plans we reviewed were up to date and accurately reflected each person's current needs and wishes. Staff told us, "The care plans are very detailed" and "People's care plans are always updated".

People understood how to make a complaint and told us that any minor issues they raised had been addressed and resolved. We saw that the service regularly received compliments and thank you cards from people and their relative for the quality of care provided.

Staff told us they were well supported by the service's managers. They said, "My manager is really supportive", "I have not got a bad word to say about [the managers]" and "The registered manager is brilliant". There were systems in place to provide staff with confidential support if required and staff told us they felt confident any concerns they raised would be addressed. There were formal systems in place to support the registered manager who received monthly supervision.

Commissioners recognised that the service was very well managed and had asked the service to take over a

failing domiciliary care provider in July 2016. This had been done successfully and staff who had transferred to Home Care told us, "Defiantly, [Home care] is better and much more organised".

Learning and career development was actively encouraged by all levels of management. Staff were encouraged and supported to complete additional training and presentation ceremonies were held to celebrate individual staff achievements. In addition, the service actively participated in the provider internal staff recognitions schemes and we heard managers nominating staff for awards during our inspection.

Quality assurance processes were robust and designed to drive improvements in overall performance. People and staff feedback was sought regularly, any issues raised were fully investigated and acted upon.

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 remains safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service was well led.	Good

Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 21 July 2017and was announced 48 hours in advance in accordance with our current methodology for the inspection of domiciliary care agencies. This inspection was completed by two adult social care inspectors and three experts by experience. Two of the experts by experience had experience of supporting people who accessed older person services and one had experience of supporting people with dementia care needs.

The service was previously inspected on July 2015 when it was found to be good in all areas. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the 20 people who used the service, 11 relatives, 14 members of care staff and the services' the registered manager. We also contacted eight health and social care professional to seek their views of the service and received two responses. A postal survey was sent to 50 people who used the service and 50 Staff. We received responses from 11 people, four relatives and ten staff. In addition, we visited one person in receipt of supported living care at home and observed how staff met this person needs. We also inspected a range of records. These included three care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Good

Is the service safe?

Our findings

Without exception people, their relatives, care staff and health and social care professionals reported that Home Care provided consistently safe care and support. People used words like, "Absolutely", "Totally", "Completely" and "Definitely" to describe how safe the felt while receiving support. People's relatives told us, "I think [person's name] is quite safe with them and has more confidence since they have been coming", "I do feel he is safe, I totally totally trust them with him", "Yes [My Relative] is safe, they are lovely girls" and "I think [Person's name] is absolutely safe living there. They are fantastic". Health and social care professionals told us, "I do consider this to be a safe and caring service." Staff commented, "everybody is quite safe" and "Yes, definitely, people are safe".

All staff fully understood their role in protecting people from possible abuse and avoidable harm. Training had been provided on local adult safeguarding procedures and this training had been regularly updated. In addition, senior managers had completed more specialist safeguarding training provided by the local authority. When asked, staff were able to explain how they would respond to any incident of suspected abuse.

Everybody who used the service and all staff had been provided with a business card size summary of the provider's safeguarding procedures. This had been developed to ensure that important contact details for senior managers, the local authorities safeguarding team and a confidential internal whistle blowing service was readily available at all times. Staff had also been provided with photographic identification badges to enable people to confirm the identity of any carer they were not familiar with.

Risk assessments were an integral part of each person care plans. The service recognised the importance of risk taking in relation to supporting people's independence. For each identified area of risk an analysis has been completed to identify the severity of the risk. A colour coding system was used throughout the care plans to allow staff to quickly identify the level of risk associated with specific activities. Where significant areas of risk had been identified staff were provided with detailed guidance on the actions necessary to protect both the person and themselves. These assessments had been regularly reviewed and updated to reflect any identified changes as part of the routine care plan review process.

Any accidents, incidents or near misses that occurred where reported to managers and recorded on the provider's incident management system. We reviewed these records with the registered manager and saw evidence that demonstrated each incident had ben appropriately investigated. Any learning identified was shared appropriately to improve overall safety. People told us their care staff always ensured they were safe and comfortable at the end of each care visit. One person told us, "[My carers] always check to see where my lifeline is and every month check that it is working".

There were contingency plans in place to ensure people care needs could be met during periods of adverse weather. Each person's needs had been categorised and the service had systems in place to prioritise care visits based on the person's individual needs. This ensured people's safely even during periods of significant disruption.

We reviewed the service's visit schedules and staff availability and found there were sufficient numbers of staff available to meet people's care needs. Rotas for the supported living service showed people always received their commissioned levels of support. Where necessary the service was able to access additional staffing resources from the provider's team of internal bank staff to cover annual leave or staff vacancies. In the domiciliary care service, area managers and care coordinators were able to provide care at short notice if required.

In areas where the service had experienced localised recruitment or retention issues managers had reviewed people's care needs. Where staff shortages were likely to negatively impact on people, managers had declined to take on additional care packages in the area. This was reported to commissioners and the service worked collaboratively to identify possible solutions. Where this was unsuccessful the service had taken difficult decisions to return people's care packages to enable other services to meet the person's needs. Staff told us, "We always run at the correct levels", "There is enough staff" and "We have had to hand back some packages in Penzance as the staff have left. It will take the pressure off". One Health and social care professionals commented in relation to a recent decision to return a care package, "It was decided that the package was too complex for them to carry on with. This was a good decision to have made and a responsible one." The registered manager told us, "If we can't meet people needs it would be irresponsible of us to carry on with their packages".

Where staff were unexpectedly absent, their care visits were reallocated to other staff or managers to ensure all planned care visits were provided. In addition, staff told us if a care visits was overrunning, because of an incident or a person's increased needs, they had been instructed to inform their managers. Other care staff were then allocated to subsequent care visits to minimise the impact of the incident on other people. This enabled staff to spend additional time with people following any incident to provide reassurance and support without this impacting on the timings of other people's care visits.

The service used a call monitoring system provided by care commissioners to electronically record staff arrival and departure times from each planned care visit. Staff were regularly reminded of the importance of using this system and our review of the available information found that the vast majority of care visits had been appropriately recorded on this system. The service's care coordinators monitored this data in real time to ensure all planned care visits had been provided. Where staff had forgotten to call into or out of a visit, office staff contacted the staff member to check they were ok and confirm that the planned visit had been provided.

The service had recently been advised that commissioners intended to introduce additional charging where the call monitoring system was used to record information about calls that they had not commissioned. The registered manager recognised this change would have an adverse impact on the safety of both staff and people who used the service. At the time of our inspection the manager was in the process of identifying alternate call monitoring systems which could be used to mitigate the negative impact of the changes made by commissioners.

None of the people we spoke to, or who responded to our survey, said they had experienced a missed care visit. People had complete confidence that Home Care would meet there needs and that all planned visit would be provided. People's comments included, "They have never missed any calls, "They arrive on time and have never missed any calls. If someone does not turn up for work they send a substitute" "I have never had a missed call, even when it is snow of the ground" and "They can be held up if there has been a hitch before me, but they always ring to tell me. They have never let me down". All of the staff we spoke with told us that planned care visits were never missed. They said, "I honestly can't remember the last time that

happened" and "Very rarely does something like that happen. We would normally send somebody else".

The service's recruitment practices were safe. All necessary pre-employment checks, including Disclosure and Baring Service checks had been completed before new employees started work. Area managers were involved in interviewing staff for their individual area teams. In the supported living service peoples' known preferences were respected in relation to support staff and managers told us these preferences were respected.

The arrangements for supporting people to manage their medicines were safe. Care plans provided staff with guidance on the level of support each person required with their medicines. Most people were supported by staff who checked and reminded them to take their prescribed medications. Where staff were responsible for managing people's medicine this had been recorded in the person's care plan and staff were provided with additional information on the medicine prescribes and the level of support each person needed. Medicines Administration records (MAR) appropriately recorded details of the support staff had provided each day. Training records showed all staff had received medicine management training and this was regularly refreshed. People told us they were well supported to manage the medicines and commented, "They prompt me when to change my patch and assist me to take other medication. I am happy with this", "The carers put my eye drops in, they do a good job", "They put creams on for me and eye drops in because I would poke myself in the eye if I did it" and "The staff always make sure I take my medication and leave me something to eat."

The service had appropriate infection control procedures in place. Personal protective equipment was available to staff from the office and the provider's care homes throughout Cornwall.

Good

Is the service effective?

Our findings

People and their relatives consistently reported that care staff were sufficiently skilled to meet their needs. Comments received included, "They are all very well trained", "I would say they are well trained, no doubt about that" and "Whatever they have to do for me I know they are well trained".
Everyone who responded to our survey also stated that their care staff were well skilled and able to meet their needs. People's relatives told us, "I think they are well trained and they are always ready to help" and "I would say they are well trained, very competent people".

There were systems in place to monitor staff training needs and ensure all staff received regular training updates in topics the service considered compulsory. A number of senior staff had been supported to become qualified to provide specific training courses and this meant the training staff received could be tailored to the service's specific needs. Staff told us the training provided was of high quality and commented, "Training, They keep on top of that", "They have given me such training and confidence" and "You can't fault the training". A health and social care professional told us, "I consider the staff to competent and well trained. It is evident that they are very much client-centred and have a wealth of experience between them all".

Staff in the support living teams had received additional specific training in relation people's individual needs and preferences. For example, staff who supported one person had been provided with specially developed training on how to meet the person's dementia care needs.

All new employees received formal induction training to ensure they were familiar the services policies and procedures. New care staff also received training in the 15 fundamental standards of care in accordance with the requirements of the care certificate. Staff told us they were well supported during this training and the work books we viewed had been completed to a high standard. One recently recruited staff member told us, "I have only been with them a year, but the induction and training as been of a high quality."

Following their induction training all staff completed number of shadowing shifts with experienced staff members. This ensured new staff had a good practical understanding of how to meet people's needs before providing care visits independently. People told us, "If they have got a new carer, they come with an experienced carer" and "If they send new ones (carers) they always double up with an experienced carer. They are good at that and make sure the new carers are up to standard". In the supported living service a manager told us, "Staff don't support people they don't know" and staff reported, "We all do shadow shifts and night shadow shifts as well". This ensured all new staff had the practical skills necessary to meet people's individual care and support needs.

Staff said they were encouraged to attend further training to strengthen their skills and knowledge.
The service had a positive attitude to staff development and actively encouraged staff to complete additional training topics they were particularly interested in. Staff told us, "I think they are very good with training and we can ask for further training to further our careers" and "We can ask for any kind of training we are interested in. I asked for epilepsy training and it was arranged".

Staff received regular supervision and annual performance appraisals. Staff told us they felt well supported and commented, "We have supervision every six weeks", "They are good at keeping up with supervision and appraisals, and they talk about things outside work you might need help with" and "I am well supported, the management are brilliant". Supervision meetings provided a regular formal opportunity for staff to reflect on the practices, share information about any observed changes in people's needs and to discuss personal development opportunities.

The domiciliary care service's visit schedules included appropriate amounts of travel time between consecutive care visits. Staff said travel time was not normally an issue, that they never had to rush and there was plenty of time allocated to each visit to ensure people's needs were met. People told us their carers normally arrived on time and provided support at a relaxed and comfortable pace. People's comments included, "They are pretty good on time keeping, if there is an emergency, they ring let me know they are going to be late", "There is plenty of time. They have time to chat to me, while doing what needs to be done", "They are all very prompt", "They are never rushed. They manage what they have to do very nicely", "I don't feel rushed at all when they are here" and "They are rarely late and have never had missed I call. My carer has just arrived it is 2.26 pm and she is due at 2.30 pm". We compared the service's call monitoring data with staff rotas, people's recorded visit time preferences and visits time as recorded within daily care records. We found care visits were consistently provided on time and for the planned duration in accordance with people's wishes.

The service visits schedules were well organised and provided to staff one week in advance. Staff told us they were not regularly asked to fit in additional care visits and that they were informed of any changes to their rota both by phone and text message to prevent confusion. People were able to request copies of their schedules and these were being produced during our inspection. People said they were able to make changes to the visits schedules when necessary and one person told us, "I ask the carers to come early once a week to make my breakfast as I go out socialising and the times can vary. They do this for me".

The service worked well with health professionals including GPs, district nurses, community psychiatric nurses and speech and language therapists to ensure people's needs were met. Where professionals had provided advice this had been incorporated into people's care plans. People told us their staff supported them to arrange medical appointments and provided additional support when they were feeling unwell. People's comments included, "They make doctors' appointments for me", "If I don't feel well, they call doctor for me and he comes" and "I have had times when the carers called an ambulance and they stay with me until it comes. They pick up signs when I am going to be ill and know how use my equipment. They know I need it quickly at times". Health and social care professionals told us, "I found them very open to suggestions and the staff were very helpful. The communication between us and the management and staff improved over the 6 years that we dealt with them" and" The level of communication is of a high standard and they are quick to raise any concerns, new ideas, and developmental plans for my client."

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 Act 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. Managers and staff had a good understanding of this legislation and the importance of respecting people's decisions and choices. Staff told us they respected people's choices and explained that if a person chose to decline planned aspects of care they would provide gentle encouragement but respect the person's choice. Where staff were concerned that refusals to accept care may be impacting on a person's wellbeing this was documented in care records, reported to managers and discussed with relevant health and social care professionals. Some people's care records included records of capacity assessments

completed by the service or involved health professionals. Care staff had regularly participated in multi disciplinary best interest meetings. However, where assessments had been completed by external health professionals these records had not been consistently shared with the service. This issue was discussed with the registered manager who intended in future to complete their own capacity assessments where this information had not been shared by professionals.

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. The service recognised that some of the people it supported may be at risk of being deprived of their liberty. These concerns had been reported to the local authority and applications to the court of protection for the authorisation of potentially restrictive care plans were being made. Records showed people had been supported to access local advocacy services to ensure their voices were adequately represented during these decision making processes.

People were supported to maintain a healthy lifestyle where this was part of their support plan. Some people were supported with their food shopping and assisted with cooking or meal perpetration. People told us they were well supported in these areas and encouraged to remain as independent as possible. Peoples comments included, "They make me a cup of tea and if I am not feeling up to it, they will get me a sandwich or soup", "[The carer] gets my breakfast and washes the dishes. He knows how to do everything, he is very helpful", "They prepare food for me as I like to cook for myself. They endeavour to help me to do things I like to do" and "On occasions, they do help me put things into my slow cooker. The carers cut things up for me. Today they cut up the potatoes so I could make curry".

Where specific risks had been identified in relation to food and fluids staff had been provided with clear guidance on how to manage these risks. For example, one person had been identified as at significant risk of choking and this person's care plan instructed staff, "Food to be cut into small pieces or mashed and moistened with a gravy, sauce or custard. Sit at the table with [Persons name] and prompt in a relaxing and calming environment. Allow time…" Daily care records included details of the support staff had provided to ensure each person was able to access adequate quantities of food and drinks.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care and support they received and told us they were consistently treated with consideration and respect. Everyone we spoke with complimented their staff on the caring and compassionate manner in which they provided support. People's comments included, "I've never met such nice people, it brightens up my day a bit more", "The staff have been as good as gold. I have had good relationships with them", "They are my friends" and "I couldn't have better, they have been like part of the family. I am very lucky and appreciate everything they do".

People and relatives told us staff had good relationships with the people they supported and knew them well. Relatives said staff respected their roles in supporting people and took time to provide them with reassurance and support when required. One person's relative told us, "It's amazing. They know him and chat to him. They have a good relationship with others in the household too. It feels like team work. If I am feeling down I get a hug. They support the three of us."

We spoke with the manager of the supported living service and they demonstrated an understanding and detailed knowledge of all the people supported by the service. They spoke about the importance of people being supported by staff who knew them well and who they had been able to form positive and trusting relationships with. One member of staff commented; "No way would they send me to support someone I hadn't met or shadowed with before." The manager told us that, where possible, staff were matched with people with who they shared interests.

People using the domiciliary care support were also largely satisfied with the continuity of support provided. Comments included; "Same carers most of the time", "A team of three or four different carers, I know them all" and "A nucleus of staff, I only get new ones if there is sickness or holidays." A relative also told us; "We have core group of carers which they (service) have honoured." Others told us they often had a variety of care staff but this did not impact on the care received and did not present a problem. For example; "I have got a few members of staff who do the round, some new ones, some standard carers. Four or five different carers I like having different ones" and "I have great staff, lots of different staff and I like that. It is nice to have different staff".

Staff spoke of the people they supported with a genuine fondness and respect. The manager of the supported living service told us of one person whose health condition could lead them to acting in a way which could be difficult for staff to manage. They displayed an understanding of the person's health and emotional needs. They spoke of them respectfully and with compassion. They clearly knew the person well and commented, "I admit I have a soft spot for [person's name]."
Staff told us they enjoyed their work and took pleasure from supporting people to have a good quality of life. One staff member told us, "The smiles you get are so rewarding".

People told us they felt they were listened to and their choices and preferences were respected. Comments from people and their relatives included, "Absolutely…they do everything I ask of them and are very

flexible", "They do listen to us. I visit every week and they always take on board anything I suggest" and "The carers say, 'What shall you do today?' They come in and we do things together."

People were treated with respect and their privacy and dignity was protected. People said, "Yes, they knock when come in", "The carers are very respectful towards me, but are still friendly" and "They are very respectful, but will have a laugh with me which I like". Relative also reported that staff were respectful of people's dignity and preferences. They told us, "She doesn't like people to go into her bedroom, they are very careful when they need to go in there", "They respect his privacy when he is washing" and "Even though they are all friendly they are still respectful with [my relative] and with me". Care plans provided staff with clear guidance on how support people to maintain their dignity and independence. For example, one person's care plan stated, "Check the towel is on the rail behind the shower so that [person name] can reach it when she has finished showering".

People's preferences in respect of the gender of the staff supporting them were identified and recorded. The majority of people stated that they were happy with the gender of their carers; "All female, happy with female carers", "We do get a male carer in the evenings, she is happy with him. He stays out of the way when the female care does personal care" and "I had a morning male carer in the morning. I wasn't happy as this is when I have personal care, they sorted it for me. I am happy when he comes at lunchtimes." A member of staff told us; "I always make sure I ask the client if it's ok before I do a task."

We visited one person in their own home and saw care staff were friendly, relaxed and compassionate towards the person. We observed a member of staff supporting the person when they became agitated and saw this was done calmly and with compassion and an understanding of the person's needs. The person had limited verbal communication and responded well to a tactile approach. We saw the member of staff appropriately providing comfort by gently taking the person's hand to reassure them and then placing a sensory object in their hand. This clearly soothed the person and they became calmer. This demonstrated care staff knew the person well and could offer appropriate comfort.

A relative was also present when we visited and they were enthusiastic about the support provided. They told us staff communicated well with them and had built good, caring relationships with themselves and their family member.

People and their relatives told us staff were willing to complete additional tasks when necessary to help meet their needs and alleviate any concerns they might have. Comments included; "They go a bit beyond, they might look after my dog when I am poorly" and "They are all very kind…we only have to ask and they will do it for us."

People spoke to us about how staff supported them to maintain their independent living skills and continue to carry out daily chores which they enjoyed. Comments included; "They leave the ironing, I like to do my ironing myself", "When they (carers) are here they give me confidence to do things" and "They prepare food for me as I like to cook for myself. They endeavour to help me to do things I like to do."

Where people's support needs varied according to their health needs at any one time, there were risk assessments in place which reflected this. For example, moving and handling guidance specified the need to take people's fluctuating needs into consideration when delivering care and support.

Care plans provided staff with clear and useful guidance on people's preferred method of communication. Where people did not use words to communicate there were descriptions of the facial expressions people

might adopt and what these were likely to mean. Staff were supporting one person to develop a talking photo album. These use recorded sounds and/or speech alongside photographs and can be used as a communication tool. This demonstrated a creative approach to supporting people with various communication styles and techniques.

Good

Is the service responsive?

Our findings

When people joined the domiciliary care service their care needs were promptly assessed. Initially care was provided by experienced staff guided by information supplied by the commissioner of the care package. Within the first week of care provision a detailed assessment of the person's specific needs was completed. These assessments were completed face to face in the person own home by one of the service's care coordinators or area managers. This ensured people's individual needs in their home environment were accurately reflected in their individual care plans. The assessments process for people cared for by the supported living team was more in-depth and always completed before care was provided to ensure the service could meet the person's specific needs.

Everyone we spoke with told us there was a care plan in their home in which staff recorded details of the support they had provided during each visit. All of the care plans we reviewed were informative, detailed and provided staff clear guidance on how to meet the person's individual care and support needs. Staff were provided with details of the level of support the person normally required during each planned care visit and guidance on supporting people to be as independent as possible. Staff told us the care plans were well organised, accurate, up to date and full of useful information. Their comments included, "They are all good, quite well laid out. It is easy to find the info you need", "The care plans are very detailed" and "People's care plans are always updated".

Where people, cared for by the supported living team, needed to be provided with support using specific techniques staff had been provided with detailed guidance on each technique. This included background information to help staff understand why the techniques was necessary and where appropriate photographs of the person being supported using the described techniques. For example, one person's care plan included highly detailed guidance for staff on how to safely support the person to assess hydrotherapy facilities.

Each person's care plan included details of their background, life history, likes and interests as well information about their medical history. This information helped staff to understand how the person's background effected who they are today and provided useful tips for new staff on topics of conversation the person might enjoy. Where people needed support with communication, care plans provided staff with detailed guidance on the persons preferred methods of communication. This included guidance on how to share information with the person and interpret specific facial expressions and gestures.

People had been involved in both the development and review of their care plans. All of the care plans we inspected had been regularly reviewed to ensure they accurately reflected current needs. People told us, "My care plan has everything I need in it. It has been reviewed", "I think [my care plan] was recently reviewed, I have got new one now" and "I have a care plan. It was reviewed a month ago, they review it every year. I am very involved in it and I altered a couple things in the care package". While relatives commented, "I am involved in his care plan and they give me a copy to keep" and "[My relative] has one and we are involved, they send us a copy". One person whose care plan had recently been reviewed by a health and social care professional told us, "Yes I have a care plan and I am involved in it. My case worker complimented the

service and commented that anyone from out of area would be able to pick it up and know the state of my health and how to support me. It is that comprehensive".

During each care visit staff completed detailed daily records of the support they had provided. These records were regularly returned to the service's office for review by senior staff. These records were informative and included details of the care provided, staff arrival and departure time and details of any observed changes in the person's mood or care needs. Staff had used these records to share information with carers due to make subsequent care visits. Where significant events had occurred these had been reported directly to managers and recorded on the providers incident management system. In supported living services staff told us, "We come in ten minutes early so there is time for a hand over." Staff said this system worked well and ensured information about any observed change in people's needs was shared with incoming staff.

People were supported to maintain and develop their independence. Staff worked with people according to their needs on any one day and adapted how they supported people to enable them to do as much as possible for themselves. For example, one person's ability to move around independently varied greatly and could fluctuate throughout the day. A member of staff told us; "We adapt how we support [person's name]. This morning they walked into the bathroom but couldn't walk back so we had to change how we supported [the person]." This demonstrated the support was built around the needs of the person and adapted accordingly.

Staff who provided supported living care told us, "We do borrow the mini bus from the care home so we can go out for longer trips", "People can choose where they want to go and we use a photo board to help people make decisions" and "There are lots of activities. [Person's name] goes out every day and sometimes in the evenings". In addition, staff told us that managers of the domiciliary care service occasionally arranged trips out for people living in their own homes. This included tours of Christmas lights and other places of particular interest which people had enjoyed.

There were systems in place to ensure that any complaints received were appropriately investigated and addressed. People told us they knew how to make a complaint and were confident any issues raised would be addressed. People comments included, "I have never had the need to complain about anything", "I've no complaints" and "I rang to say a carer was wearing perfume in my house. It affects my breathing. They sent a remainder to every staff member, they dealt with it quickly without and drama or backlash". The service regularly received compliments and thank you cards from people and their relatives. Recently received compliments included "Thank the carers so much for their help and kindness in my hour of need" and "The team are all wonderful and great at what they do".

Good

Is the service well-led?

Our findings

People and their relatives consistently told us that Home Care provided a high quality and caring service which they described as, "Wonderful", "First class" and "Amazing". People's comments included, "They are brilliant. I give them ten out of ten for everything", "I am really happy with them, I wouldn't have any other" and "They couldn't be better. I would recommend them to everybody". One person told us, "Every time I go into hospital the first thing I do is tell them I want Cornwall Care, Home Care when I am discharged and go home."

Comments from people's relative were also universally complimentary about the care provided by Home Care. Relative told us, "It is an excellent service", "We have an excellent relationship with them and we are really very happy with them" and "The service is very good indeed, it's excellent." Health and social care professionals were also complimentary of the service's performance and one told us, "I do consider the service to be well managed and the level of care provided appears to be seamless given that all care services experience / go through times where there are staff on leave or off due to sickness or the like".

The culture of the service was caring with a clear and obvious focus on ensuring people's care needs were met. All staff were highly motivated and proud of both the quality of care they provided and of their employers approach. They provided examples of the lengths to which their colleagues had gone to ensure people's need were met. This included visiting people in residential care settings to check they were doing alright once it had become impossible for their needs to be met at home. Staff told us, "We have a good team", "I would be happy for any of our staff to look after my relatives", "I enjoy my work and am proud of the company I work for" and "I think the company is excellent. I would not work for another company". The registered manager told us, "I am proud of the culture in Home Care. We really support our staff and nothing is too much trouble for our clients".

The service's management structure had changed since our previous inspection. The domiciliary care and supported living service had been further integrated and one registered manager now had overall responsibility for the service's performance.

The registered manager was directly supported by a deputy manager who was responsible for the domiciliary care service and the manager of the supported living service. Each area based team or supported living service was led by an area manager. Area manager's were responsible for the day to day management of the staff teams, care plan reviews and assessment of people's needs when they joined the service. In addition there were a number of care coordinators based within area teams who completed spot checks of individual staff performance and provided support with care planning. There were also three office based roster planners who were responsible for planning and managing staff allocations for the domiciliary care service.

Each area manager spent a minimum of one day each week based in the service's main office. This ensured effective, open and direct communication between the service's senior leadership and each individual staff team. Area manager meetings where held regularly to provide opportunities for learning to be shared

between staff teams and to provide opportunities for peer support. In addition, new area managers were encouraged to buddy up with an experienced manager upon their promotion. This system had been introduced to provide new area managers with an informal support system that they could adapt to their new responsibilities.

People and relatives told us they knew their area managers well and felt they were approachable, compassionate and interested in resolving any issue they raised. Comments in relation to area managers included, "The people higher up are helpful. If I need an extra something they try and accommodate me", "They are extremely helpful. If we have to cancel or change times it's never a problem", "[The area managers] are all very helpful" and "I can ring [area manager] at any point, she is approachable".

Staff also told us they were well supported by the new management structure. They said, "My manager is really supportive", "Honestly the managers are exceptional. Our new manager is with us all the time he is amazing" and "I have not got a bad word to say about [the managers]". In addition, there were variety of additional support systems available to staff. These included appropriate whistleblowing procedures and an externally provided confidential help and support telephone line. Staff were actively encouraged to report any concerns they had to senior managers whose direct contact details had been provided. One area manager told us of how a concern raised by a staff member to them in relation to their direct supervisor had been investigate and resolved to both parties satisfaction. This show that staff had confidence in both services management structure and grievance procedures.

The registered manager told us they felt well supported and had received formal face to face supervision each month. They told us they were confident they would be given with any help required by the senior manager and that there were systems in place to provide them with support out of office hours if required. Staff told us the registered manager provided them with effective leadership and commented, "The registered manager is brilliant" and "[The registered manager] is really approachable".

Commissioners recognised that the service was very well managed and had asked the service to take on staff and clients of a failing domiciliary care provider in July 2016. This had been done successfully. Staff had been retrained and were now fully integrated into the service. People's experiences of care had significantly improved as a result of these changes. Staff who had previously worked for the failing service told us, It's absolutely lovely working for this care agency" and "Defiantly, Cornwall Care is better and much more organised".

Learning and career development was actively encouraged by all levels of management. Staff were encouraged and supported to complete additional training in topics they were particularly interested in and staff where encouraged to engage with identified development opportunities. One manager told us, "I wouldn't have progressed as far as I have without the support of the company." This proactive approach to learning was actively encouraged by the registered manager who regularly completed additional training to further their understanding of current best practice in care. All staff were encouraged to complete diploma level training and the provider held award ceremonies to recognise and celebrate individual staff development achievements. One staff member told us of how proud they had felt when they had been presented with their diploma by the provider's chief executive.

The service operated an instant recognition staff reward scheme where staff were given small financial rewards or other token of appreciation in recognition of individual staff achievements. During this inspection we overheard the registered manager discussing and approving a number of nominations for these awards made by rota planners and area managers. In addition, the service actively participated in the providers staff recognition schemes and certificates and photographs of staff who had previously received awards were

displayed prominently in the service's office.

There were call systems in place to support people and care staff outside of office hours. Staff told us these system worked well and that they were always able to access support when needed. Their comments included, "On call, that works fine" and "They are a good company to work for, on-call will always cover any staffing issues". People also commented on how easy it was to get contact the service. They told us, "I never have a problem getting through to them" "contacting them is easy", "I can contact them anytime I need them" and "If I ring the office everything is top notch and they are very understanding." One person told us they had been encouraged to call the office if they were "feeling a bit low" and that when they did so staff were always cheerful, supportive and reassuring.

There were various systems in place to monitor the quality of the service provided to people. This included unannounced spot checks of staff performance, surveys of both people's and staff feedback and audits by external managers. In the supported living service area managers completed weekly audits of each service's performance. This included checks designed to ensure medicine administration records had been fully completed, daily records accurately reflected the care provided, that the environment was safe for the person and their support staff. Care plans and risk assessments were also checked weekly to ensure they reflected the person's current care needs. In the domiciliary care service similar checks were completed each month. We found that records were well organised and easily assessable. Care coordinators had a detailed understanding of the call monitoring system which was routinely monitored to ensure all planned care visits were provided.

The registered manager regularly reported on the service's performance to the provider board of directors and had been due to present information to the board on the day of the inspection.

Team meetings were held regularly and included staff rotas to ensure the maximum participation possible. The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation. In addition staff received a weekly newsletter to ensure they were updated on any changes made to the service's system and process and to celebrate and recognise staff achievements.

People told us they regularly received questionnaires on the service's performance. The results of these surveys were highly complementary and matched the findings of the survey we completed as part of this inspection process. A staff survey had also recently been completed and its results were also highly complementary with 94% of staff reporting that they felt confident they could approach their managers for support. Some staff had used this opportunity to raise concerns in relation to how care visits were organised in their areas. These issues had been investigated and following discussions with people and staff a number of care visits had been re-organised. These changes improved efficiency while still ensuring support was provided in accordance with people's preferences. This demonstrated the services open and positive approach to challenge and how issues could be used as opportunities to drive improvements in overall performance.