

Cumbria Quality Care Limited

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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

Cumbria Quality Care is a domiciliary care service which provides personal care to people who live in their own homes in Penrith and Kendal areas. There were 43 people using the service at the time of this inspection.

This comprehensive inspection was carried out between 16 and 24 January 2019.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People said they felt safe with the staff who supported them. Staff understood how to report any concerns. People and staff felt there were enough staff employed to assist people with their agreed care packages. The provider carried out safe recruitment checks to make sure only suitable staff were employed.

Some people were assisted with their medicines where assessments and agreements were in place. Staff had the right equipment and training to assist people in a hygienic way. People's needs were assessed before they began using the service to make sure the right care could be provided for them. Staff said they had good training and support.

Staff assisted people with their nutritional well-being if this was part of their care package agreement. The service worked with other health agencies where relevant.

People's consent and permission was sought and care was only provided with their agreement. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives were positive about the caring, friendly and helpful nature of staff. People said they enjoyed good relationships with the staff team and received a good standard of care. Staff treated people with dignity and respect. They helped people to maintain as much independence as possible.

People received care that was based on their individual preferences and needs. They were fully involved in agreeing the plan of their support. People said they received a consistent service from a regular staff team who knew them well. They said the service was responsive to any request for changes and these were easily accommodated.

People, relatives and staff said the management team were open and approachable. People had opportunities to give their views about the service. The provider gave information to people about the service they should expect and the complaints procedure.

The provider had systems in place for auditing the quality of the service and for making improvements. The provider was in the process of reviewing all policies and procedures to make sure they reflected the service provided.

Further information is in the detailed findings below.

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 good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remained good.	Good ●
Is the service well-led? The service remains good.	Good ●

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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 was planned to check 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 comprehensive inspection was carried out between 16 and 24 January 2019. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we wanted to make sure the registered manager was available. The inspection was carried out by one adult social care inspector.

Before we visited the service, we checked the information we held about this location and the service provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted professionals involved in caring for people who used the service, including commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

During the inspection we spoke with six people who used the service about the care and support they received and three relatives. We also spoke with the registered manager, a director, a client service co-ordinator, a care co-ordinator and an administrative staff. We contacted 28 staff and received nine responses.

We looked at the care records of five people who used the service and the personnel files of four members of

staff. We also looked at records relating to the management of the service

Is the service safe?

Our findings

People told us they felt safe and comfortable with the staff who visited them. Their comments included, "I feel safe and confident in them", "I'm very happy with my care team" and "I can't fault my care worker."

Staff had annual refresher training in safeguarding people and knew how to report any concerns. The provider understood their responsibility to protect the people who used the service. There had been two safeguarding matters in the past year. These had been robustly investigated by the provider.

People said there were enough staff employed to provide safe care and support. Staff were arranged into small regular teams so that people received support from staff who were familiar with their needs. People commented, "It's important that I only have a small team of staff and I do", "The continuity is fantastic" and "My [family member] tends to have the same small team so it's good familiarity."

There had been a period last year when regular staff were having to cover gaps in the rota due to sickness and vacancies. The registered manager said staff had been "brilliant" at covering these gaps so that no calls were missed. The provider had learnt lessons from the staff shortfall so now had a clearer sickness policy and a rolling programme of recruitment to make sure there were always enough staff employed.

The provider carried out relevant security and identification checks when they employed new staff to make sure they were suitable to work with people. These included checks with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

Before someone started using the service risk assessments were carried out with the person to check their care would be provided in the safest way. For example, if the person needed support with medicines and mobility. Staff had access to personal protective equipment and infection control training to make sure they supported people in a hygienic way.

People who received assistance with their medicines told us this was carried out in a safe way by trained staff. One person said, "I have a full team of regular, reliable staff who undertake in administering medications in a very competent manner."

Staff were trained in medicines management and had regular checks of their competency. Staff recorded when they had given medicines on the medicines administration records. There were care plans in place about how to support people with medicines. These were being updated at the time of this inspection.

Is the service effective?

Our findings

People's needs were assessed before they started to use the service. This meant the service checked whether the personal care needs and circumstances of the person could be met and managed.

People said their care workers had the skills and knowledge to provide their care. They told us, "They are competent and know what they're doing", "They seem well-trained", "I have confidence in them" and "They're very good at what they do for me."

All staff received annual refresher training in essential health and safety topics including moving and assisting, first aid and food safety. Other relevant training was sourced for specific staff teams in line with the individual needs of the people they supported. For example, care workers who assisted one person to receive their medicines through a tube in their stomach had training by district nurse. Staff did not work with this person until they had been signed off as competent by the nurse.

Over half the staff team had attained a care qualification. New care workers completed induction training then shadowed experienced staff. They were then supported to complete the Care Certificate. (The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours that should be covered if staff are new to care.)

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. The management team had a good understanding of their responsibilities with regard to the MCA and staff had received training in this.

The care records we looked at contained evidence of people's consent and agreement to their care package. People had also signed agreement forms to show their consent to how their medicines were managed and how staff would access their homes. Some people did not have capacity to consent to care and this was recorded in their care plans with details of who had power of attorney to make decisions on their behalf. The provider was arranging to have copies of the power of attorney documents put into people's care files to make sure they had the legal right to make decisions for people.

Staff assisted people with eating and drinking if this was part of their care package agreement. Any risks to people's nutritional health were referred to the relevant health professionals.

It was good that staff worked in small teams to support people so they could share information about any changes. Staff had supervision sessions in line with the provider's policy. Staff said they felt "very well supported" and some said they would welcome more supervisions so we told the provider about this. People told us staff worked well with other health agencies and, where appropriate, supported them to access health services.

Is the service caring?

Our findings

People and relatives had many positive comments to make about the caring attitude of the care staff and management team. They told us, "They are all friendly, caring, helpful and kind", "It's spot-on and they do whatever they can to help my [family member]", "All the girls are very nice" and "They are very caring and kind to me."

One person described the caring nature of staff as "exceptional". They told us that management, office staff and carer workers "go above and beyond to not only provide care but also provide emotional support where needed." They described how they could contact any staff at any time to talk through how they were feeling. They said, "They listen without judgment and provide a supportive ear."

People said they were treated with dignity. Their comments included, "All of my carers respect not only me but the difficult impact my condition has on my life" and "I am at all times treated with dignity, privacy and understanding."

People were assisted with the daily living tasks they needed but their continuing independence was also promoted and encouraged. One relative commented, "Staff communicate very well with my [parent]. They involve them in everything even though they have advanced dementia. My [parent] really likes the staff and they all know my [parent] very well."

Staff spoke about people in a compassionate way. Their comments included, "What we do well is we try and treat all our clients as individuals and hopefully leave them feeling happy with the service they get after each visit."

People were provided with an information booklet about the service. A copy of their care plans and agreements were kept in a file in their own homes so they had access to these at any time. This information was printed in plain English. During people's initial assessment, the client services co-ordinator talked through the information guide with people so they understood it.

If necessary, people were supported to access advocacy services. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Is the service responsive?

Our findings

People felt they received a service that was based on their individual needs. They told us they were fully involved in their care arrangements and felt their views were respected. Their comments included, "The agency has always listened to anything I say that I want and they take it on board" and "When I asked for changes they listened."

People told us their staff teams knew them well and the service was consistent. The service aimed to provide personalised support to each person based on their needs and preferences. The skills and personality of staff were matched to the people they assisted. People said the service was very responsive to requests for different arrangements. One person commented, "I can mention anything at the reviews."

Care records showed people's inclusion in agreeing the plans about their care and support. The care plans included concise details of the specific ways of supporting people in the way that they preferred. People and staff described the service as "flexible" and described how any changes in needs were accommodated. One person said, "My care plan is updated accordingly and staff also personally inform me of the changes."

People we spoke with said they would have no hesitation in discussing any complaints with the management team and were confident it would be addressed. For instance, one person told us, "I asked for a change in staff and it was sorted out."

People had information in their own care files about how to make a complaint. This was going to be updated to clarify the next steps if people remained dissatisfied. The director kept a log of any complaints and the outcomes. There had been two complaints in the past year which had been investigated and resolved.

The registered manager described how the service tried to support people to remain in their own homes for as long as possible. Staff commented that the service made sure only care workers who felt comfortable were asked to support people who needed palliative care. Staff worked alongside other care professionals, such as Hospice at Home staff and McMillan nurses, to provide care for people at the end stages of their life.

Is the service well-led?

Our findings

People and relatives and staff said the service was managed well. All the people we spoke with felt there was an open culture in the service. They knew the 'office' staff by name and said they were approachable and helpful. They commented, "It's well-run and it's the right service" and "I can't fault them, they're excellent" and "I can get in touch with them in the blink of an eye and they always return my calls."

One of the directors of the company was also the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by care co-ordinators and the other director of the company. The management team carried out regular 'spot' checks of staff whilst they were carrying out the care to people in their homes. These were used to make sure staff practices, appearance and communication with people was professional and met their needs. Spot checks and six-monthly reviews were also used check people's views about the service they received.

People said they were frequently asked for their views and that these were listened to. They told us, "[Name of client service co-ordinator] comes regularly and checks on my carers but I'm very happy with them" and "They come and check everything is okay."

The service also encouraged people to give reviews of the service to an external, impartial review site called Homecare reviews. People could leave comments and score the service according to their satisfaction. At the time of this inspection Cumbria Quality Care scored 9.7 out of 10.

Completed care and medicine records were returned to the office around monthly and were checked by the administrative assistant. The time and length of calls were checked to make sure these were in line with people's agreements, and to check these had been completed fully. Any gaps in medicines records were addressed with the relevant staff to support improved practices.

A director carried out bi-monthly audits of the quality of the service which included checks of care records, training, health and safety and safeguarding. If any gaps were identified the director checked that this was robustly covered in staff induction and used supervisions, memos and spot checks to make sure staff understood the expected standards of practice.

The service had a development plan with proposed future improvements. This included a review all the company policies as some did not always reflect the practices and expectations of the service.

The service worked well with local health and social care agencies to achieve positive outcomes for the people who used the service.

