

First Call Care Solutions Limited

Continuum Care (Cornwall)

Inspection report

Waterside House
Falmouth Road
Penryn
TR10 8BD

Tel: 07725994281

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Continuum care (Cornwall) is a domiciliary care agency which provides support to people in their own homes. It operates in Falmouth and Truro and the surrounding areas. At the time of the inspection the service was supporting 50 people. It consists of two parts, a traditional domiciliary care service that provides short regular visits to predominantly older people living in their own homes and a supported living service which provides longer visits to support people with learning disabilities and autism.

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

At our last inspection we found some of the services records lacked detail and guidance for staff. At this inspection we found improvements had been made. Recording of people's medicines had more detail to support staff and training had been put in place. Auditing procedures had been reviewed and a more robust system was now in place.

People received visits on time and if any delays occurred people were informed by the service. People told us, "Arrive on time unless emergency with someone before me and then they ring to say" and "About the same time each day, expected time, they come, no missed calls". People using the supported living service told us they were very happy with the support they received. One person told us, "Go out most days with [support worker]. I get on with them all."

There had been gaps in staff training during the COVID-19 pandemic and the restrictions had meant some training had been delayed. This was being addressed by the manager. A training plan was in place for all staff. Training had resumed in April and the plan was to ensure all training updates would be completed by September 2021. Training was designed to be specific to the needs of people each staff would be supporting. For example, staff working in the supported living service had training in managing the needs of people with autism or had a learning disability.

Records showed people's needs were assessed and recorded and external advice was regularly sought to help ensure the support people received met best practice. People told us they felt safe whilst receiving support from the service. Staff understood their responsibilities to keep people safe and report any concerns. The provider had ensured there were sufficient records and checks in place to maintain and promote people's safety.

People told us they received the right support with food and drink, medicines and any healthcare needs. Records showed that any problems were highlighted and dealt with promptly.

Staff were aware of the government guidance on the use of personal protective equipment (PPE) such as masks, gloves and aprons. The service made available COVID-19 testing kits for all staff. We advised the provider continues to promote this as good practice.

Staff were recruited safely. The service had continued to recruit throughout the COVID-19 pandemic, to ensure there were enough staff to cover for sickness or for staff who needed to shield or self-isolate.

People were generally satisfied with the governance of the service. Staff told us communication with the management team had improved and they felt well supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and setting maximised choice, control and independence. People were supported to use community activities when they chose. Staff provided personalised opportunities to take part in community activities. A person told us they were being supported to do things that interested them when they were at home.

Right care:

- People were complimentary of the support provided. They told us staff understood their needs and they were confident that staff had the knowledge and skills to provide personalised support.

Right culture:

- There was good oversight of the service from the management team. Staff told us they were able to access management support when they needed to. This meant there were opportunities to ensure support was provided in line with the service's ethos and values.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement published 31 July 2020. This was a targeted inspection to look at specific concerns we had received. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. At this inspection enough evidence was found to meet the breach of Regulation 12 because the service had improved how its managed risk and recruited staff.

This service was previously inspected and rated requires improvement in May 2019 (Published 15 June 2019) when it was found improvements were required in relation to people's safety and the service's leadership.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was carried out to follow up on the action we told the provider to take at the last inspection. As a result, we carried out this focused inspection to review the key questions of Safe, Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Continuum Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Continuum Care (Cornwall)

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 Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out the inspection. 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. The majority of the people the service supports are older people, some of whom are living with dementia. The service provides multiple visits each day to support people to get up, go to bed and with meal preparation and some domestic tasks.

In addition, the service provides extended packages of support, including 24 hours of support each day to a small number of people with learning disabilities, and autism. This inspection was focused on these packages of support.

The organisation was managed by a registered manager who was also the owner of the service. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We announced the inspection a few days in advance to ensure appropriate management would be available to participate in the inspection process and to make arrangements for information to be shared with the commission before the site visit.

Inspection activity started on 27 April 2021 and ended on 11 May 2021. We visited the office location on 11 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the information we had requested when the inspection was announced.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives. We spoke with one person at the office on the day of the inspection. We received feedback from ten staff. We sought feedback from three social care professionals who had regularly worked with the service. We did not receive a response.

We reviewed a range of records. This included five people's care records including medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the registered manager prior and during the site visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found medicine records lacked detail and guidance for staff. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the inspection in May 2019 we found medicine care plans lacked detail and were not completed in line with the relevant national guidelines. At this inspection we found the provider had taken action to improve how people's medicine needs were reported to support staff. For example, each care plan recorded people's medicines, doses and times to be administered and how.
- People told us they were supported with their medicines and received them on time. Comments included, "Log medication, correct procedures" and "Normally do own medication, prompt if not taken or will bring them to me."
- Updates had been arranged to support staff in their role to administer medicines. Spot checks had recently increased to ensure staff competency.

Preventing and controlling infection

- Staff had access to personal protective clothing (PPE), such as aprons, masks and gloves to reduce cross infection risks.
- People told us, "Staff wearing masks, certainly wash hands and put on aprons, feel quite safe and well with them"
- The office held stocks of PPE for staff to collect as needed. Hand sanitiser was available for visitors in reception.
- Staff had access to COVID-19 testing kits. The provider encouraged all staff to take and report weekly tests and this was promoted as good practice.

Assessing risk, safety monitoring and management

- People were supported by staff who understood and managed risk effectively. Any concerns were reported to senior staff or managers and dealt with promptly.
- Risk assessments were in place to support people to be as independent as possible and contained guidance to help staff promote people's safety. People using the supported living side of the service had a detailed and regularly reviewed plan in place. People told us, "Absolutely safe, all very pleasant." A relative told us, "Definitely safe with the staff, genuinely care about her."

- Any changes to people's care needs, or risks in their homes, were updated in care plans and staff were alerted to the changes.
- Care plans contained appropriate risk assessments that guided and directed staff on how to reduce assessed risks. For example, how many staff were needed and what specific equipment was to be used to support people safely and how to support people taking part in community activities.

Staffing and recruitment

- There were sufficient staff employed to meet the needs of the people who used the service. The service had continued to recruit throughout the COVID-19 pandemic to ensure there were enough staff to cover staff sickness and for staff who needed to shield or self-isolate.
- New staff were safely recruited. The service used a 'Disclosure and Barring First Check' prior to a full DBS being received by the staff member. This was quicker and checked the DBS barred list. Depending on the result it meant the service could permit the applicant to begin work in a supervised role. We advised the provider to include the dates of return on the recruitment record in order to demonstrate there had been no gaps.

Systems and processes to safeguard people from the risk of abuse

- People were protected by staff who had an awareness and understanding of signs of possible abuse.
- Staff raised concerns where they felt people could be at risk of abuse, and appropriate action was taken.
- People told us they felt safe using the service. People said they felt able to speak to staff or managers about any concerns as they would be listened to and were confident action would be taken.
- People told us, "Nice people, quite safe, they are trustworthy," "Safe, got to know a lot of them" and "I do feel safe, very professional and kind."

Learning lessons when things go wrong

- The registered and deputy manager collected a variety of information about the service that enabled them to identify any lessons that could be learned to improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- Before agreeing to start a new package of care, the service ensured they had as much information as possible from the person, their family and other health and social care professionals. This meant the service could ensure it was able to deliver the care and support required to the person.
- Assessments of people's needs had been completed by managers before support was provided. These processes ensured staff had a good understanding of people needs and expectations before they moved into a setting.
- People's initial care plans were developed from information gathered from the person, their relatives and any previous care provided during the assessment process.
- People told us, "Got me back on my feet after hospital, gone from three calls a day to one" and "Yes, understand needs and support required."

Staff support: induction, training, skills and experience

- Staff training had been disrupted during the COVID-19 pandemic. However, staff told us it was beginning again. They said, "I am behind on some things but [manager] has put a training plan together." Training had resumed in April and the plan was to ensure all training updates would be complete by September 2021.
- The service had its own training room and equipment to enable staff to learn how to use equipment in people's own homes.
- Regular spot checks were also carried out to check staff competency and practices.
- Newly employed staff completed an induction comprising of training in a range of areas and a period of shadowing more experienced staff, before they worked alone.
- Because of the pandemic, formal supervision had been disrupted. However, staff told us communication with the provider and manager was good and they felt supported. Staff told us, "It's been a difficult time, but things are getting better" and "I do feel very supported and they [managers] are always available." Records showed staff were now receiving formal supervisions which took account of their role, wellbeing and options for career development.

Staff working with other agencies to provide consistent, effective, timely care

- People's records showed staff regularly interacted with other agencies on people's behalf to help ensure they were receiving the right care and support.
- The service worked with other agencies, including a range of health and social care to help ensure people's health and social needs were met. When staff recognised changes in people's health or wellbeing this was reported to managers. Records showed appropriate and timely referrals had been made to health professionals for assistance.

Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with agencies and specialist groups to enable people to receive effective support.
- People's health was monitored and where people wanted support, staff contacted healthcare professionals on their behalf.

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

- People told us staff always asked for their consent before completing any care tasks.
- Where people lacked capacity, care plans contained details of specific decisions they might need help to make. There was guidance for staff about how to support people to be as involved as possible in making these decisions.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. The service recorded when people had power of attorney arrangements in place.
- Staff had a good understanding of the underlying principles of MCA.

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

- Some people needed support with meal preparation and people told us staff were competent in preparing food.
- Staff completed food hygiene safety training.
- Where necessary care plans included details of people's dietary needs and preferences.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found concerns about not having effective quality and monitoring processes in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection quality and monitoring systems had not been effective. At this inspection improvements had been made. This included, gaining the views of people using the service and staff. Additional spot checks had been put in place to support staff and ensure people's support was being monitored. Policies and procedures to support the organisation and staff in areas such as recruitment, medicines, safeguarding, and staff training were available for people to refer to.
- The previous inspection had identified a lack of consistency in how accidents and incident records were being kept. At this inspection we looked at these records and judged there was consistency in what was being reported.
- The last inspection identified staff rotas were being issued at short notice increasing the risk of missed visits. We observed the previous four-week cycle of rotas. At this inspection staff told us they were satisfied with the way rotas were provided. There was no evidence of significant missed or late calls. People were generally satisfied in the service being provided. They told us there was consistency in the staff team. They said, "Same staff, not many new ones, got to know them," "In the main consistent staff "and "Made sure consistent staff team".
- At the last inspection there was no training matrix available and we were not able to judge when staff had undertaken training and when training was being delivered. At this inspection there was a training matrix available showing what training was being provided to who and when. Training had been disrupted during the COVID-19 pandemic; however, the training plan was in place to show all staff should have received up to date training by September 2021. A staff notice board included information relating to policies, procedures and training information.
- Most people and their families were positive about how the service was managed. Positive comments included, very professional, perform very well" and "Got me back on my feet after hospital, gone from three calls a day to one".
- Staff were positive about working for the service and how they were supported in their work. They commented, "My manager always supporting me. Helps to explain things, really good" and "I see [managers

names] often. We discuss if I have any concerns".

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

- People told us they had their personal preferences and choices respected and supported. They told us staff promoted person centred support. For example, listening to what people wanted and how their support should be delivered. A person being supported was involved in the staff recruitment process.
- Peoples support plans were personalised to the person and recorded details about specific needs and choices. These were kept under regular review and updated when necessary. One person told us they were involved in the development of their support plan and involved in all reviews. They told us they felt 'in control' of the information and that it accurately reflected their individual needs and choices.
- Staff were committed to providing the best possible care for people. They demonstrated a good understanding of people's individual needs and preferences.

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

- Systems used to monitor service provision were being evaluated and improved where necessary. This helped to ensure the provider had an overview of the service and knew where improvements could be made. For example, introducing monthly satisfaction calls. People told us they were confident any issues raised during these calls would be listened to and acted upon.
- The registered manager, senior staff and the staff team took an open approach to the inspection process. They responded positively to feedback following the site visit and accepted advice provided to improve the service further.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- The COVID-19 pandemic had disrupted staff meetings and supervision events. However, managers and team leaders had kept in touch with staff to support them. The services communication media group was used to provide any updates or guidance. Staff told us it was a useful way of communicating information and any changes in operational changes. Staff felt supported and told us they could talk with management at any time, feeling confident any concerns would be acted on promptly. We observed staff come to the office and examples of staff being supported in their wellbeing.
- People and their relatives were asked for their views of the service through questionnaires and weekly calls from management. People and families told us they knew how to complain and would be comfortable doing so if they needed to. They told us, "The office staff always listen if I make a complaint and resolve my concerns", "I've got the office number and could complain if necessary."
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. People's needs were responded to in a sensitive and respectful way.
- There were opportunities for people to discuss how care was delivered, drive improvement and share learning. For example, staff had received training in topics which required specific skills.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.