

Cumbria View Care Services Limited

Cumbria View Care Services - Carlisle

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Cumbria View Care Services - Carlisle is a domiciliary care service providing personal care to people who live in their own homes. At the time of our inspection there were 60 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives praised the staff for their caring, friendly attitude. People said staff were kind and polite and they felt safe with them.

The service was safe. Risks to people's health and safety were managed without compromising their independence. Medicines were managed in a safe way.

There were enough staff to make sure people received care and support. Staff were trained and supported to carry out their job safely. Overall, people said staff carried out their jobs in a competent way.

People were fully involved in the arrangements about their care service and their decisions were respected. The manager and staff had good working relationship with other care professionals for the benefit of the people who used the service.

People said they were asked for consent verbally when receiving care. Assessment records were incomplete and had not always been signed to show people's consent. We have made a recommendation about this.

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

People were supported in a person-centred way and their individuality was respected and celebrated. The service was quick to respond to changes in people's needs. Healthcare professional commented the service provided compassionate care for people.

People and relatives said they knew how to raise complaints and had confidence the management team would deal with these quickly and appropriately.

People, relatives and care professionals said the service was "well-run". Staff were positive about working for the service. They said they felt supported and valued by the local management team.

The provider had governance systems in place to check the quality and safety of the service. However, there had not been a registered manager in place for several months. The manager intended to apply for registration.

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

Rating at last inspection

This service was registered with us on 21 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cumbria View Care Services - Carlisle

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The manager intended to apply to be registered.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 June 2022 and ended on 20 June 2022. We visited the location's office on 13 and 14 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people and three relatives. We contacted 11 staff for their views. We spoke with the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including four people's care and medicines records. A variety of records relating to the management of the service were reviewed, including staff recruitment, training records, policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to report and manage safeguarding issues. Staff had training in safeguarding adults. They understood their responsibility to report concerns.
- People and relatives told us they felt safe with the service. They commented, "I feel safe in their care" and "I feel my loved one is in good hands."

Assessing risk, safety monitoring and management

- The provider assessed and monitored potential risks to people's safety.
- People's care records included detailed information about their individual risks, such as mobility and medicines. These were kept under review and actions were taken to minimise risks to people's health.

Staffing and recruitment

- The provider used safe recruitment practices to check new staff were suitable to work with people. The manager said recruitment was a challenge, but the service made sure it only accepted the number of care packages that it could safely provide.
- The provider used an electronic care planner to make sure there were enough staff to meet the needs of people using the service. As a result, there had been no missed calls to people. People received a copy of the staff rota so they knew which staff were planned to visit them, although this could change at short notice.
- People said staff never missed a call but they had mixed views about the timing of calls. Some people felt that staff arrived much later than their agreed plan which impacted the rest of their daily routine. The manager acknowledged the staff challenges sometimes meant the time of calls had to be flexible.

Using medicines safely

- Medicines were managed safely for those people who required support. Staff had training in medicine management and regular competency checks.
- The service used an electronic recording system to record the administration of medicines. The system alerted office staff if medicines had not been recorded as administered.
- The records of support with creams and ointments would benefit from clearer detail and the manager addressed this immediately.

Preventing and controlling infection

- The provider had made sure infection prevention and control systems were in place. Staff received training in this area and had access to supplies of personal protective equipment (PPE).
- People confirmed that staff had followed PPE requirements during the pandemic. They told us, "They

always wear masks, aprons and gloves" and "They all wear PPE."

- The provider regular promoted COVID-19 testing for staff.

Learning lessons when things go wrong

- The provider had a system for recording and dealing with incidents or accidents and ensuring these were risk managed.
- A senior manager had oversight of any incidents and used learnt lessons to strengthen 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider had a system for assessing people's needs before using the service to make sure the right care could be provided. However, the pre-assessment records were largely incomplete so it was difficult to establish how information about people's needs was used to develop detailed individual plans of care.
- The manager accepted that separate notes had been recorded outside of the provider's pre-assessment record. The manager immediately put a system into place to make sure any future pre-assessment records were checked as completed before the provision of care.

We recommend the service follow its assessment processes to make sure people's initial needs and their involvement in care package agreements are recorded.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider was aware of the MCA and people's rights. Staff respect people's rights to make their own decisions.
- People's said staff always asked permission before carrying out care. People said they had been verbally asked for their consent and agreement to care.
- During the inspection there was not always written evidence of people's consent, for example for support with medicines or consent to share information. This was also contrary to the provider's own policies. The manager took immediate steps to address this.

Staff support: induction, training, skills and experience

- The provider made sure staff had essential training relevant to their role. Staff were also supported to complete the Care Certificate, which is an agreed set of minimum standards that define the knowledge, skills and behaviours expected of care roles.
- Overall, people felt staff were competent. They commented, "I feel confident in the staff, they are all trained" and "The staff are trained, and they are good at their jobs." One person suggested that staff would benefit from more 'shadowing' before working alone.
- Staff said they felt supported in their roles. They told us, "We have lots of training both on the computer and classroom" and "We give the staff opportunity to progress, offering NVQs and new job roles."

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

- People were assisted with meal preparation if this formed part of their individual care package. People said staff were knowledgeable about their specific dietary likes and needs.
- Staff were instructed to make sure people had drinks and snacks to hand in between calls.

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

- People and relatives said the service was good at seeking medical assistance if this was required. Their comments included, "I feel confident they would call my GP if I was unwell" and "If necessary they ring for GP or ambulance and stay with [family member], which is great as I don't live close by."
- One person said the high turnover of staff meant they did not get consistent support. They commented, "The service isn't always good because its tiring to have to explain my needs to new staff."
- Care professionals had positive feedback about the effectiveness of the care provided by the service. Their comments included, "Consistent carers where possible and have a very good understanding of the needs of the adults" and "Cumbria View are always on hand to provide support, even in emergency situations."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and had many positive comments about the kind, friendly attitude of all staff. Their comments included, "They are always kind to me", "They are friendly and polite" and "They are grand, I get on well with them all."
- Some people commented that staff went above the set tasks they required. They commented, "The staff are caring and kind, they do extra things for me" and "They do extras and are good at their work."
- Staff felt their colleagues were kind and respectful. They told us, "They have a real passion to go above and beyond with our clients."

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in decisions about their individual care package. People had information about their service, including a rota and access to their own records.
- People told us staff acted on their instruction and choices. For example, one person said, "They do everything I ask them to do and plenty more besides."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was upheld.
- People commented positively on the respectful nature of staff. They said, "The carers are kind and respectful at all times, they are good to me" and "Staff are obliging and ask if there is anything else they can do for me."
- People said they were happy that service allows them to remain in homes as independently as possible. Staff encouraged people to retain independent living skills such as simple household tasks. Some people described how staff had helped them look after pets which was very important to them

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People said they received personalised support. Several people commented that they had been fully involved in discussing their needs before starting the service. Their comments included, "I feel fully involved in my care. I know my needs and when I first started they went through the care plan" and "I am fully involved in all aspects of my care."
- Care records were detailed and person-centred. Care records fully respected people's individuality and the importance of their human rights, equality and diversity.
- Staff said the care provided by the service was individualised. One staff member commented, "We get enough information on care plans and more on the clients background, how they like things and their interests."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the AIS. The service provided an information guide in ways to suit people's communication needs including large print.
- People's care records included information about their communication methods and the best ways of engaging them.

Improving care quality in response to complaints or concerns

- The provider had a system for promoting and dealing with complaints. People had information about how to make a complaint and said they would be comfortable about doing so if necessary.
- People said they knew how to contact the manager and had confidence in the way she had managed any previous issues.
- A senior manager audited complaints as part of the provider's governance arrangements.

End of life care and support

- The service provided compassionate care to people who were at the end stages of their life. The service worked closely with local health services to make sure people and their relatives were provided with sensitive support at that time.

- A hospice care professional told us, "The staff have good insight into the palliative nature and needs of the clients we refer and show empathy and understanding not only to the client but also to the family."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant there was not a registered manager in place.

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

- The provider had clear governance systems in place to check the quality and safety of the service. The provider and management team used electronic management systems, such as staff rostering and care records, to support this.
- The manager audited the service and reported monthly to the provider. The provider had an action plan that identified planned improvements and how they would be met.
- There had not been a registered manager in place for several months. At the time of this inspection, the manager intended to apply to CQC to register as the manager.

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

- The service had a positive culture which focused on people receiving personalised care.
- People, staff and care professionals said communication with the service was good. They confirmed the manager and staff were open, approachable and helpful.
- Staff felt the service had a culture that valued people and staff. They commented, "The service supports clients and carers and is always willing to go the extra mile" and "We are given a time to talk and express our feelings."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager were aware of the duty of candour and their legal responsibility to be open and honest.

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

- The provider sought the views of people who used the service by surveys. The provider had analysed people's responses and acted where there were suggestions for improvement.
- Staff said they felt very supported by the local management team. Their comments included, "The office staff are amazing, they are always very helpful, kind and supportive" and "[Manager] takes the time to listen to concerns or queries and is always happy to help."
- Some staff confirmed they had opportunities at local meetings to give their views and these were listened to. Other staff said they "could benefit from more staff meetings".

Continuous learning and improving care

- The provider was committed to continuous improvement of the service.
- Some staff felt they did not have much communication from the wider organisation. The nominated individual described imminent changes to the organisation that would support improved communication with staff.

Working in partnership with others

- The provider worked well with other care services.
- Care professionals had confidence in how the service was run. They told us, "The service is very well led" and "I look forward to continuing to work with such an effective and efficient provider."