

First Call Care Solutions Limited

Continuum Care (Cornwall)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Continuum Care (Cornwall) provides supported living care for people with learning disabilities and domiciliary care for older people living in Falmouth, Camborne and Redruth areas of Cornwall.

At the time of our inspection 10 people were receiving supported living care and approximately 25 people were receiving personal care in their own homes from the domiciliary service. The 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

Supported living service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The model of care maximised people's choice control and independence. In each of the settings we visited people were able to choose what to do each day and staff respected those decision and choices. Staffing levels reflected people's needs, and where additional staff were required to enable people to safely engage with more risky or challenging activities this was arranged. People were encouraged to do as much as possible for themselves and had been supported to gain the skills necessary to enable them to gain voluntary work placements.

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. Staff and managers communicated with people effectively and supported people to make meaningful decisions and choices. Where people lacked capacity and there were restrictive care practices in place these practices had been reported to the local authority for authorisation by the court of protection.

Right Care:

Staff cared for the people they supported and understood their role in ensuring people were protected from all forms of abuse and discrimination. Staff took evident pleasure and pride in describing people's recent achievements.

Right Culture:

The supported living service was well staffed. Relatives and health professionals were complimentary of the positive impact the service had on people's welling, communication and quality of life.

Domiciliary care service

The provider had experienced challenges in relation to the recruitment of staff able to drive for the domiciliary care service. As a result, the provider was not currently accepting new packages of domiciliary care.

Staff rotas included appropriate travel time and people told us their carers normally arrived on time and stayed for the full duration of each visit. Missed visits had occurred infrequently and the service learned from these instances and identified the need for additional processes to be introduced in order to reduce the risk of visits being missed in future.

Staff in both divisions of the service staff were recruited safely and were well supported by their managers.

Quality assurance processes were effective and both divisions of the service regularly received compliments about the quality of care provided. The service communicated effectively and people and relatives knew how to contact the registered manager if necessary.

Medicines were managed safely and there were appropriate infection control procedures in place.

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

Rating at last inspection and update

The last rating for the service was Good published on (4 June 2021). At this inspection the services rating has remained Good.

Why we inspected

This inspection was prompted by information we had received which indicated there had been a significant change in how the service operated, as the number of people receiving supported living care had significantly increased. As a result, we undertook a focused inspection to review the key questions of Safe, responsive 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. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

Recommendations

We have recommended the provider seeks advice on how to ensure information is accurately transcribed into medicines administration records.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our safe findings below.

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

The inspection was carried out by two inspectors and an Expert by Experience. The Expert by Experience was a person who had personal experience of caring for someone who uses domiciliary care services.

Service and service type

This service provides care and support to 10 people with learning disabilities or autism living in 'supported living' settings, so that they can live as independently as possible. In addition, the service also supports approximately 25 older people who live in their own homes.

In the supported living settings people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

There was a registered manager in post at the time of the inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we intended to visit people in their own homes, and it was necessary to give the service time to gain consent for these visits to be completed.

Inspection activity started on 30 January 2023 and ended on 2 February 2023. We visited the service on 30 and 31 January 2023.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection as part of the planning process. 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 of this information to plan our inspection.

During the inspection

We visited 3 supported living settings and met with 2 additional people who received supported living care in the service's office. We also spoke by telephone with 4 relatives of people using the supported living service and with 5 people and 5 relatives of people supported by the domiciliary care service. In addition, we met and spoke with 10 staff and the registered manager and gained feedback about the service's current performance from 2 health and social care professionals.

We looked at records relating to people's care and the management of the service. This included 5 care plans and associated risk assessments, medicine administration records (MARs) and staff 4 recruitment and training records.

We also asked the service to send us records relating to the day to day management of the service and quality assurance audits. This information was reviewed in detail after 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 Good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks in relation to people's support needs and the environment had been identified and mitigated.
- Where care plans identified the need for equipment to be used to manage mobility risks, staff were provided with clear guidance and appropriate training on how to use the available equipment safely. People told us they felt safe while being supported to move.
- Staff understood how to support people if they became anxious or distressed. Staff knew people well and were able to quickly identify and understand signals that indicated people were becoming upset. Staff used positive behaviour management techniques appropriately, to ensure people's safety. Records showed these techniques were only used when required to ensure people's safety and for the minimum time necessary. Staff said, "There is very little now that [person's name] does not self-manage" and "[Person's name] has an amazing ability to self-manage and get [themselves] to a safe area to [control their] own anxieties."
- The provider had robust contingency plans in place to ensure people's care needs were met during periods of adverse weather or travel disruption. There was also a manager on call each day to support staff and make alternate arrangements in the event of unplanned staff sickness.

Systems and processes to safeguard people from the risk of abuse

- People in receipt of supported living care were comfortable in their homes with staff who were confident they had the skills necessary to keep people safe. People supported by the domiciliary care team and their relative were confident people were safe during care visits. Comments received included "I do feel safe with them [staff]", "I feel [my relative] is very safe with the carers who come to [visit]" and "They are very lovely people who care for [my relative]".
- Staff and managers had a good understanding of local safeguarding procedures and appropriate referrals had been made where staff had become concerned about people's safety. Staff told us they cared for people as if they were their own family members and would take immediate action to keep people safe.
- The provider had recognised there were specific risks associated with situations where multiple members of an extended family were employed. These risks were appropriately managed and family members did not work on shift together.
- There were effective systems in place to ensure people were protected from financial abuse. Records were maintained of all transactions completed by staff people told us, "They get my shopping for me, I do get a receipt".

Staffing and recruitment

- Staff had been recruited safely. All necessary pre employment checks had been completed before staff were appointed. This included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police

National Computer. The information helps employers make safer recruitment decisions.

- There was an ongoing targeted local recruitment campaign underway. However, the service was experiencing some difficulties in recruiting staff who were able to drive to join the domiciliary care team. As a result, the provider was not currently taking on additional packages of domiciliary care and this meant the size of this service had reduced since our last inspection.
- The supported living service was well staffed at the time of the inspection and records showed people had consistently received the support they required. All 3 settings we visited were fully staffed. Staff told us, "We are never short staffed always 2 of us. it is a lovely little set up" and "Normally 2 staff, never any less than that, we have 3 every other Monday and want to start swimming back up". Involved health professionals told us, "The company seems able to cover most, if not all of its shifts and has helped cover other packages with shortfalls at short notice".
- Rotas for domiciliary care staff included travel time between consecutive care visits and records showed staff normally arrived on time. Staff working in the domiciliary care team told us, "We generally have enough time to move between clients and stay the full time" and "There is enough time with rotas".
- People and their relatives were happy that staff normally arrived on time and met people support needs. Their comments included, "They generally arrive on time and stay for the full time", "Most of the time they arrive on time and always stay for the full 30 minutes" and "There are no fixed times just within a range. They are generally around the same time each day and they stay until the job is done".
- Missed visits had occurred infrequently. Each incident was investigated, and office staff now completed checks during office hours to ensure planned visits were provided. The most recent missed visit had occurred out of office hours when a staff member had misread their rota.
- A digital call monitoring system and an out of hours on call rota was being introduced to further reduced the risk of visits being missed. One person who had previously experienced missed care visits told us, "They [staff] occasionally miss a visit but it has not happened for a long time".

Learning lessons when things go wrong

- All accidents and incidents were documented and reviewed by managers. Areas of learning or possible improvement were identified and action taken to minimise the risk of similar events recurring. For example, the doorbell in one person's home had been disabled and replaced with a system that quietly alerted staff to visitors, as it had been identified that unexpected noises could impact on the person's wellbeing.
- Audits of incident records showed a trend of decreasing severity and frequency of incidents in supported living settings. Staff clearly understood people needs and preferences, and were proactive in helping people to manage anxiety.

Preventing and controlling infection

- The provider had effective systems in place protect people from infection control risks. PPE was readily available and was used in accordance with current guidance. Staff understood how to manage infection control risks during the COVID-19 Pandemic.

Using medicines safely

- Medication Administration Records (MAR) had been fully completed and demonstrated people had been appropriately supported with their medicines. Where information had been transcribed onto MAR charts by staff, this information had not been consistently checked to ensure its accuracy.

We recommend the service seeks guidance from reputable sources on how to ensure information is accurately transcribed into medicines administration records.

- Staff had completed medication training and people and their relatives told us they were supported to

take their medicines as prescribed. Their comments included, "I do all my medication from a blister pack but the carers apply my creams" and "They make sure that [my relative] takes [their] medication each day".

- People's care plans included clear guidance of staff on when 'as required' medicines should be used, and appropriate records had been maintained in relation to the use of these medicines. The service had worked collaboratively with professionals to reduce the use of medicines in accordance with STOMP (Stopping over medication of people with a learning disability, autism or both) principles.
- There were systems and processes in place to support people to manage their medicines as independently as possible. One person who received supported living care completed their own records which enabled them to check they received their medicines as prescribed.
- Some people had medicines that they may need support with immediately. Some staff had completed additional training in the use of these medicines and staff told us, "There is always someone who is [emergency medicine] trained on".

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 service had correctly identified that a number of people the service supported lacked capacity in relation to decisions about where they lived. Where there were restrictions to people's freedoms systems were in place to ensure their safety. This information had been shared appropriately with the local authority and involved professionals and application to the court of protection, for the authorisation of these restrictive practices being implemented.
- Staff supported people to make meaningful decisions and choices. Information was offered in a variety of ways, in accordance with people's known needs. This supported decision making and ensured choices were respected. One staff member told us, "If [person's name] don't want to [do something they] will let you know. Last night I asked about a bath [they declined], I left it for a bit then asked later. [The person] then went up on [their] own."
- Where people had expressed views in response to specific planned activities or suggestions from relatives these choices and decisions were respected by staff.

Is the service responsive?

Our findings

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- In the supported living service records showed additional staffing had been provided to enable people to try new activities and experiences. One person told us, "I can choose when to have support."
- In the supported living service, the provider had endeavoured to match the personalities of staff with those of the person they would be supporting. Staff told us, "They [managers] try to match the staff to the clients. It was really thoughtful" and "[The manager] talked through all the [people the service supports] and matched me with [a particular person because of shared interests]". Relatives said, "They appear to have done a good job of matching the staff to what [my relative] likes. They are becoming nice companions rather than just carers".
- People were supported to do things for themselves and to engage in a wide variety of hobbies and interests. Staff told us, "We get [person's name] out as much as we can, Newquay zoo on Friday, Tehidy woods yesterday and Pendennis point today" and "We went down to the pier last week for an hour, [person's name] caught 2 mackerel". The provider was clearly focused on supporting people to be as independent as possible and said, "We have taken people who we firmly believe we can support to live a better live. We do turn packages down where we don't think we can meet the person's needs. All of our packages are different as they are about what people need".
- Staff told us, "I think [Person's name] is living a good life" and "[Person's name] is just amazing. [they] are living [their] best life. [Person's name] goes out when [they] want to and does what [they] want to." People were also supported to take advantage of spontaneous opportunities. For example, dolphins had been spotted inshore near Falmouth in the days prior to our inspection and two people were supported to go dolphin spotting during the second day of our inspection.
- The supported living service helped people to develop additional life skills and had provided opportunities for people to gain the experience necessary to apply for a voluntary work placement. One person told us, "I am doing some voluntary work at a charity shop, they stay with me to see how I get on. I have done some voluntary work for [the provider]".
- Involved professionals also recognised that the supported living service was enabling people to live fulfilling lives. They told us, "[They] are very good at enabling the client to engage in community activities that [the person] likes as well as welcoming [relatives] into the house for Sunday roast which [the person] loves" and "It is fair to say that the move to Continuum has been very positive for the client whose general health and wellbeing has improved through person-centred support and engagement in preferred activities".
- The service hosted various parties and celebrations in the office which were well attended by people using the supported living service. People using the domiciliary care team were supported to prepare for and attend important family events when this support was requested.

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

- Care plans were informative and accurately reflected people's current care and support needs. Relatives had been involved in the development and review of these documents and told us, "The care plan is up to date and they seem quite hot at making sure everything is done" and "We get regular review meetings, in fact I got one the other day".
- Care plans in the domiciliary service included brief life history information. This information helped staff during initial care visits, to identify topics of conversation the person may enjoy. Staff told us these documents were sufficiently detailed and provided the guidance they required. Their comments included, "When I get other clients, I get all the information I need" and "The care plans are good".
- Care plans were available to staff in people's homes, which detailed the support to be provide during visits. Relatives were confident staff understood how to meet each person's specific needs and told us, "All the staff have a good knowledge of [the person's needs] and are prepared to listen and take on board [suggestions] of how to do things" and "They know [My relative] inside and out and just really understand [the person] and can cope with all [their] little foibles".
- Daily care notes had been completed during each visit or period of support and these documents consistently showed planned care had been provided.

Meeting people's communication needs

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

- Care plans included clear information and guidance for staff on people's individual communication needs and preferences. In the domiciliary care service this included details of hearing aids or other communication tools people used regularly.
- Staff providing supported living, worked intensively with people and this had impacted positively on a number of people's communication skills. Staff were able to communicate effectively with people and used a range of communication tools and techniques effectively while providing support. Staff comments included, "We talk to [person's name] all the time, we are always trying to interact with [them]", "[Person's name] has starting to say words [They] never said before" and "[The person's] speech is really coming on the difference I have seen in [them] is amazing".
- Relatives also recognised improvements in people's language skills and told us, "We have seen such a change in [Person's name], they are so happy most of the time, using new words and phrases. [My relative] is doing so well" and "If [staff] don't know what certain signs mean they will talk to us. They have learned a lot about [My relative]".

Improving care quality in response to complaints or concerns

- The provider had systems in place to ensure any complaints received were investigated and resolved. People and relatives knew how to make complaints and told us any issues they raised had been resolved. Their comments included, "I raised an issue with the manager, and they took action to resolve my issue", "I can go straight to [the provider] with anything and he fixes things" and "I have nothing to complain about whatsoever".
- The provider and staff team regularly received compliments and thank you cards from people and their relatives. Recent compliments praised staff for the compassion with which they provided support and included, "We can't praise the company enough. Thank you all very much" and "I only wish I had found you earlier".

End of life care and support

- There were systems in place to enable the service to meet people's needs at the end of their lives. Information about people's expressed wishes and preferences was recorded within s care plans and the service worked with involved health professionals to ensure people were as comfortable as possible.

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 Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Most people and their relatives were complimentary of service and the quality of care they received. Comment received included, "We are on the whole we are happy the service we are getting", "I am very happy with things as they are. Much better than the company we had before" and "It is well managed service".
- A small minority of people receiving domiciliary care raised issues with us about the effectiveness of the service's leadership. These issues related to staffing challenges the service had experienced. The registered manager had previously recognised that staff availability was impacting on the quality of support provide by this service and as a result the service had stopped taking on additional packages of care. People recognised this action had impacted positively on the care they received and told us, "I was not happy in the past when I was let down so often. It is much better now".
- Relatives of people receiving supported living care were highly complementary of the service's performance. They told us, "They are brilliant, moving to [Continuum] is the best thing that has ever happened to [person name]", "They are super person centred", "They are a brilliant company they are doing really well with [my relative]. I can't praise them enough they put [my relative] first for everything" and "This is absolutely the best care company we have been with, they work with us as a team."
- Staff in both the domiciliary care and supported living teams were well motivated and committed to ensuring people needs were met. Staff enjoyed their work and took pride and pleasure in describing people's achievements. They told us, "[Person's name] is an extremely likable [person]", "I love it I love my job" and "I absolutely love it, [Person's name] is wonderful to work with absolutely brilliant".
- The registered manager was aware of the significant challenges people and families were experiencing in identifying and sourcing suitable accommodation for people in need of supported living style care. As a result, the provider had purchased a small number of buildings and flats for people to lease. People had their own fixed term tenancy agreements in place and one person had been able to change care provider, without this impacting on their rental arrangements. The registered manager told us, "Once a person is in [a flat]. That is their home and they can stay as long as they want to". Following feedback at the end of the inspection the registered manager committed to set up a separate property holding organisation to manage and oversee these properties.

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

- The service was required to have a registered manager and there was a registered manager in post at the

time of this inspection.

- The registered manager was well supported by a team of senior staff whose roles and responsibilities were clearly defined and understood by relatives and the staff team.
- Relatives were complimentary of the service's leadership and told us, "The Office and the manager are very helpful" and "The managers, when in crisis were really involved and really cared for us as a family. I know they are there consistently for the staff and are there for us if we need them"
- Staff felt well supported and records showed staff had received regular supervision. Unannounced spot checks had been completed by managers to monitor staff performance in both the domiciliary care and supported living services. Staff told us, "[The registered manager] is really good, it is so nice that you can talk to them", "[The registered manager] looks after you very well" and " it is a small company, and everyone is approachable".
- The services quality assurance systems were effective and designed to drive improvements in performance. Team meetings had been held regularly and provided opportunities for staff to review practices and discuss possible change in approach with support from their managers.
- Most necessary notifications had been submitted to the commission when required. In relation to a recent incident, required notification paperwork had been completed but not received by the commission. The registered manager introduced additional systems following this inspection to ensure notification were successfully submitted and acknowledged stored.

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

- Staff acted to ensure people were protected from discrimination and supported people to engage with a wide variety of hobbies and interests. In the supported living service, newsletters were produced regularly detailing what activities people had engaged with and enjoyed.
- There were appropriate systems in place to gather feedback from people and their relatives. People told us "The office ring about every 2 months to see if I am happy with everything" and I get regular calls from the office every couple of months to ask if everything is OK".
- Responses to a recent survey had been complimentary with comments including, "All the staff are lovely", "Brilliant service. Always friendly and professional" and "We can't praise the company enough. Thank you all very much".

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, registered manager and staff team recognised the importance of open communication with people and understood the requirements of the duty of candour. When any significant incident, accidents or changes in people's support needs were identified this information was promptly shared.
- In the supported living service a secure messaging system had been set up to enable staff to share information and photographs with family members. Relatives told us, "The manager and team leaders are easy to get hold of, [we have a communication group] so I have contact details for staff team and the manager. It works really well. They keep us well informed, so I know everything that has happened".

Working in partnership with others

- The service worked collaboratively with health care professionals and family members to ensure people's needs were met. Where staff identified safety concerns in relation to the environment in which people lived or their individual support needs this information had been shared promptly with professionals and appropriate action taken to resolve these situations. One staff member told us, "There is good communication between the office, staff, clients, families and professionals" while relative said, "They work really well with professionals and us to put things right for [Person's name]".

- The supported living staff team had worked with people to help them become desensitised to attending healthcare appointments. Staff took pride in describing recent successes that had achieved in supporting to attend appointments.