

Combe Domiciliary Care Limited

Combe Domiciliary Care

Inspection report

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Millom
Cumbria
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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

About the service

Combe Domiciliary Care is a domiciliary care service delivering care and support to people in their own homes living in Millom and surrounding rural areas. At the time of the inspection the provider was supporting approximately 42 people, mainly older adults. The service delivers personal care and also cares for people who may be at the end of life. They also support some people with basic home nursing tasks that have been delegated to them by the community nurses.

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 told us they felt safe. Staff had received suitable training about protecting vulnerable adults. New members of staff had been suitably vetted. Accidents and incidents were responded to appropriately. Team members understood people's needs and had suitable training and experience in their roles. The service employed enough staff to cover the programme of calls in all areas.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us the staff were caring and respectful and made sure confidentiality, privacy and dignity were maintained. Risk assessments and care plans provided detailed guidance for staff. People using the service, or their relatives, as appropriate, had influenced the content. The registered manager ensured the plans reflected the person-centred care that was being delivered. Staff supported people to get health care and staff managed medicines well. The service had good working relationships with health care professionals. Staff supported people to eat well and stay hydrated.

The service had a quality monitoring system and people were asked their views in a number of different ways. Quality assurance was used to support future planning.

The registered manager understood how to manage concerns or complaints appropriately. There had been no complaints.

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 07/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the first anniversary of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Combe Domiciliary Care

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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and in specialist housing. They delivered care to around 40 people in the Millom area.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 January 2020 and finished on 23 January 2020. We visited the office location on 7 January 2020

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 and professionals who work with the service. 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 had contact, by telephone, with nine people who used the service (or their relatives) about their experience of the care provided. We spoke with six members of staff including the providers, the registered manager and care staff during our visit to the office. We also spoke with three further staff members by telephone.

We contacted three professionals who regularly visit the service.

We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff development. We reviewed a variety of records relating to the management of the service, including rostering of the care delivery.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received training data and quality assurance records.

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 for 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 suitable systems in place to ensure staff were aware of how to safeguard people from harm and abuse.
- Staff had been trained in understanding what was abusive and were aware of how to manage this. A professional said, "I feel they go above and beyond their duties to ensure a person is safe."
- People told us, "They are all lovely. I could tell them anything and they would sort it". Several people appreciated that the staff were "local and our sort of people" and said they felt safe because the staff were known to them.

Assessing risk, safety monitoring and management

- Risks to staff and people who used the service were suitably assessed and managed.
- Good assessments of the person and their environment were in the records we reviewed. A professional told us, "They always make an effort to attend reviews and assessments ...They are great at pre-empting any deterioration and ensuring services are in place to prevent any crisis."
- One person confirmed that the staff "Ask me all sorts of things and make sure that I get what I need."

Staffing and recruitment

- The service was appropriately staffed to ensure consistent care delivery. Recruitment was appropriately managed.
- Staffing levels met the hours shown on rosters and there had been no missed calls or shortened visits. One person said, "It is usually the same four staff. They never miss a visit and they stay the full length of time."
- The provider ensured all new staff were suitably vetted. We saw records that confirmed new members of the team did not have access to vulnerable people unless their background was thoroughly checked.

Using medicines safely

- Where staff administered medicines this was done correctly and people's medicines were safely managed on their behalf
- Medicines administration records were completed and checked on a regular basis. The registered manager ensured that administration was checked with the local G.Ps just to make sure this was appropriate.
- People confirmed staff managed medicines correctly and systems were explained to them and followed through. One family carer said, "They only do it if I am not around and they do it directly from the packaging and record so I know its been done."

Preventing and controlling infection

- The provider had appropriate systems to ensure good infection control in people's homes.
- People told us, "They are clean and tidy and good workers".
- Staff confirmed they had been trained and were provided with suitable protective clothing and equipment. Good supplies of personal protective equipment were stored in the office.

Learning lessons when things go wrong

- The provider analysed and reviewed all aspects of the service and improved on any matters where they, or the people they supported, felt change was needed.
- Two people told us about minor concerns and how the senior staff were very quick to change the rosters and prevent any conflict.
- Professionals told us that the team were quick to adapt and change if care packages were not working effectively.

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 worked with social and health care professionals to ensure care and support met people's needs and was in line with good practice and legislation.
- A professional said, "I feel reassured that they will flag up any concerns/issues and they work strongly with Adult Social Care."
- Good assessments of need were on file and senior staff ensured that the team continued to monitor and assess people's needs and any risks in the package of care.

Staff support: induction, training, skills and experience

- Staff were suitably inducted, trained and mentored to ensure the workforce was skilled and experienced.
- The provider ensured all staff received mandatory training and specific training. The service had started to use a training company which supported staff completing specialised training in a wide range of subjects. We met staff who spoke about their plans to undertake training related to the individuals they worked with.
- One relative said, "They do know their job and do the practical stuff. They understand [my relative's condition] and they chat away with them nicely."

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

- Where needed the staff ensured people were supported to have good levels of hydration and nutrition.
- Nutritional planning was in place where needs had been identified. Daily records gave details of meals prepared and taken. Staff had supported someone to consult their GP when they had lost weight.
- People said, "They are fine, sometimes I wish I had them longer when I want to have something special but they do a good job." A relative said, " [My relative] doesn't eat proper meals but the staff make all sorts of snacks and light meals and these are good and do get eaten. It suits [my relative] and we know they are eating something."

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

- The registered manager had ensured the team worked well with health and social care professionals.
- Professionals said, "I have an excellent working relationship with them" and "I have had very positive experiences."
- Records showed the staff kept health and social work professionals up to date with people's needs and challenges.

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

- Systems were operating to ensure people were supported to live healthy lives and access appropriate health care.
- Staff noted changes in health and contacted health care professionals in a timely fashion, ensuring preventative, routine and urgent health needs were met. One of the senior team had recently encouraged and supported a person to seek help with their mental health needs.
- One person said, "They would get the doctor if I needed it and help me with medicine and eating well."

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 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 and the staff were aware of their responsibilities under the MCA and the role they might play in care delivery.
- No one in receipt of care was under any authorisation of the MCA but the provider would alert social workers if there were any matters where people were being deprived of their liberty.
- Professionals had confidence in the service and no concerns about the team's readiness to notify them of any issues around deprivation of liberty.

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 treated well, with appropriate attention paid to diversity and equality.
- Staff confirmed they had been trained in equality and diversity and they spoke about how they took human rights into consideration.
- A person who used the service said, "They take time to sit and talk, they are all nice." Two people said how much they appreciated having a male care assistant and felt male care staff had a good rapport with their relative. People told us the staff were polite, caring and discreet. People described the staff as "Lovely", "Brilliant" and "Absolutely fantastic".

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

- People were given opportunities to express their views and were fully involved in decision making. This was done through visits, surveys, phone calls and reviews of care.
- People and their social workers confirmed that reviews of care were held where they could express their views of the support they received.
- Senior staff visited to check on staff competence and on satisfaction levels. They also phoned people and asked them their views of the care and support delivery. This was part of ongoing staff appraisal and competence checks.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted by the person-centred approach to care delivery.
- One person said, "I think they are extremely good and my family say they are first class". A professional said, "I feel the agency promote independence as they will also contact and request a review if a person has improved and may need a reduction in their care package." One person told us the staff helped them feel confident about doing more for themselves.
- People confirmed confidentiality was maintained. One person said, "Never heard them talk about anyone else that gets care. I don't think they gossip about the people they look after." Another person said, "This is a small town but they don't talk out of turn."

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

- Individual, person-centred planning was in place to ensure people received appropriate care to meet their needs.
- People confirmed they had a written care plan that staff followed. One person said, "We sat down together to write it so they know what was needed."
- We spoke with three support staff in the office who said they knew people well but still checked the care plans and made sure any changes in needs or preferences were put into the plans. Professionals said, "They offer a holistic approach to care planning and also think creatively" and "Care plans are detailed, thorough and accurately reflect the needs of the individual."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication needs were appropriately met because staff were suitably trained and informed of the needs of people.
- Staff said there was no one in the service with very complex communication needs but were sure they would receive training. One staff member spoke about how important it was to face a person with hearing loss, to ensure they had the optimum chance of hearing what was said.
- People confirmed that they had the right kind of support. A relative confirmed that the registered manager had made a communication board, so that the person could communicate with the staff.

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

- The team were actively working on ways to lessen social isolation and to help people take part in activities.
- The provider was supporting a scheme called 'Ten thousand minutes' and were paying staff to go and socialise with people in their homes or help them access the wider community. They also had twice yearly events where they brought people together for celebrations. The registered manager also asked social workers and families to consider 'social time' care delivery and we saw some examples where people had been supported to have extra time for going out and socialising.
- People confirmed that this project had started to have some impact. one person said it gave them, "A little extra. I hope it might help me get out when the weather gets better."

Improving care quality in response to complaints or concerns

- The provider responded to any concerns or complaints and saw this as a way to improve the service.
- There had been no complaints in the service and people told us they had copies of the complaints procedure.
- No one we spoke with had any complaints but were confident about ringing the office if something was not right. One person said, "I would be quick off the mark if something was wrong. I would phone and tell them and they have to deal with it."

End of life care and support

- Very good support was given to people at this stage of life.
- We saw thank you letters and messages about the support given at the end of life. These were all very positive. For example, "We would never have been able to keep [our relative at home until their death] without their daily commitment...chatting and making [our relative] feel 'normal' and also supporting the family. [My relative] loved her girls."
- We spoke to staff who confirmed they had lots of support to help people at this life stage because they worked well with the local health care team.

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 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

- The provider and the registered manager ensured people had good outcomes because the care was person centred, inclusive and empowering.
- Staff told us they were, "Best firm in the country. I love my job". One staff member said, "Managers understand the job we do as they have done it themselves. They have a good understanding of what is needed and they do a good job."
- Professionals said, "The service appears very well led and the staff are very responsive."

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 the registered manager were aware of the duty of candour and were open and honest in their practice.
- People said that they thought the staff and management were very open. One person said, "They responded well when I had a problem and told me what they had done to put it right."
- Staff said the service was open with them and with the people who they cared for. One team member said, "There is trust on all sides - they are open with us and we are with them."

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

- The service had a clear and simple structure allowing quality care to be delivered safely and appropriately.
- The management team consisted of two directors of the company and the registered manager. Staff understood the management team's roles. Staff told us they had regular contact with them and found them approachable. One person said, "I work for them because they run a good company and they trust us. They don't micro-manage but they are there if you need support."
- Quality monitoring was done regularly with checks on how staff delivered care, how medication was managed and how care plans and other records were maintained. The first annual survey for people, their relatives and professionals was being prepared.

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

- The people using the service, their relatives and professionals confirmed that people were treated fairly.
- Staff confirmed they had received training and understood the need to consider and respect equality characteristics.
- Two members of the public came into the office when we visited, one to ask to volunteer for their project on socialising and another to alert them to a possible problem. Social workers told us how well the team engaged with the local community. "They have excellent knowledge of the local area and I quite often contact them if I have a query."

Continuous learning and improving care

- The provider ensured the whole team kept on learning to ensure people had the best care possible.
- One person said, "I think the service is better than it ever was, nice to have local people managing rather than a company from away."
- Staff said the whole team, "Think about what we are doing and try to make sure we get it right for people. We don't stop learning and changing."

Working in partnership with others

- We had positive responses from social care professionals, showing good partnership working was in place.
- One professional said, "I have no concerns in recommending them to others and feel they offer a vital service in a rural area. Their approach is caring and supportive and I only wish all agencies had a similar ethos and actually work with a person-centred approach."
- Records and observations in the office showed the team worked with other professionals on a daily basis to make sure people's needs and wishes were met. We saw this in action on the first day of inspection when we observed staff contacting other professionals on behalf of people, including a person who needed extra support.