

First Call Care Solutions Limited

Continuum Care (Cornwall)

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

Continuum is a domiciliary care service that provides care and support to people living in their own homes. At the time of the inspection the service provided personal care to four people. When we inspected two people were regularly using the service. The other two people only received care occasionally. Due to the small number of people using the service we were not able to provide a rating for Continuum because of the limited evidence available. We will complete a further inspection in the future to ascertain if we can obtain sufficient evidence to rate the service.

We inspected Continuum on 3 November 2018, the inspection was announced in advance. This was because the service is small and we needed to be sure someone would be available to talk with us. This was the first time the service had been inspected.

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

There were no other staff employed at the service at the time of the inspection and the registered manager was providing care with occasional support from a volunteer. The volunteer had the appropriate checks in place to verify they were suitable for the role. Two new employees were in the process of having pre-employment background checks completed. Plans were in place for new employees to complete an induction and initial training before they started to deliver care independently.

People were protected from identified risk. The registered manager knew people well and was aware of the support people needed to help keep them safe. There was a safeguarding policy and people had access to contact details of external agencies if they wanted to raise any concerns. One person was having limited support with medicines and this was documented in their care plan.

Care plans contained clear descriptions of people's routines where this was important to them. The care plans were relevant to people's individual circumstances. Copies were made available to people in their homes.

People and their relatives were largely positive about the caring approach of the registered manager. They told us they felt in control of arrangements for their care and support and would be able to ask for any changes if necessary.

The registered manager had a clear vision for the development of the organisation. In our conversations with the registered manager, people and relatives, there was a recurrent theme of the flexible approach to care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We were unable to rate this key question due to insufficient evidence at this time.

Inspected but not rated

Is the service effective?

We were unable to rate this key question due to insufficient evidence at this time.

Inspected but not rated

Is the service caring?

We were unable to rate this key question due to insufficient evidence at this time.

Inspected but not rated

Is the service responsive?

We were unable to rate this key question due to insufficient evidence at this time.

Inspected but not rated

Is the service well-led?

We were unable to rate this key question due to insufficient evidence at this time.

Inspected but not rated

Continuum Care (Cornwall)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Due to the low numbers of people receiving a regulated activity at the time of the inspection we were unable to provide an overall rating for the service.

This comprehensive inspection took place on 3 November 2018 and was announced. We gave the service notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the registered manager would be available in the office to assist with the inspection. This service had not previously been inspected. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We had not requested a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we spoke with one person who had experience of using the service and a relative of someone who had received support from Continuum. On the day of the inspection we visited two people using the service and a relative in their homes. We later met with the provider at the registered office. We looked at detailed care records for people using the service, staff recruitment files and other records relating to the running of the service.

Is the service safe?

Our findings

We were unable to make a judgement on this key question. The service was only providing 18 hours of care per week on a regular basis. This was made up of two care packages, one of 16 hours a week and one of two hours per week. The service occasionally provided support to two other people. Due to the low number of hours of care and support provided it was difficult to make a judgement on how safe the service was and we have concluded there is 'Insufficient evidence to rate.'

People told us they felt safe when receiving care and support. Comments included; "I trust [Registered manager]" and "I feel safe, [Registered managers name] knows what he's doing."

At the time of the inspection there were no employed staff and the registered manager was providing care. They were occasionally supported by a volunteer. Two new employees were in the process of going through their pre-employment checks. Staff files were in place which included application forms and details of past employment. There was evidence to show Disclosure and Barring checks had been completed, or were in process, for the volunteer and new employees.

There were plans in place to make sure new staff would be aware of their responsibilities to safeguard people and protect them from discrimination and harassment. There was a safeguarding policy which included information on the potential signs of abuse and what action staff should take if they suspected abuse. There was also a Diversity and Equality policy in place. The registered manager demonstrated a non-judgemental attitude when discussing people's lifestyles and choices.

Risk assessments had been developed which identified when people were at risk and what action could be taken to mitigate risk. These were individualised and specific to people's needs. Environmental risk assessments were in place which outlined any risks associated with people's homes. For example, poor lighting or any trip hazards within the home.

Some people, when anxious or distressed, could behave in a way which might put themselves or others at risk. Information in care plans clearly described how to recognise when people were becoming distressed and the actions to take to alleviate this.

One person had some support with their medicines. It was clearly recorded in their care plan how much support they had requested and how this was to be organised. The care plan did not list the person's prescribed medicines. The registered manager assured us they would add the information to the records.

The registered manager was responsible for delivering care and therefore was aware of any accidents or incidents that occurred. These were clearly recorded in people's daily notes. At the time of the inspection there was no system for recording any untoward events separately. This would support effective auditing of events to help ensure any patterns or trends were quickly recognised. We discussed this with the registered manager who agreed they would develop an appropriate recording system.

There was an emergency contingency plan in place. The registered manager had an agreement with another domiciliary care agency that they would provide care for people if Continuum were unable to for any reason.

Is the service effective?

Our findings

We were unable to make a judgement on this key question. The service was only providing 18 hours of care per week on a regular basis. This was made up of two care packages, one of 16 hours a week and one of two hours per week. The service occasionally provided additional hours to two other people. Due to the low number of hours of care and support provided it was difficult to make a judgement on how effective the service was and we have concluded there is 'Insufficient evidence to rate.'

People told us they had confidence in the registered managers ability to deliver care according to their needs.

At the time of the inspection there were no staff employed although two potential employees were in the process of having background checks completed. We discussed with the registered manager their future plans for induction and training. They told us new employees would complete an induction which would incorporate the Care Certificate. This is a national training programme designed to give staff new to care an understanding of the fundamental standards of care. As part of the induction process new staff would be introduced to people using the service and work alongside the registered manager until they, and the people using the service, were confident of their ability to deliver care competently.

Additional training would be provided and regularly refreshed to help enable staff to meet people's specific needs. For example, we saw workbooks covering End of Life and safeguarding. The registered manager was qualified to provide training in a range of areas including supporting people whose behaviour might challenge services.

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

The registered manager occasionally supported people with food preparation. No-one was at risk due to poor diet and hydration and the support was aimed at increasing life skills and helping people maintain a healthy diet. Comments included; "[Registered manager] keeps an eye on me when I'm cooking" and "[Registered manager] is very good at teaching me things in the kitchen."

Records showed the registered manager had worked with external healthcare professionals where appropriate to ensure people's needs were met.

Is the service caring?

Our findings

We were unable to make a judgement on this key question. The service was only providing 18 hours of care per week on a regular basis. This was made up of two care packages, one of 16 hours a week and one of two hours per week. The service occasionally provided additional hours to two other people. Due to the low number of hours of care and support provided it was difficult to make a judgement on how caring the service was and we have concluded there is 'Insufficient evidence to rate.'

Most people were highly complimentary about the registered manager and the support provided. Comments included; "Very easy to get on with, we get on well", "[Registered manager has been amazing, I don't know what we would have done without him" and "There are things we can talk about, we have common interests."

Care plans included background information about people's personal histories. This can support staff to get to know people, develop an understanding of the events that have impacted on them and enable them to engage meaningfully with people. The registered manager was able to describe people to us and clearly had an understanding of their needs. They spoke about people affectionately and with empathy.

People were supported to maintain and develop their independence. Some of the people using the service were young adults and the registered manager talked of their wish to support them through this transitional phase of their lives.

People's privacy and dignity was respected. No-one had any concerns about this aspect of their care. Comments included; "There is no doubt my dignity is respected" and "[Registered manager] is attentive but very appropriate. He has honour."

People's cultural needs were known and respected. For example, one person had an interest in religion and iconology. The registered manager had supported them to attend a talk on the subject at the local cathedral.

Is the service responsive?

Our findings

We were unable to make a judgement on this key question. The service was only providing 18 hours of care per week on a regular basis. This was made up of two care packages, one of 16 hours a week and one of two hours per week. The service occasionally provided additional hours to two other people. Due to the low number of hours of care and support provided it was difficult to make a judgement on how responsive the service was and we have concluded there is 'Insufficient evidence to rate.'

Care plans outlined people's needs over a range of areas including their health and emotional well-being. There was information about what was important to and for people and their likes and dislikes. There were detailed descriptions of people's routines where this was important to them. The plans were relevant and up to date. People had copies of their care plans in their homes and were able to access and review them. One person and their relative told us how they had been fully involved in the development of the care plan as the specifics of how the person was supported were very important to them.

Daily logs were used to describe the support people had received. These were detailed and completed at the conclusion of each care visit. The records were returned to the providers office regularly.

All adult social care providers are legally required to provide people with information they can access and understand in line with the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people. For example, there was information on whether people required reading glasses and any support they might need to understand information.

There were systems in place to manage and investigate any complaints. A complaints policy outlined the time periods within which complaints would be addressed and responded to. The policy was included with information given to people when they first started using the service. There were no on-going complaints at the time of the inspection. Everyone told us they would be confident raising a complaint if they needed to. Comments included; "I would tell him it like it is, no hesitation."

Is the service well-led?

Our findings

We were unable to make a judgement on this key question. The service was only providing 18 hours of care per week on a regular basis. This was made up of two care packages, one of 16 hours a week and one of two hours per week. The service occasionally provided additional hours to two other people. Due to the low number of hours of care and support provided it was difficult to make a judgement on how well-led the service was and we have concluded there is 'Insufficient evidence to rate.'

The service requires a registered manager and there was one in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager demonstrated a sound understanding of each person's individual needs. They were a member of a local provider group and received regular communications from various organisations. This meant they were able to keep abreast of any changes or developments within the sector locally and nationally.

There were plans in place to develop the organisation. New staff were being recruited to enable the business to expand. The registered manager told us they were particularly keen to work with people with complex needs and mental health needs and were developing their training to reflect this. For example, they had developed training for supporting people when their behaviours could be challenging and were moving towards getting accreditation from a national organisation. They were also working towards a Level 3 qualification in mental health.

Throughout the inspection people and the registered manager spoke of the importance of flexibility. Comments included; "I rang him (during a crisis situation) and he came out straight away, no hesitation", "They are very flexible about timings" and "He always says, "If you need me phone me."". The registered manager told us they believed a flexible approach was more in keeping with people's lifestyle choices. They commented; "People's lives change and it's about having that flexibility." One person's particular lifestyle meant they frequently stayed up until the early hours. Visits were organised to avoid any early morning calls at these times. It was apparent a flexible approach was central to the ethos of the organisations visions and values.

Staff rights under the Equality Act were protected. The registered manager told us they were keen to see more people with disabilities working in the care sector and would be encouraging any future job applications from this group of people.

Records were stored securely to help ensure confidential information was kept private. The registered manager had knowledge of, and regard to, new legislation in respect of keeping people's personal information.

