

Coniston Care Scheme Ltd

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Inspection report

Coniston Institute
15 Yewdale Road
Coniston
Cumbria
LA21 8DU

Tel: 01539441868

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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

Coniston Care Scheme was founded in 1995. It evolved through a community partnership including local people, the GP and community nurses, in response to the needs of the local community. It provides personal care and domiciliary services to people living in their own home in the village of Coniston and surrounding rural areas.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service mainly to older adults. Not everyone using Coniston Care Scheme receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated any serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

There was a registered manager in post. 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.

There were sufficient numbers of suitable staff to meet people's needs. Staff training was on going and they had received sufficient training to safely support and care for people. Staff were supported by the registered and deputy manager through regular staff meetings, supervision and appraisals.

When employing fit and proper persons the recruitment procedures had included all of the required checks of suitability.

Hazards to people's safety had been identified and appropriately managed.

People's dignity and privacy were actively promoted by the staff supporting them.

People received care from a small team of staff who they knew well and were treated with respect. Everyone we spoke with made very positive comments about the staff who supported them or their relatives.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively

the safety and quality of the provision.

The focus of the service was on promoting people's rights. 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 this was an excellent service and said they would recommend it.

People received the support they needed to take their medicines safely. The staff identified if people were unwell and supported them to contact health professionals.

People were asked for their consent before care was provided and the decisions they made were respected.

Further information is in the detailed findings below

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 has improved this rating to Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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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 checked 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.

This comprehensive inspection took place on 6 April 2018 and was announced. We called the service 48 hours before to arrange our visit because we wanted to be sure the registered manager would be available to speak with us.

The inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who has used this type of service. The expert-by-experience had experience of caring for older people.

We visited the agency office and with the permission of people who used the service we visited them in their own homes.

During our inspection we spoke with six people who received care from the service. We also spoke with relatives, two care workers and the registered manager. We looked at care records for four people who used the service and at the recruitment and training records for four staff. We also looked at records relating to compliments and complaints and how the provider checked the quality of the service.

Before the inspection, the provider completed 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. We reviewed the information we held about the service, including the information in the PIR, before we visited the service. We also contacted the local authority commissioning and social work teams and local health care providers for their views of the service.

Is the service safe?

Our findings

People who used the service and the relatives we spoke with told us that people were safe receiving care from the agency. One person told us, "I feel safe with all of them [staff]." A relative we spoke with said, "I trust them all. It's an exceptional service we get."

The staff we spoke with told us they thought that people were safe using this service. They told us that they knew how to identify abuse and alert the appropriate people. Staff also told us they would be confident to report any concerns to the registered manager. Records we looked at confirmed they had received training in the safeguarding of vulnerable adults.

Risk assessments had been carried out to ensure hazards to people's safety had been identified and were managed. Rota's we saw showed there were sufficient staff to cover the services provided.

Staff we spoke to confirmed they knew the people they supported well as they usually worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them. We were told by people who used the service that staff usually arrived at their homes at the agreed times and they were informed if a staff member was going to be late. People also told us that someone always turned up even in adverse weather conditions. The registered manager told us that in extreme weather they could also call on the local mountain rescue team for support with transport.

We looked at four personnel files and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the agency's recruitment policy. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual.

Staff had completed training in safe handling of medicines. We saw there were clear records for the management of people's medications including the application of prescribed creams. Records also identified whether medications were administered by the staff or whether people were just prompted to take them. One person told us, "They [staff] are very careful about my pain relief, they discuss my care with me and remind me have you taken this or taken that, they are excellent."

There were sufficient systems in place to monitor the safety of the care provided. Where they identified issues with the service provided they had taken action to ensure improvements were made and if necessary any lessons learnt.

Is the service effective?

Our findings

People who used the service and the relatives we spoke with were very complimentary about the staff who worked for the service. One person told us, "They [staff] know what to do." Another person said, " They [Coniston Care Scheme] have always been so well respected and liked by people who use them." A relative told us, "The staff they are very efficient and know my relatives really well."

The staff we spoke with told us that they received a range of training to ensure they had the skills to provide the support people required. One care worker told us, "We often have training and we get updates at the staff meetings." We saw new employees completed an induction training programme before working in people's homes. People we spoke with said, "If they [staff] are new the registered manager brings them with her to show them the job and we get to know them."

The care staff we spoke with told us that they had regular meetings and could contact the registered manager to discuss any issues they have. Staff said that they knew they could contact the registered manager at any time or other staff if they needed advice about a person they were supporting. Records showed that staff were regularly supervised or appraised.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at how the service supported people to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests.

Some people who used the service required support to prepare their meals and drinks. People told us that the staff gave them choices about the meals they prepared and said that they enjoyed the meals the staff provided. One person told us, "I get on well with all the girls [care workers] they make lunch for me, make me feel comfortable, it's usually the same person which is good."

We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to the GP or dietician. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met.

Is the service caring?

Our findings

People who used the service we spoke with made very positive comments in relation to the service being caring. People told us that they liked the staff that supported them in their homes. One person told us, "They {staff} are kind and caring, they pick up on things that you don't have to tell them." Another person said, "The girls that come, they are always very polite, they care, they are friends more than anything and are very good."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. We saw from the records that where people could they had been included in planning and agreeing to the support they received. Staff were knowledgeable about the individuals they supported and about what was important to them in their lives.

The registered manager knew how to contact local advocacy services that could assist people to make decisions or express their views if they required support. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We observed during our visit to people's homes that staff were respectful of their homes and their needs. We observed staff took appropriate actions to maintain people's privacy and dignity. One person told us, "They [staff] are very respectful, I have two numbers to ring in case of any problems."

The service provided to individuals was focussed on supporting them to maintain their independence as long as possible in their own homes. The agency had a range of information leaflets that could be given to people who used the service and their families. These included how to contact other agencies that could support people to make choices about their care. This meant people had access to a range of information to help ensure they received the right support they needed.

Is the service responsive?

Our findings

The registered provider had a formal process for receiving and responding to concerns and complaints about the service it provided. The registered manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us how they could raise a concern or complaint. One person told us, "I know who to ring if anything was wrong or I had a problem." Another said, "Very satisfied with them. I have no complaints."

People told us that the care staff who visited their homes knew the support they required and how they wanted their care to be provided. One person told us, "The staff know what help I need." Everyone we spoke with said the care staff always asked them if there was anything else they wanted them to do, before the staff left their homes. One person told us, "One girl [care worker] came with me to the clinic and she was brilliant, she did really well, wrote down all my notes so I knew what they had said."

Each person had a care plan to guide staff on the level of support and care required and how they wanted this to be provided. We saw that they had a copy of their care plan in their home. The registered manager was part of the team that supported people and regularly visited their homes to review their care plan with them to check it was still appropriate to meet their needs.

One person told us, "The girls [care workers] are aware of my problems and my illness they have a good boss [registered manager] who gives them information to help them that's really good." Another person said, "Once I fell and they [registered manager and care workers] were round in a shot."

People's care records included information about their families and personal life history. The staff we spoke with said this was useful as the information meant they could speak to people about the things that were important to them.

Is the service well-led?

Our findings

Everyone we spoke with told us this was a good service and said they would recommend it. One person told us, "Absolutely first class service, very good". Another person said, "Everybody knows how good they are. The quality of care is excellent."

There were arrangements in place to ensure the effective management of the service. The registered manager was supported by a deputy manager, the team of carers, local GP 's and community nurses. Relatives told us the service was well managed and said the registered manager and staff were approachable, listened to their views and cared about everyone.

The registered manager visited people in their homes and sometimes provided their care and support we saw that people knew her well. These visits provided people with an opportunity to discuss their experience of the service in an informal manner.

The registered manager had suitable systems in place to maintain oversight of the quality of the service provided. They carried out checks on staff as they worked in people's homes and asked people who used the service for their views of the support they received.

We saw that people had been asked for their views of the service in formal and informal ways. People were asked to complete a quality survey to share their views. The comments people made were all very positive. Comments included; "Carers know what they are doing" and "Carers have the time for me when I need it". Staff were also asked for their views of the service 100% replied the service was well-led. They commented in the survey results, "Management listen, are approachable and we are encouraged to develop knowledge".

The agency had developed positive relationships with adult social care teams and health service teams to ensure people received the right support they needed. Where they identified a person required additional support the agency managers contacted appropriate services to request a review of the individual's care.