

Carmel Care & Support Limited

Carmel Care & Support Limited Camborne

Inspection report

12a
Cross Street
Camborne
TR14 8EX

Tel: 07342057915
Website: www.carmelcare.co.uk

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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

Carmel Care and Support Limited Camborne supports people living in the community in two houses in the town of Camborne. At the time of the inspection fifteen people were being supported.

People were tenants in houses located in residential streets. People had their own bedrooms. Some had their own bathrooms, others shared bathrooms. There were communal areas and gardens. The houses were staffed to support people 24 hours a day.

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

Effective auditing systems identified errors or failings in the operational systems being used. This had enabled swift action to be taken in order to improve medicine systems to ensure they were safe. Quality assurance processes ensured people were able to give their views of the service and improvements made when they were identified.

People's independence would be improved if the service provided more cookers. This would support people to make their own meals either independently or with support. We have made a recommendation about this in the effective section of this report.

Care and support was planned to ensure that people's needs, and wishes were taken into account. Risks were assessed and carefully monitored to ensure individuals safety.

People received support with their healthcare and nutritional needs. They 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 had access to a range of training which helped to ensure people received good care and support, in accordance with their needs. Community health and social care professionals worked with people using the service.

There was a COVID-19 infection prevention and control policy. It held all current government guidance. Staff followed infection control guidance to help ensure the safety of the people and visitors.

People were supported to make individual choices about the activities they took part in.

Staff understood people's individual communication needs and supported people to engage with a range of activities both within the service and in the local community.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

Right support:

- The model of care and setting didn't always enable people to have choice and control over some parts of their lives. Limited catering facilities meant people did not always have the choice to make meals, snacks and drinks when they wanted to. People were supported to leave the service when they wished and were able to spend time on their own if they chose to.

Right care:

- People were complimentary of the support provided. They told us staff understood their needs and they were confident that staff had the knowledge and skills to provide personalised support.

Right culture:

- There was good oversight of the service from the management team. Staff told us they were able to access management support when they needed to. This meant there were opportunities to ensure support was provided in line with the service's ethos and values.

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

This service was registered with us on 24 February 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the first inspection since their 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?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Carmel Care & Support Limited Camborne

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. 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.

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

The inspection was announced. We announced the inspection a few days in advance to ensure appropriate management would be available to participate in the inspection process and to make arrangements for information to be shared with the commission before the site visit.

Inspection activity started on 22 June 2021 and ended on 25 June 2021. We visited the office location on 22 June 2021.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC.

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 this information to plan our inspection.

During the inspection

We visited the main office to review records and meet with the registered manager. We reviewed a range of records. This included five people's support records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with five staff members; two people being supported and two family members. We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the registered manager prior and during 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.

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.

Using medicines safely

- The providers' systems for managing and monitoring medicines had recently been reviewed. Gaps in medicine records and missed medicines had been identified. Immediate action was taken to improve the system. Some staff required and had received additional training. Regular spot checks were taking place to ensure medicines administration and recording was safe. There was no evidence anybody had been harmed by these omissions.
- The service was providing individual locked medicine facilities in people's rooms in order to promote more independence, in encouraging people to manage their own medicines where assessed as capable of doing this safely.
- Support plans set out when and how to support the people with their medicines.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place which helped to ensure people who used the service were protected from the risk of abuse. Families generally felt their relatives were safe using the service. However, one person told us they felt the communication during an investigation was not as good as expected and the service had not updated them regularly. We shared these concerns with the registered manager who agreed they would review this and improve the way they communicated with families.
- Staff we spoke with told us people were safe. They told us they had received training around keeping people safe and protecting them from abuse. One staff member told us, "It's really important that we know how to protect people. Some can be so vulnerable."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to ensure people who used the service were kept safe and free from harm. For example, improved equipment had been put in place to support a person with poor mobility. Fire risk assessments were in place with any actions being addressed and Personal Emergency Evacuation Procedures [PEEPS] had been developed.
- Risks had been assessed and strategies implemented to reduce the level of potential harm. For example, if people's behaviour heightened there was de-escalation guidance for staff. There were also records of specific triggers which staff were familiar with and this could help de-escalate a situation. A member of staff told us, "Having the information about a client really helps especially when we are out in the community." One person using the service said, "I feel very safe here."
- The service worked closely with specialist professionals and family members to help develop risk assessments and strategies, to reduce behaviours which may be harmful for an individual or to others.
- The registered manager reviewed incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified. Regular audits were completed, and lessons learned

were shared with staff to improve the service.

Staffing and recruitment

- People who used the service were supported by a consistent staff team, who were fit to work with vulnerable individuals. Staff consistently told us there were enough staff to support people's choices of activities and support. One said, "Clients have so much support, it's lovely we can support them in the community."
- Effective recruitment procedures ensured people were supported by staff with appropriate experience and character. All checks had been carried out prior to staff working at the service. Staff spoken with and recruitment records looked at confirmed this.

Preventing and controlling infection

- Staff had access to personal protective clothing (PPE), such as aprons, masks and gloves to reduce cross infection risks.
- Staff told us they were provided with training for infection control and had a good supply of Personal Protective Equipment (PPE).
- Staff had access to COVID-19 testing kits. The provider encouraged all staff to take and report weekly tests and this was promoted as good practice.

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 as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with meal planning and meal preparation. Specialised diets were catered for. However, both houses had one cooker which could restrict times when people could use the facilities independently or with support. One house had an additional kitchen area although the cooker had never been fitted.

We recommend the service ensures there are suitable catering facilities to support people to prepare meals independently and when they choose.

- The staff team supported people to eat a well-balanced diet. People were able to choose what they wanted to eat and were encouraged to make some healthy choices. A family member told us, "[Person's name] needs to be encouraged to eat healthy. They [staff] support [person] to a slimming club every week. It's made such a difference."
- Support plans detailed where the person may need support to monitor health needs and where they required support to attend any healthcare appointments and what risks they entailed.
- It was clear that the service worked well with other health and social care agencies to ensure people received a good standard of care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had systems in place to ensure good outcomes were achieved for those who used the service. The staff team effectively ensured people's choices were carefully considered.
- People had their needs assessed before the organisation supported them. Information gathered during the process helped to form a support plan with involvement from family, advocates and health and social care professionals.
- Support records were regularly reviewed and updated monthly or where people's needs had changed.

Staff support: induction, training, skills and experience

- Staff training had been disrupted during the COVID-19 pandemic. However, staff told us it had commenced again, and all staff told us about the training they had been enrolled on.
- Staff were competent, knowledgeable and carried out their roles effectively. One staff member said, "The training is good. We get it from the company trainer, National Health Service (NHS) and E-Learning."
- Staff told us they felt supported by the registered manager and received one to one supervision sessions.

Records looked at confirmed this. New staff told us they had received a thorough induction and shadowing programme which had supported them during the probation period.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in understanding MCA, best interest decisions and DoLS. Records confirmed this.
- There were no restrictions in place at the time of the inspection.

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 with respect and kindness by competent staff and the registered manager. A relative told us, "[Persons name] loves the staff. They are all so kind and patient]."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's diverse needs. A staff member said, "It's all about respecting people. Everyone has their own ways and it's important not to discriminate."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Where a person may struggle to express their views in words, support plans had the detail to inform staff. Indicators alerted them to signs of agitation and unhappiness, or other emotions.
- We received positive feedback about the staff and the management of the service in relation to respecting people and promoting their independence. A relative told us, "The staff are very knowledgeable about [person's name]. They know how to manage [person] in a kind and caring way."
- People's privacy and dignity was fully considered, and staff were aware of the importance of respecting people as individuals.
- The provider had a range of policies in place to help staff to promote people's privacy and dignity and information relating to advocacy services was available. Advocacy seeks to ensure people can have their voice heard on issues that are important to them.

Is the service responsive?

Our findings

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

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

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 registered manager and staff team encouraged people to develop and maintain relationships.
- People were supported to participate in a wide range of person-centred community activities and to achieve set personal goals and aspirations in accordance with their wishes and preferences. A relative told us, "It's amazing the amount of activities [person's name] does now. It makes us so happy for [person]." Two people using the service told us they enjoyed the range of activities they were involved and supported with. They said, "I do so many things that I like" and "I go out when I want. Come and go really. Always busy." One person was being supported to look at adult education to extend their knowledge.
- Staff looked at a range of options to suit people's individual needs. For example, the local leisure centre for people's health and wellbeing. Staff told us that by using public transport and more community involvement, it had increased people's confidence. One person was in paid employment and had developed more confidence because of their role.

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

- There were systems in place to ensure the planning of people's care and support was person centred and tailored to individual needs and choices. Support plans and risk assessments had been developed. They provided detailed information for staff and helped them to deliver support in a way which would best meet people's needs.
- People were supported to make a wide range of choices and were encouraged to make decisions about how they preferred their support to be delivered. Some people were supported to make decisions by others who were involved in their care, such as relatives or community professionals.
- Daily records had been completed detailing the care and support people had received and activities they had engaged with.

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.

- People were provided information and reading materials in a format that suited their communication needs and support plans included people's preferred methods of communication. Some records had been produced in picture format, which enabled people to access information.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. A relative confirmed they had received this and would be confident to make any issues or concerns known to the management team.
- There had been no complaints made and the registered manager assured us they would be taken seriously in accordance with their policy.

End of life care and support

- The service engaged with other health and social care professionals to support people coming to the end of their life.

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

- Staff said their views and suggestions were listened to and they felt valued by the management team and organisation. One said, "There has been some changes, but I think it's a good place to work and I feel we make a real difference to client's lives."
- The service sought the views of people and staff to measure the quality of support people receive. Staff told us they were encouraged to share their views. One person said, "I can make comments about things. I think the staff really listen when I make suggestions."
- Peoples support plans were person centred and recorded details about specific needs and choices. These were kept under regular review and updated when necessary.
- Staff were committed to providing the best possible support for people. They demonstrated a good understanding of people's individual needs and preferences.

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

- The registered manager had systems which effectively monitored the service. Regular audits and checks were completed. Internal practices were embedded to check on staff performance and management systems.
- As reported in the safe section of this report medicine errors had been identified quickly by using a thorough audit. This demonstrated the audits were effective and reduced risk.
- There was a business continuity plan that had been developed to ensure staff were aware of actions they needed to take in the event of an emergency situation arising.
- People were positive about how the service was managed. Comments included, "The changes they are making has I think improved things" and "It all seems to be going well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had displayed a wide range of information at the main office as well as making it available to staff through the electronic monitoring system.
- The service continued to develop strong links with families, the local community, as well as health and social care professionals.
- A service users' guide and statement of purpose outlined the visions and values of the service, as well as the facilities available. This was available in various formats to support people's communication.

Continuous learning and improving care

- The provider had systems to ensure the staff team were continuously learning to improve their skills and deliver professional support for people using the service.
- The staff team were provided with guidance to enable them to carry out their role safely and effectively. Guidance was frequently updated and shared with the staff team.
- People were encouraged to make suggestions about possible improvements or to comment on current good practices. Team meetings took place and necessary actions were followed up by the management team.

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 service was open and transparent in the way complaints were managed.
- The provider had systems in place, which supported the staff and management team to be open and honest when things went wrong.
- Systems adopted by the service showed accidents, incidents and safeguarding events were managed in an open and honest way, so everyone involved was kept up to date with progress and the staff team learnt lessons from situations where things went wrong.