

Corporate Care Furness Limited

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Inspection report

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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

We carried out this inspection between 1 June 2018 and 26 July 2018. The inspection was announced. We contacted the registered manager on 31 May 2018 to give notice of our visit on 1 June 2018 because this is a small service and we needed to ensure the registered manager would be available to speak with us.

At our last inspection of this service between September 2015 and November 2015 we assessed the overall rating to be good. However, we assessed the key question of safe to be requires improvement. At this inspection between 1 June 2018 and 26 July 2018 the rating for the key question of safe had improved to good. 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 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.

At our inspection between September 2015 and November 2015 we found a breach of legal requirements because the registered provider had not ensured that medicines were managed safely. We had shared the concerns we found with the registered manager during our inspection and she ensured all staff received updated training in the safe handling of medicines while we were carrying out the inspection.

During this inspection in June and July 2018 we found medicines were handled safely and clear records were kept of the support staff had provided to people with their medicines.

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 to people who need support due to physical needs, people who have dementia and people who have a learning disability. The service is provided in Barrow-in-Furness and the surrounding areas.

Not everyone using Corporate Care Furness Limited 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. There were 101 people receiving regulated activity at the time we carried out our inspection.

People received the support they needed to stay in their own homes. The staff treated people with kindness and respect and people valued the support they received.

People were safe and protected from abuse and avoidable harm.

There were enough staff to provide the support people required. The staff were trained to give them the skills and knowledge to provide people's care.

People were included in agreeing to the care they received. Care was planned and provided to meet people's needs.

The service was responsive to people's needs and wishes. Where people requested changes to their planned care these were agreed.

The staff supported people to maintain their independence and protected their dignity.

People were treated with respect. They made choices about their care and the staff respected the decisions people made. 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 received the support they needed to maintain their health.

There were arrangements to ensure the effective management of the service. The registered manager monitored the quality of the service and took action to further improve the service provided.

The registered manager had a procedure for receiving and responding to complaints. People who used the service and their families knew the registered manager and were confident contacting her as they needed.

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 to Good.

Medicines were handled safely and people received the support they required to take their medicines.

People were protected from abuse.

Risks to people's safety had been identified and managed.

There were enough staff to provide people's care.

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.

Corporate Care Furness Limited

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.

This inspection took place between 1 June 2018 and 26 July 2018 and was announced.

We contacted the registered manager of the service on 31 May 2018 to give notice of our visit on 1 June 2018 because this is a small service and the registered manager is often out of the office. We needed to be sure that they would be in.

Inspection site visit activity started on 1 June 2018 and ended on 26 July 2018. It included speaking to people who used the service and to the staff employed. We visited the office location on 1 June 2018 and 26 July 2018 to speak with the registered manager and to review care records, staff records and records related to the management of the service.

The inspection was carried out by one adult social care inspector.

During the inspection we contacted seven people who used the service and relatives of three people by telephone. We also contacted five staff members by telephone to gather their views.

During our visits to the service offices we looked at care records for five people who used the service and recruitment, training and personnel records for four staff. We also looked at records around how the service was managed including quality audits, staff rotas and feedback the registered manager had received from people who used the service, their families, care staff and professionals who supported people who used the service.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the agency, including the information in the PIR, before we visited the service. We also contacted local health and social care teams to gather their views of the service. We used the information we gathered about the service to plan our inspection.

Is the service safe?

Our findings

Everyone we spoke with told us people were safe using the service. People said they felt safe with and trusted the staff who visited their homes. One person told us, "I trust the staff thoroughly." Another person said, "The staff make me feel safe. They know how to support me safely."

The staff we spoke with said they were confident people were safe using the service. They said they had completed training in how to support people in a safe way, including in how to report abuse and said they would be confident to report any concerns.

At our last inspection of this service in September 2015 and November 2015 we found a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Safe care and treatment because the registered provider had not ensured that medicines were managed safely. We had shared the concerns we found with the registered manager during that inspection and she ensured all staff received updated training in the safe handling of medicines while we were carrying out the inspection.

At this inspection in June and July 2018 we found the medicines were handled safely. The registered provider was now compliant with Regulation 12. People told us the staff who visited their homes knew the support they required with their medicines and provided this as they needed. The staff told us they had completed training in handling medicines safely and in making accurate records of the support they had provided people with taking their medicines. Records we looked at showed people had received their medicines as they required.

During our visit to the agency offices we looked at staff rotas. These showed calls were planned in 30 minute slots with no time between to allow staff to travel between people's homes. The registered manager showed us that not all calls were for a 30 or 60 minute visit. Some visits required staff to attend for 15 minutes but had been allocated a full 30 minute slot. Similarly, some visits were arranged for staff to attend for 45 minutes and had been allocated 60 minutes on the staff rota. The registered manager said rotas were planned to allow staff the time they required to provide people's care.

We looked at the records staff had completed during visits to people's homes. These showed that staff usually arrived at the agreed time and had stayed for the allocated time. Some records showed staff had spent five minutes less than the time agreed in a person's home. However, the records also stated all the planned care had been provided and the staff had asked if there were any other tasks people wished them to carry out.

We asked people who used the service if the staff who visited their homes arrived at the times expected and had sufficient time to provide their agreed care. Everyone we spoke with confirmed the staff usually arrived at the agreed times and had the time required to provide their support. One person told us, "They [staff] arrive on time." Another person said the staff "never rush off." One person also said, "The staff stay as long as I need and have time to sit and have a chat."

Two of the staff we spoke with said their rotas were planned to give them the time they needed to spend with people who used the service. Two staff said there were times they needed to rush between calls due to there being no travel time planned into their rotas. One of the staff told us they had raised a concern about some calls with the registered manager and their rota had been revised so they were not expected to travel long distances between consecutive calls. They also said the registered manager had advised staff that, if they worked extra time, they should record this on their rota for appropriate payments to be made.

We discussed the issues raised by the staff with the registered manager. She confirmed staff should not need to rush when working with people and undertook to ask the staff to inform her if there were any issues with their rotas so these could be addressed.

The registered manager had also invested in a care and rota planning software program, which was being introduced. This would provide information about the time staff arrived at and left people's homes and would highlight if any calls were particularly late or if staff were not spending the agreed time in people's homes. This would assist the registered manager to identify if there were any issues with planned rotas so these could be addressed promptly. The registered manager was discussing with the software provider if travel time between calls could be automatically calculated and allocated in the rotas in the future.

Risks to people's safety had been identified and managed. We saw people's care records included guidance for staff on how to manage identified hazards to protect them and people they were supporting.

New staff were checked to ensure they were suitable to work in people's homes. This included obtaining evidence of their conduct in previous employment working in care services and checks against the records held by the Disclosure and Barring Service. This checked that new staff had not been barred from working in a care service and if they had any criminal convictions or police cautions that would make them unsuitable to work in people's homes.

The registered manager had systems to monitor the service provided. These included identifying issues and sharing learning from any incidents with the staff team to ensure improvements were made and lessons learnt.

We looked at records of training the care staff had completed. These showed the staff had completed training in how to provide care safely, including protecting people from the risk of infection and using equipment in people's homes safely.

Is the service effective?

Our findings

People told us they received the support they required from the staff who visited their homes. They said the staff were competent and provided a good level of care. We asked people if they thought the staff had received appropriate training to provide their care. People confirmed the staff were well trained. One person told us the staff were "definitely well trained." Another person said, "They [staff] know what they are doing. I think they are well trained."

The staff told us they had completed a range of training to give them the skills to provide people's care. This was confirmed by the records we looked at. New staff also worked with a more experienced staff member to gain practical experience and to give them confidence to work on their own in people's homes. The staff had also completed training to meet people's specific needs.

Some people who used the agency were supported by specialist health care services. We saw that people's care records included guidance from the specialist services who supported them. This helped to ensure their support was planned and provided to meet their needs.

The staff had meetings with the registered manager where their performance was discussed and where they could raise concerns. They were also observed working in people's homes so their competence and skills could be assessed. We spoke with a senior care worker. They told us they worked with care staff at visits which required two staff to attend. They said they used this as an opportunity to observe if the care staff were providing care as planned and as people required.

Most people who used the service told us they did not require support from the staff in preparing their meals or drinks. People who did need staff to make their meals told us the staff asked what they wanted them to prepare and made this for them. One person told us, "The staff make me a meal. They always ask what I want." The staff we spoke with understood the importance of ensuring people drank enough to maintain their health during hot weather. They told us they encouraged people to drink fluids and made sure people had a drink, where they could reach it, before they left their homes.

Some people who used the service needed the care staff to monitor aspects of their health. People's care plans included details of the health services that supported them. We saw the care records gave guidance for the staff about who to contact if they were concerned about a person's health or wellbeing. The staff we spoke with said they knew people who they supported well and would be able to identify if a person was unwell. They said they would encourage people to contact their doctor if they were ill and would report any concerns to the registered manager so she could ensure people received the support they needed to maintain their health. People who used the service told us they were confident the staff who visited their homes would contact their doctors for them if they needed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Everyone we spoke with said the staff who visited their homes respected the decisions they made about their care. They said the staff asked what support they wanted and provided this. All the staff understood the importance of respecting people's rights. They told us people could refuse any aspect of their care if they wished. The staff told us they would encourage people to agree to their planned support but would respect people's right to refuse care. They said they would inform the registered manager if a person regularly refused care or refused support that was essential to their health. This meant the registered manager could review the person's care and take advice if required to support their health and wellbeing.

Is the service caring?

Our findings

People valued the support they received and told us the staff who supported them were kind and caring. They said they looked forward to the staff visiting their homes. One person told us, "The girls [care staff] are wonderful we can have a laugh." Another person told us, "They [care staff] are really kind. I look forward to then coming." Another person said, "They [care staff] are lovely ladies. It is lovely having them coming."

All of the staff we spoke with said they provided good care to people. They understood the importance of their role in supporting people to remain in their own homes. One staff member told us, "We definitely provide good care." Another staff member said, "We do a good job."

Relatives of people who used the service said they valued the support provided. One person told us the service had "been a blessing" to their family. The relatives told us the staff always treated them and their family member in a caring and respectful way.

People told us the staff who visited their homes asked for their views about their care and included them in decisions about their support. They told us the staff knew them well and respected their preferences about their support. One person told us, "The service gives me a good quality of life." Another person said, "If there is anything I want or need they [care staff] always oblige."

People who used the service told us the staff had helped them to feel comfortable and confident receiving support. One person said they had felt anxious about needing support but said the staff had quickly "put them at ease" and made them feel comfortable.

We asked people if the care staff who supported them respected their privacy and dignity. People told us the staff always treated them with respect of ensured their privacy and dignity were maintained.

All the staff we spoke with understood how to support people in a way that promoted their dignity. They spoke about people in a respectful way and we also saw that the care records the staff completed were written a respectful way.

People told us the support provided helped them to remain as independent as possible. They said the staff gave them the time, guidance and support they needed carry out tasks themselves. One person told us, "The girls [care staff] are patient and give me the time I need."

No one we spoke with needed support from an independent agency to express their views and wishes. The registered manager was aware of advocacy services that could be contacted if a person needed independent support the share their views about their care.

Is the service responsive?

Our findings

People who used the service told us the support provided was responsive to their needs and wishes. They told us they could request changes to their planned care and these were agreed. One person told us, "[The service] is very responsive, they change times to suit me." A relative we spoke with told us the support provided by the service was "very accommodating and responsive" to changes in the care their family member required. During our visits to the service office we also saw people telephoned the registered manager to request changes to the times of their planned calls and these were agreed.

People had been asked what support they needed and this was recorded in their care plans. People told us they had a copy of their care plan in their home to guide the staff on how to provide their care. They told us the staff read their care plans and recorded the support they had provided. People told us their care plans were reviewed regularly. This helped to ensure the care staff had accurate information about how to support people.

During our visit to the agency office we looked at care plans for five people who used the service. The care plans included information about individuals' families and interests. This gave the care staff information about the things that were important to people. People who used the service confirmed the staff knew the things that were important in their lives. They said they enjoyed talking to the staff about their families and "enjoyed a joke and a chat" with the staff who supported them.

The registered manager had a procedure for managing and responding to complaints about the service. People we spoke with said they knew how they could contact the registered manager if they needed to raise any concerns about the care they received. One person told us they had raised a concern about one staff member and the registered manager had ensured the staff member did not attend their calls again. Another person told us, "[The registered manager] listens if I raise any concerns."

The service had supported people to remain in their own homes as they were reaching the end of their lives. The care staff had worked with local health and specialist services to help people remain comfortable and pain free as they reached the end of their lives. Two relatives we spoke with told us they had appreciated the support provided to them and to their relatives who had been cared for as they reached the end of their lives.

Is the service well-led?

Our findings

There was an experienced registered manager responsible for the day-to-day management of the service. 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.

People told us this was a good service and said they would recommend it. People knew the registered manager and told us she was "helpful" and "good at communicating." One person told us they had chosen to use the service because it had been recommended to them by someone they knew. A relative of a person who had been cared for by the service told us they had recommended the service "several times."

The registered manager had systems in place to monitor the quality of the service provided. She had sent quality surveys to people who used the service, the staff employed and professionals who supported people to gather their views. Senior care staff observed staff working in people's homes to check people received a good quality of care. People were also asked for their views by the registered manager contacting them by telephone. The feedback received was used to further improve the service. The registered manager had also invested in a digital care and rota planning system which would monitor if people's visits were being carried out as planned, so any issues could be addressed promptly.

During our inspection we received varied feedback from the staff about how their calls were scheduled. The registered manager agreed to contact the care staff to request they raised any issues so these could be addressed. This showed she was open to feedback to further improve the service.

There were arrangements in place to ensure the effective management of the service. The registered manager was supported by a deputy manager who also worked as a senior care worker. The service operated an 'on call' system so there was always an experienced staff member available for the care staff and people who used the service to contact if the registered manager was not available.

Registered providers of health and social care services are required to notify us of significant events such as serious injuries to people who use the service of allegations of abuse. This is so we can check appropriate action has been taken. The registered manager was aware of the notifications that were required to be provided.

The registered manager worked in partnership with organisations who commissioned the service and health care providers to ensure people received the support they needed. When people's needs changed the registered manager took further advice to ensure people continued to receive the care they required.