

Ms Lorraine Telford

# 121 Care

## Inspection report

Stirling Place 22-24  
High Street  
Cleator Moor  
Cumbria  
CA25 5LB

Tel: 01946815706

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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

121 Care is a domiciliary care service delivering care and support to people in their own homes living in West Cumbria. At the time of the inspection the provider was supporting approximately 120 people, mainly older adults. 121 Care 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. Good arrangements were in place to ensure new members of staff had been suitably vetted. Accidents and incidents were responded to appropriately.

Staff were appropriately inducted and developed. 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.

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 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 provider/registered manager ensured the plans reflected the person-centred care that was being delivered.

Staff could access specialists if people needed communication tools like sign language or braille.

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 provider/registered manager understood how to manage concerns or complaints appropriately. There had been no recent complaints.

Records were well organised, easy to access and stored securely.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (21st April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

# 121 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. The provider is also the registered manager.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 21st October 2019 and ended on 11th November 2019. We visited the office location on 21st October 2019 and 11th November 2019

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke, by telephone, with ten people who used the service and four of their relatives about their experience of the care provided. We spoke with ten members of staff including the provider/registered manager, deputy manager, senior staff, team leaders and care workers.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff development. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received training data and quality assurance records. We contacted four professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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. Safeguarding professionals told us the staff team had recently responded quickly to protect two people from potential abuse from an outside party.
- People told us, "Yes I feel quite safe with 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.
- People confirmed "The deputy manager came out and did all that before they started supporting me."

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. People told us they "Usually have the same team of staff."
- The provider ensured all new staff were suitably vetted.

Using medicines safely

- Where staff administered medicines this was done correctly and people's medicines were safely managed on their behalf
- Social work assessments of medicine needed were in place and medicines administration records completed and checked on a regular basis.
- People told us they were satisfied with the support they received in ordering, administering and disposing of medicines.

Preventing and controlling infection

- The provider had appropriate systems in place to ensure good infection control in people's homes.
- People told us, "The girls are efficient and know what they are doing". One person told us, "They are exceptionally clean..." and explained how the staff maintained good infection control in their home.
- Staff confirmed they had been trained and were provided with suitable protective clothing and equipment.

### Learning lessons when things go wrong

- The provider analysed and reviewed all aspects of the service and improved on any matters of concern
- The team had reviewed how staff recorded interventions and changed to a task orientated record related to care plans.
- Professionals told us this change meant they could now access information more quickly.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 health care professional said, "The packages provided are... always discussed with the team prior to commencing any care support."
- Good assessments of need were on file and we observed staff discussing needs with health care professionals.

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 two dedicated staff teams with specialised training who delivered complex care to people discharged from hospital or people with specific health needs. Staff on these teams confirmed, "We have specialised training and get individual training from health [care professionals] if people need anything different."
- People said, "The staff seem to be well trained. They can do everything I need help with."

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

- Where directed the staff ensured people were supported to have good levels of hydration and nutrition.
- Nutritional planning was in place where needs had been identified. Records of meals prepared and taken were in place.
- People said, "They make me breakfast and lunch is left. It's always fine."

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

- The provider/registered manager had ensured the team worked well with health and social care professionals.
- A health care professional stated, "I have worked with the provider and her staff for many years. They have always worked well with myself and go above and beyond to support clients to return to their own home."
- 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 person told us about the staff ringing for an ambulance. "The home carer spotted it right away and called 999 - thank goodness."

#### 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.
- One person said, "They know my routine and know what I need but they still ask me if it's OK." People had signed contracts showing they consented to care being delivered.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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, "The staff are absolutely wonderful, efficient, cheerful and caring" and explained how they supported them in a way that allowed them to be themselves. Another person said, "They understand our ways and respect them."

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.
- People confirmed they were fully involved in care planning. One person said, "They make sure I have care the way I want it."
- 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.

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 like to be independent and do my own thing. I can only do that because of the support I get." Another said, "They respect me and my home and family." Another person said, "I am not just a client to them. I am a person."
- People confirmed confidentiality was maintained. One person said, "They don't talk about people or circumstances. I know they work in the village but not who they go to."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 care plan. One person said, "It is written down and if anything changes we phone the office and they review the plan."
- We spoke with a member of staff who said, "I work in the discharge from hospital team and care plans are very important because we have to respond quickly and get it right. I always read the care plan before I go to someone."

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 needs but said, "We would be trained if there was and we would get help and support from [other professionals]."
- People confirmed there were no issues, "They speak clearly because I am a bit deaf and would write things down if necessary" and "My relative [lives with] dementia but the girls are patient and they listen."

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 service would, if requested, accompany and support people to follow interests and activities to avoid social isolation.
- No one using the service had requested this kind of support but one person said, "The girls are local and they chat about what is happening locally and I am taken shopping. I am not just a client to them. I am part of this community."

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 were no active complaints in the service and people told us they had copies of the complaints procedure.
- No one we spoke with had any complaints. Everyone was confident about ringing the office if something

wasn't quite right and said, "It would get sorted."

#### End of life care and support

- Very good support was given to people at this stage of life.
- The service had a small team who supported end of life packages so people could die in their own homes. Staff told us they, "Get support from health and I get a lot of satisfaction doing this work. It can be sad but very satisfying."
- The health care professionals who were involved with this service were very satisfied, "It is vital in ensuring patients at end of life get a choice of preferred place of death and the team always try to accommodate this in a timely manner ... they all do a wonderful job and I could not ... complete my role without their continued support."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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/registered manager ensured people had good outcomes because the care was person centred, inclusive and empowering.
- Staff told us they were "Very happy in the job...things have improved over the years and we give really good support."
- One person said, "I have good care from them and that means I can get on with my day." Another said, "The staff are great and I find [The provider/ registered manager] very easy to get a hold of. I spoke to her today and to the deputy and they helped me with what I needed. Very open ..."

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/ registered manager was aware of the duty of candour and was open and honest in her practice.
- People said they had no concerns and care ran smoothly and they were confident the service was open and honest in their practice. One person said, "I had some things a long time ago I wanted changed and [the provider/ registered manager] was very open and admitted they could do it better and now they do!"
- The staff said the service was open with them and with the people who they cared for. One team member said, "We are quite a small team and we know what's going on. We can be open with each other and with the service users. [The provider/ manager] makes sure we are!"

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 service is owned by one person who is also the registered manager. She is supported in this by a deputy and three other management staff, each with their own roles. Staff understood the roles each played. Each area had a team leader who supported people out in the field.
- 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. One person said, "The office staff phone me up and the senior will visit and ask if everything is OK. We get questionnaires too and we can just ring the office and tell them."

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 equitably.
- Staff confirmed they had received training and they understood the need to consider and respect equality characteristics.
- People felt they were treated appropriately. One person said, "They would just treat everyone as an individual. I don't think there would be a problem. They don't judge."

Continuous learning and improving care

- The provider ensured the whole team kept on learning to ensure people had the best care possible.
- The senior team told us they planned each day and reviewed what they had achieved at the end of each day. One person said, "We do this to make sure we keep on giving the right kind of care and support."
- 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 health and social care professionals showing good partnership working was in place.
- One professional said, "The office are efficient ...I am always able to quickly arrange joint visits with the carers. They are also supportive at being flexible with changing visit times ... Changes are implemented and shared throughout the carers."
- 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.