United Response
Cornwall DCA

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Outstanding
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on 16 and 19 March 2015. This was the first inspection of Cornwall DCA at their new registered offices and the inspection was announced.

There were two registered managers in post as they cover the whole of the county of Cornwall. 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.

Cornwall DCA is a domiciliary care service that provides care and support to people in their own homes. This includes people with general health needs, mental health needs, and learning disabilities. The care ranges from a few hours of support a week up to 24 hour care for people in supported living. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider without losing their home.

Summary of findings

We visited by agreement, people living in their homes where supported living support was being provided by this service. Some people lived in their own homes and others lived in a shared house where people had their own bedrooms and shared the other parts of the house with staff supporting them throughout the 24 hour period.

People told us they "trusted" the care staff who supported them and felt they were safe. Staff were confident about the action to take if they had any safeguarding concerns and were confident the registered manager would follow up any worries they might have. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. People were involved in recruiting and choosing the staff who supported them. Efforts were made to match staff with people by identifying any shared interests and hobbies.

Staff told us they enjoyed their work and were well supported through supervision, appraisals and training. The registered managers spoke highly of the staff team describing them as committed and enthusiastic in their approach to their work.

Staff had high expectations for people and were positive in their attitude to support. Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

Care plans were personalised and clearly guided staff in how to support people well at various times of the day and in different situations. This allowed a consistent approach from staff when supporting people in their own homes.

The management team had a clear set of values which was also apparent in our discussions with staff. People and staff told us they felt involved in the development of the service and that management listened to any ideas and suggestions they had and took them on board.

Summary of findings

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. Risk assessments supported people to develop their independence while minimising any inherent risks.

There were sufficient numbers of staff to meet people's needs.

People were involved in recruiting staff and the associated processes were robust.

Good

Is the service effective?
The service was effective. Staff were supported by a system of induction, training and supervision.

People received support from stable staff teams who knew their needs well.

People were supported to access other healthcare professionals as they needed.

Outstanding

Is the service caring?
The service was caring. Staff had high expectations for people and had formed positive relationships with them.

People were treated with dignity and their privacy was respected.

Staff supported people to access the community and extend their social networks.

Good

Is the service responsive?
The service was responsive. Care plans were personalised and informed and guided staff in how to provide consistent care to the people they supported.

There were systems in place to help ensure staff were up to date about people's needs.

There was a complaints policy in place which people had access to.

Good

Is the service well-led?
The service was well led. People and staff told us they felt involved in the development of the service.

Cornwall DCA had a clear set of values and visions.

Quality audits were carried out to monitor the quality of the service.

Good

Cornwall DCA

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.

The inspection took place on 16 and 19 March 2015 and was announced. The provider was given three days' notice because the location provides a domiciliary care service.

Before the inspection we reviewed any information we held about the service including past inspection reports. We received the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

The inspection was carried out by three inspectors. On the first day of inspection two inspectors visited the head office and reviewed the service's paperwork and spoke with management and care staff and met a relative. On the second day of inspection, three inspectors visited people in their own homes across the county. We visited nine supported living homes and met with people who received support and staff in their homes. We met with 22 people, and contacted five relatives by phone to gain their views. We also spoke with 29 staff.

During the inspection we looked at nine care plans, six staff files, staff training records and records relating to the running of the service. We also received feedback from two external health care professionals to gather their views on the service.

Good

Is the service safe?

Our findings

People told us they felt safe with care staff and "trusted" them. Relatives also echoed this view and felt staff treated their family member with patience and respect. There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. There were safeguarding and whistleblowing policies and procedures kept in the office and staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. A support worker told us they had made a safeguarding alert and were supported by management to do this. A staff member told us they had, in the past, raised concerns regarding colleagues working practices and that management listened, responded and took appropriate action. Other staff told us they would be confident to raise concerns and believed management would take them seriously and act on them.

The service had risk assessments in place which reflected the ethos and values of the service. They were designed to encourage people to develop their independence and normalise their lives. In discussions with staff it was clear they recognised people needed to be exposed to an element of risk in order to achieve this as long as they and staff were not put at unacceptable risk. We were told, "We never want to stop people doing anything. They, (risk assessments), are there to empower people, but they are also there to protect people and staff." Risk assessments identified the risk and when it was more likely to occur. They described any precautions in place and further actions needed. There was clear guidance for staff on how to minimise the risk. Staff described them as, "incredibly useful."

Accidents and incidents were recorded so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence. Staff explained when it would be necessary to record incidents and what action they would take in such circumstances. One told us, "we do not use or want to use physical restraint." They were able to describe what actions they would take and in what sequence should someone they were supporting start presenting behaviour which was challenging to them. They gave us an example of when 'punitive' methods where used for a person they supported by removing a particular item the person enjoyed. Staff said that by supporting the person in a more proactive way the number and severity of incidents had reduced significantly and the effect on the person's emotional well-being was more positive.

People were supported by a sufficient number of staff to keep them safe and meet their needs. Initial assessments were carried out by local authority commissioners and the registered manager then decided whether they could meet those needs. The registered manager told us they turned down care packages for people where they felt they did not have the capacity to meet them and told us of a recent example when this had happened.

People were supported by dedicated teams and there were suitable arrangements in place to cover any staff absence. People told us they were never supported by someone they did not know. They told us staff were punctual and staff were always present when needed. Staff told us they would cover any shift absences where possible as they believed having a dedicated team of staff to support the person was in their best interests. The organisation is in the process of forming a team of 'relief workers' who cover staff absences. Relief workers told us they divide their work between particular houses as this allowed them to get to know the people they support well.

People and their relatives were involved in the recruitment of their staff and told us they were able to decide if they did not want a particular carer working with them. Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out.

Prior to the inspection the registered manager had identified and notified us of incidents as required by law. In these she had reported concerns in particular homes around the medicines procedures. Since then the medicines systems had been reviewed and new procedures have been implemented. The arrangements for the prompting of and administration of medicines were robust. Support plans clearly stated what medicines were prescribed and the support people would need to take them. People told us they were reminded when to take their medicines when they needed them.

Outstanding ☆

Is the service effective?

Our findings

People received care and support from staff that were well trained and supported and knew their needs and preferences well. The registered manager told us, "We have a really motivated staff team; they know the people well." Staff teams were built around the person and staff were recruited to teams according to their specific skills and interests. The person completed a 'matching tool' which identified their interests. For example one person liked fishing, watching dad's army and cats, therefore they asked staff if they shared these interests so that they could support the person on a fishing trip. This approach helped the development of positive relationships between people and staff. When relationships broke down people were able to exercise choice about who supported them. For example one person told us they had started to feel less comfortable with a member of staff and had spoken to the team leader about this. The member of staff no longer supported them as a result.

People were supported to attend regular health appointments with GP's and dentists. The service worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. For example liaising with dental services to plan how a person would receive dental treatment with the aim of reducing their anxiety.

New employees were required to go through an induction programme in order to familiarise themselves with the services policies and procedures and undertake some training. Training included safeguarding, moving and handling, health and safety and medicines awareness. Any training specific to the needs of people being supported was also included for example diabetic care. The induction programme was in accordance with the requirements of the Common Induction Standards (CIS) which are recognised as good working practice in the caring sector. There was also a period of shadowing more experienced staff until such a time the new employee felt confident to work on their own. People confirmed this had happened with one commenting, "My induction was thorough. I could have gone back to [team leader name] if I needed to ask any questions." The registered manager told us the induction period was flexible according to the needs and experience of the employee.

Staff received regular supervisions. These took place formally approximately every other month and provided an opportunity for staff to identify their training needs and discuss working practices with their line manager. Staff told us they felt able to ask for support or advice at other times. These conversations were documented as informal supervision sessions.

The organisation uses a Training Learning Academy to train a pool of facilitators to deliver service specific training. The facilitators are also observed in their practice to ensure they are competent and have appropriate skills to facilitate. We saw that training was updated regularly and staff told us they felt they had enough to do their jobs properly. People and their relatives said they considered care workers to be competent. The training matrix was comprehensive with details of which staff had completed which training and when they were due to complete refresher courses. The managers were informed by the training personal of which staff were due to attend courses so that they did not lapse. In addition there is a 'support network for staff learning'. This identifies staff individual learning styles and they are then supported to learn in the way that suits them, for example if a person has dyslexia.

Staff had training in the Mental Capacity Act (2005). This is legislation which makes sure people, who do not have the mental capacity to make decisions for themselves, have their legal rights protected. From our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care.

People were supported to maintain a healthy lifestyle where this was part of their support plan. People told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. One person told us "I am very happy in my house, I go shopping and do housework with my carers." They then told us that they cooked Sunday roast for their family when they visited at the weekend. People's choices of the foods they wished to purchase were respected. Relatives told us that their family member had been encouraged to lose weight by being careful with their food choices, and attending slimming clubs in the community with support from staff. This had a positive response for people in that they had lost the weight which had also improved their physical health.

Outstanding ☆

Is the service effective?

In shared living houses where more than one person was supported in the house people had separate cupboards for their meals and snacks and paid into a shared food budget for shared items, such as sauces. People were satisfied with this arrangement.

Good

Is the service caring?

Our findings

People were positive about the staff who supported them and said they were treated with consideration and respect. Staff ensured that people knew who would be supporting them for the day by use of photos and telling the person. Relatives were complimentary in how caring the staff are with their family member. One commented "the staff are surrogate mum and dads, they really care." Another told us that when their family member was ill "staff phoned us every day to tell us how [person's name] was doing, they cared about [person's name] as much as we do." An external healthcare professional told us, "They go over and above what I generally experience with an agency." And, "staff members are dedicated, kind and show great initiative."

Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to develop further. They spoke about people positively and focussed on their achievements, demonstrating high expectations for people. One said, "The best thing about the job is watching people improve." A staff member told us a family brought the staff team some flowers to show their appreciation of the support they gave their relative. The staff member said "but we are doing our job. I want [person's name] to be treated as I treat my son. It's wonderful to see how [person's name] is happier and more settled in their home and so much more independent." The registered manager said "previously people had their needs met but no life. Now people have choices, support is individualised and staff want to see people enjoy life and grow in confidence."

We noted that some people who received support had very specific communication needs. Staff explained how they worked with each person to help ensure they had a voice and opportunity to contribute to decisions about their day to day lives. We saw a variety of communication aids being used, such as communication passports which used pictures and written word to assist the person, we also saw specialist equipment such as telephones for people who had visual or hearing impairments. An external healthcare professional commented, "The staff are dedicated and want to provide individualised care and are constantly thinking of new options that could meet the person needs."

People told us they were treated with respect and their privacy was upheld. Support plans described how people needed to be supported in order to protect their dignity. Staff told us they always checked before giving personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused. We saw a member of staff ask a person if they could wipe their mouth after they had eaten, the person gave permission and this was then done with sensitivity.

Support plans also considered how to support people's needs sensitively. For example a person would drink hot drinks constantly which were not beneficial for their health. The support plan stated 'it is important that staff only have hot drinks at the same time as [person's name] has a drink with staff so that the kettle is not on too often to avoid temptation.'

Support plans also considered how to support the person when in the community so that the person integrated in the community appropriately. For example one support plan stated 'at no point are staff to hold [person's name] hand as this does not support her dignity and age. If [person's name] takes your hand reassure her immediately but do not remain holding her hand.'

Staff talked about the need to remember they were working in people's homes and be mindful of this. One said, "This is their home, we must respect that." Another commented "We don't have computers here or paperwork all over the place." Where people lived in shared accommodation staff told us they had individual routines and were supported to maintain them. For example in one household we were told people usually ate their meals separately although they sometimes chose to have a 'house meal' which they were supported to cook together.

One person described how his support workers helped them to stay calm as they could get agitated in some situations. They told us staff talked reassuringly to them. The support plan detailed how staff should respond, by one member of staff going out into the garden with the person and the same staff member stay with the person until their anxiety lessens. If it rained, as the person became anxious when raining then support was to be provided in the living room.

Relatives were invited to attend a learning/ reflective day which allowed them the opportunity to review latest research and provided them with a better understanding of

Good

Is the service caring?

peoples learning disabilities needs. Relatives said they felt "inclusive" and encouraged to meet with other family carers to gain learning and emotional support from each other. They found this to be very beneficial.

Good

Is the service responsive?

Our findings

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. Every person had a support plan which detailed the support to be given on a daily basis. They were highly detailed and contained a depth of information to guide staff on how to support people well. For example there was information about people's routines and what was important to and for them. One support record stated in detail what the persons abilities were when undertaking their own self-care, and where they needed physical assistance and encouragement to ensure their personal care needs were fully met. Another requested that staff did not wear 'fluffy' clothes as the person liked to touch them, which would be inappropriate to do, especially in the community. This was respected and adhered too. Staff teams knew the people they supported well and were able to describe to us how the individual person wished to receive support.

Systems were in place to help ensure staff had access to the most up to date information about the people they supported. If anything of note occurred team leaders contacted the whole staff team by phone, text or email. Information was also recorded in people's daily records and communication books which were kept at people's homes. Staff were required to sign these to confirm they had read them. At households where more than one person was supported there were staff handovers when shifts changed. The team leaders told us they updated support plans as necessary.

People's support was designed around their individual needs and there was evidence the service had worked with other health care professionals in order to develop support plans which met their needs. For example staff attended bespoke end of life care training for one named person. Staff had also undertaken a family tree history and traced the person's relatives so that the person's wishes in the event of their death could be implemented. The health care professional stated that "due to the excellent care [person's name] received, they are still with us today."

Staff told us they prided themselves on their ability to adopt a flexible approach to supporting people. Staff and relatives told us how they had rearranged the time spent with a person so that the time they supported them could accommodate their wishes.

The registered manager wanted to expand options for people that might expand their social networks. They told us how they worked with people to give them more social opportunities which tied in with their interests. A relative told us "I have to make an appointment to see my daughter now, she has such a busy social life, and it's fantastic."

People were supported to access the local community and they told us they were taking part in activities that they enjoyed and wanted to do. People were involved in various activities such as gardening, recycling, decorating their home and, involved in the local beach clean. During visits to people's homes we were told people had been out for various parts of the day to college, visiting family, walks, shopping and getting ready for a party later that evening.

Regular house meetings were held for people who were sharing their home with others. People told us they were in regular contact with the office and their team leader. Meetings were held to discuss what was working and what needed changing. Staff meetings and support reviews were not held in the persons home to respect the person's privacy at home.

People and their relatives knew how to contact the office and would contact them if they had any concerns or complaints. The complaint log book showed that any concerns were investigated thoroughly. A response to the complainant with any recommendations to improve the service were identified, and appropriately actioned. For example, one person arrived at college late on a number of occasions. The staff rotas were changed so that the person had sufficient time to get to college with staff support. Relatives told us if they had any 'niggles' they would talk with staff or the registered manager and were confident their concerns would be addressed. We noted that all complaints had been dealt with appropriately and within the guidelines laid down in the complaints policy.

Good

Is the service well-led?

Our findings

People, relatives and staff told us they were involved in developing and running the service at an individual and organisational level. Their views were sought out and acted upon. The registered manager acknowledged that it was "imperative" to get views from people, relatives and staff in how the service was ran so that any improvements would be identified and considered so that the service could continually improve. They said "it is a good organisation for respecting its staff, we listen to them and explain our actions. We need to get the best out of staff who support people and invite their families in." Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to.

Leadership meetings had been set up to explore ways of developing and improving the service. Support workers, team leaders and higher management were all represented in the group as well as relatives and people who used the service. From these meetings a dementia project had been implemented to provide support to the person and a respite for carers. Liaison with other organisations in the community, such as the memory clinic, and health professionals are in process as they are formalising how outreach support will be provided.

Cornwall DCA had a clear set of values and visions. The management team acknowledged there had been a culture of working with staff that needed to change so that people's voices were heard and their support came first. A family charter had been introduced which clearly set out the organisations values. Staff said they were aware of these values and felt that they had seen "fantastic improvements" for people in their emotional development and growth in confidence. For example staff said the amount of and severity of incidents had decreased significantly and the person was in a "much happier place". For the staff this was also rewarding as they could see the benefits of working with the person in a different way to accomplish positive outcomes for the person.

The registered managers told us they wanted to be seen as, "the organisation that goes that one step further." In discussions with us the registered manager spoke of working to "normalise" people's lives. An external healthcare professional told us, they found the service were open to new ideas and suggestions and continued to support the person well. Staff told us how they supported people to develop their independence and showed they had high expectations for people.

Staff told us the registered managers were approachable and they felt well supported by their line managers. There was an on call system in place which meant staff and people could access advice and support at any time. People told us they knew where the office was and popped in regularly. One commented, "The managers are always available and the South West Director is approachable." "I love the organisation I would not want to work anywhere else. I like the ethos of the company. They value their staff."

There were systems in place to monitor the quality of the service provided to people. Staff undertook a range of monthly and weekly checks which included financial records and medicines. People had been asked for their views on the service via a questionnaire. This was in easy read format and used simple text and pictures. This meant it was easier for people with limited literacy skills to use it. Six monthly audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received.

Staff meetings were held regularly for each team and the quality manager sometimes covered shifts to ensure all staff could attend. Staff told us these were useful and gave them an opportunity to exchange any ideas for the development of the service. One commented, "They take good care of staff and people." Another said, "I love working there. It's a great team."

The registered managers had a strong and positive working relationship and told us they, "support each other and recognise each other's strength." The organisation received support from many departments such as finance, Human Resources (HR) , training and quality auditing departments to help with the running of the organisation and where they could access any advice or guidance. This was also available for senior support workers. They attended conferences and seminars on learning disability topics. This meant they were able to keep up to date on developments in the field. An external healthcare professional told us, "They are open with their experiences and receptive to new ideas."