

Richmond Fellowship (The) Millom Home Care

Inspection report

3 Crown Street
Millom
Cumbria
LA18 4AG

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Date of inspection visit:
03 May 2018
05 July 2018

Date of publication:
23 August 2018

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 3 May 2018 and 5 July 2018. The inspection was announced. We contacted the registered manager of the service on 2 May 2018 to give notice of our visit on 3 May 2018 because this is a small service and we needed to ensure the registered manager would be available to speak with us.

This was the first inspection of the service since it was registered in March 2017.

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 older people, people living with dementia, adults who have a learning disability, adults who have a physical disability and adults who have mental health needs. The service is provided in Millom and the surrounding area.

Not everyone using Millom Home Care 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 34 people receiving regulated activity at the time we carried out our inspection.

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.

The staff knew people well and treated them in a kind and caring way. People valued the service they received.

There were enough staff to support people. People received support from a small team of staff who they knew. Safe systems were used when new staff were employed to check they were suitable to work in people's homes.

The staff were well trained and skilled to care for people. They knew how to provide people's care and to protect people from abuse and harm.

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 consented to the care they received and their rights were respected.

People's needs were assessed and care was planned and provided to meet their needs.

The service was responsive to people's needs and wishes. If people requested changes to their planned care these were agreed. People were asked for their views and the registered manager took action in response to their comments.

People's privacy, dignity and independence were promoted.

People knew the registered manager and how they could contact her. The registered manager set high standards and checked the service to ensure these were met.

People received the support they needed to take their medicines. The registered manager and care staff worked with local and specialist services to ensure people received the care they needed.

The registered provider had a procedure for receiving and responding to complaints about the service. Where concerns were raised with the registered manager she took prompt action to resolve the issue.

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 was safe.

The staff were trained in how to identify and report abuse.

There were enough staff to provide people's support. People received support from a small team of staff who they knew.

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

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and skilled to provide their care.

The staff supported people to eat and drink enough to maintain their health.

People gave consent to the care they received and their rights were respected.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way and with respect.

The staff were skilled at supporting people if they felt anxious receiving personal care.

People's privacy and dignity were protected and they were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Care was planned and delivered to meet people's needs.

People knew how they could complain about the service provided. The registered manager took action to resolve any concerns raised.

People were supported to remain comfortable and in their homes as they reached the end of life.

Is the service well-led?

Good ●

The service was well-led.

There was an experienced registered manager employed. People knew how to contact the registered manager as they wished.

The registered manager asked people for their views and took action in response to their feedback about the service.

The registered manager checked the quality of the service to ensure people received a good standard of care.

Millom Home Care

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 3 May 2018 and 5 July 2018 and was announced.

We contacted the registered manager of the service on 2 May 2018 to give notice of our visit on 3 May 2018 because this is small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be available to speak with us.

Inspection site visit activity started on 3 May 2018 and ended on 5 July 2018. It included speaking to people who used the service and to the staff employed. We visited the office location on 3 May 2018 and 5 July 2018 to see the registered manager and office staff; 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 six people who used the service by telephone. We spoke with the registered manager, and care team leader during our visits to the service office. We also contacted six staff members by telephone to gather their views. We looked at care records for five people who used the service and recruitment, training and personnel records for seven staff. We also looked at records around how the service was managed including quality audits, records of staff meetings and feedback the registered manager had received from people who used the service and their families.

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 held about the service to plan our inspection.

Is the service safe?

Our findings

People we spoke with said they felt safe with the staff who visited their homes. One person told us "I feel totally safe." Another person said, "The staff treat me with respect and make me feel safe." People told us the staff who visited their homes treated them, their families and possessions with respect.

All the staff we spoke with said they were confident people were safe receiving support from the service. They knew how to identify and report abuse and said they would be confident reporting any concerns about another staff member's behaviour or performance to the registered manager of the agency. One staff member told us, "If I had a concern about another staff member I wouldn't hesitate to report it."

Risks to people's safety had been identified and managed. People's care records gave guidance for staff about the actions to take to ensure their safety and the safety of the people they were supporting. The staff we spoke with told us they were given good guidance about how to manage risks and protect people from harm.

People who used the service told us there were enough staff to provide their care. They said they were supported by a small team of staff who they knew. They told us it was important that they had a team of regular staff and knew which staff would be visiting their homes.

People told us the care staff usually arrived at the agreed time and said there had never been an occasion when the staff had failed to arrive to provide their care. One person told us there was one staff member who did not arrive at the time agreed. They said all the other staff arrived at the expected times. They agreed we could share this concern with the registered manager of the service. The registered manager immediately addressed the concern with the staff member.

The staff told us their rotas were well planned and gave them the time they needed to provide people's support.

Robust checks were carried out before new staff were employed. All new staff had to provide evidence of their good character and were checked against the records held by the Disclosure and Barring Service. This checked they had not been barred from working in a care service. The checks completed helped to ensure new staff were suitable to work in people's homes.

The staff had completed training in how to support people to take their medicines. People who required support to take their medicines said the staff helped them as they needed.

The staff completed clear records of the support they had given people with taking their medicines. The registered manager and team leader checked the medication records to ensure they had been completed properly. The registered manager also observed staff handling medicines in people's homes to check they were handling the medicines safely and were competent to support people as they needed.

The staff told us they had received training in how to provide people's care in a safe way. This was confirmed by the staff training records we looked at. The staff had completed training in moving and handling and using equipment, infection control and the safe handling of food. People told us they were confident the staff protected them from the risk of infection.

The registered manager monitored the safety of the service. Where she identified issues she shared these with the staff team to ensure shared learning to protect people who used the service.

Is the service effective?

Our findings

People told us they received a good quality of care and said the staff who provided their support were "skilled" and "very good at their jobs."

The care staff told us they had completed training to give them the skills and knowledge to provide people's care. One staff member told us, "We have good training and it's updated all the time." This was confirmed by the training records we looked at. The staff had also been supported to complete qualifications relevant to their roles.

The staff we spoke with showed they were knowledgeable about how to support people including people who had complex needs or were living with dementia.

The staff told us they felt well supported by the service management team. They said they received regular supervision where they could discuss their performance, raise any issues and discuss their training and development needs. The staff were also observed providing support to people so the management team in the service could assess their skills and competence. This helped to ensure people continued to receive a good quality of care.

Where people had complex needs appropriate services had been included in assessing and planning their care to ensure it was in line with best practice. We saw people's care records included guidance from the specialist services who supported them.

People who required staff to assist them with preparing their meals told us they received the support they required. They told us the staff asked what meals they wanted and prepared these for them. The staff we spoke with confirmed they asked people what meals they would like. One staff member told us, "I always ask what people want."

The staff said they encouraged people to drink enough to maintain their hydration and understood the importance of this in hot weather.

Most people did not require support from the staff to access health care. They told us they were confident the staff would assist them to contact their doctor if they were unwell and needed support.

The staff told us they knew the people they supported well and would identify if a person was ill. They said they would encourage people to seek medical advice and would pass any concerns about a person's health or wellbeing to the registered manager so they could ensure people were supported to maintain good health.

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.

The registered manager and staff we spoke with were aware of their responsibilities under the MCA. The registered manager had worked with appropriate agencies to ensure that, where people were not able to make important decisions about their support, decisions were made in their best interests.

People's care plans included instructions for staff to ask for people's consent before providing their support. They also gave guidance for the staff about how to support people to make decisions about their care. Where people had communication needs the care plans held information for staff about how to support individuals to express their wishes.

People told us the staff always asked for their agreement before providing their support. People gave consent to the care they received and their rights were respected.

The care staff told us people could refuse any part of their planned support if they wished. They said they encouraged people to agree to their planned care but respected the decisions people made. The staff told us if a person refused care that was essential to maintaining their health they would inform the registered manager. They said the registered manager would review the person's care and take advice, as required, to support their health and wellbeing.

Is the service caring?

Our findings

Everyone we spoke with told us they received a good quality of care and told us the care staff and management team treated them in a kind and caring way. One person told us, "It's very nice having them [care staff] come." Another person said the staff were "very kind and caring." The care staff we spoke with told us, "We provide good care."

The registered manager had received cards from people who used the service and relatives of people who had been supported by the agency thanking the staff for the high quality care provided. One comment stated the care provided had given an individual "hope in a ... difficult situation." A relative had commented that the staff who had supported their family member had "shown commitment and compassion in all your visits." Another relative had contacted the registered manager stating that, after their family member had been ill, the support given by the agency staff had "helped to get back a quality of life." This showed the service provided good quality care that people valued.

A staff member we spoke with told us, "We [care staff] try to give people a good quality of life."

People told us the staff who visited their homes asked for their views about their care and included them in all decisions about their support. They told us the staff knew them well and respected their preferences about their support. One person told us, "I like to be organised and they [care staff] go along with that." Another person told us, "The girls [care staff] know how to support me and what's important to me."

People told us the support provided by the agency helped them to maintain their independence and to remain in their own homes. They told us this was very important to them. One person told us, "Without them [care staff] I wouldn't be able to do the things I can now."

The care staff understood how to respect people's privacy and dignity. People who used the service told us the staff "always" ensured their privacy and dignity were maintained while they were receiving personal care. Some people told us they had been anxious about receiving personal care but told us the staff who supported them had helped them to overcome their anxiety. One person said, "I wasn't looking forward to having care but the girls [care staff] very quickly put me at my ease."

People we spoke with told us they would speak to their families or friends if they needed support to express their views or to make important decisions about their care or lives. The registered manager had details of local advocacy services that people could contact if they needed independent support to share their views.

Is the service responsive?

Our findings

People told us the service was responsive to their needs and wishes. They told us if they asked for the times of their planned visits to be changed this was agreed. During our visits to the service office we saw people could telephone or visit the office to request any changes to their visit times and these were rearranged as requested.

The registered manager had also received written compliments which referred to the responsiveness of the service provided. One relative of a person who had received care from the service wrote to the registered manager to express they had been "grateful for the flexibility of your service."

The staff we spoke with confirmed the service was responsive to people's needs. One staff member told us a person they had been supporting had been unwell and required a longer visit. They said they had contacted the registered manager who had arranged for their next planned calls to be covered by other staff so they could remain with the individual as they needed.

Each person who used the service had a care plan that gave detailed information for the staff about the support they needed and their preferences about their care. The care staff we spoke with told us the care plans gave them the information they needed to support people they visited. We saw the care plans included information about people's interests and families. The staff told us this was helpful as they used this information to engage people in conversation. People who used the service confirmed this was important and said they enjoyed "chatting" with the staff who visited their homes. One person told us they "enjoy talking together" with the staff. Another person said the staff visiting their homes were "like friends or family coming."

People who used the service were supported to be active members of their local community. The registered manager arranged an annual 'strawberry tea' that people who used the service, care staff and members of the local community could attend. One person who visited the agency office referred to the 'strawberry tea' and asked if the date had been confirmed as they were looking forward to attending. Another person who used the service had told the staff they were enjoying learning to play a musical instrument. With their agreement the registered manager arranged for them to play the instrument at a social gathering.

The registered provider had a procedure for receiving and responding to complaints about the service. People we spoke with said they would raise any concerns with the registered manager. They said they were confident the registered manager would take action to resolve any concerns they raised. One person told us they had raised an issue with the registered manager of the service and said this had been resolved to their satisfaction. One person raised a minor concern with us during the inspection. They agreed we could share this with the registered manager. The registered manager took immediate action in response to the issue raised. This showed the registered manager took action in response to issues raised to further improve the service provided to people.

The aim of the service was to support people to remain in their homes and local community, including as

they reached the end of life. The staff had completed training in supporting people who required care at the end of life. The service worked with local and specialist health services to support people to remain comfortable at home as they approached the end of their lives.

Is the service well-led?

Our findings

People told us this was a good service and said they would recommend it. They told us they were happy with the care they received and valued the support provided by the management team of the service and the care staff. One person told us, "The service is very good." Another person said, "If I had a tick box I would mark everything excellent." We were also told, "I would certainly recommend this service to anyone."

The staff we spoke with said they were confident they provided good care to people and would recommend the service to their own friends and families. One staff member told us, "I would recommend this service and I know our clients recommend us."

People who used the service told us they knew the registered manager and how to contact her. People said they contacted the registered manager by telephone or by visiting the service office. During our inspection we saw people who used the service, relatives of people and care staff called at the office as they wished.

People told us it was important to them that the service was managed from the town centre and that the office and registered manager were accessible to visit as they wanted. One person told us, "I can call at the office when I'm in town, I like that."

People told us the registered manager asked for their views and took action in response to their feedback. One person told us, "[The registered manager] visits and asks for my views." Another person told us they had shared a concern with the registered manager and said this had been resolved promptly.

The staff we spoke with told us they felt very well supported by the management team in the service. They said there was always a senior or experienced staff member they could contact if they required advice or assistance. One staff member told us, "We have good support. When the office is closed we can contact the 'on call' for advice. There is always someone we can speak to if we need." Another staff member said, "We're really well supported, I love my job."

This was a small service and the registered manager and team leader carried out some care visits. This gave them oversight of the quality of the service and gave people they visited the opportunity to share their views and to raise any concerns. The staff we spoke with said the management team had a good knowledge of the people who received support because they carried out visits to them. One staff member told us, "[Members of the management team] do calls, so if we have a concern about person they know who we are talking about and understand because they have provided their care."

People who used the service and the staff we spoke with told us the registered manager set high standards. We saw the registered manager monitored the service to ensure these were met. She had carried out checks on care records to ensure these held accurate and up to date information and checked medication records had been completed properly. Accurate records are important in ensuring people receive the support they require safely.

Members of the agency management team also observed staff while they supported people to check care was being provided as planned and that the staff provided support safely and respected people's rights.

Services registered with us must notify us of significant events that happen such as allegations of abuse or serious injuries related to the care they provide. This is so we can check appropriate actions have been taken. The registered manager of the service understood the incidents that had to be reported to us. We had not received any notifications of significant events when we carried out the inspection. The registered manager confirmed no incidents that needed to be reported had occurred. We looked at records for five people who used the service. None of the records held information of events that needed to be reported to us.

The registered manager worked with organisations who commissioned the service and health care providers to ensure people received the support they needed. Where people had complex needs advice had been taken from appropriate services to ensure they received the support they needed and their rights were protected.