

Ms Lorraine Telford

121 Care

Inspection report

Unit 1 Former Wyndam Street Surgery
Wyndam Street
Cleator Moor
Cumbria
CA25 5AN

Tel: 01946815706

Date of inspection visit:
03 March 2016

Date of publication:
25 April 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an announced focused inspection of the service on 3 March 2016. This inspection was undertaken to check that improvements had been made to meet legal requirements after our comprehensive inspection in October 2015 where concerns were identified.

We had carried out an unannounced comprehensive inspection of this service on 14 October 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We served a notice in December 2015 under Regulations 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment because of a failure to provide suitable assessment and planning for care delivery.

We also served a notice under Regulation 17(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance because systems in place to check on the quality of the service were not functioning appropriately and suitable quality standards were not being met.

This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 14 October 2015 had been made. The team inspected the service against two of the five questions we ask about services: is the service Responsive and Well-led. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at www.cqc.org.uk

The inspection was carried out by the lead adult social care inspector. We gave the provider two hours notice of our visit to make sure she would be in the service.

121 Care deliver personal care support to people in their own homes. At the time of this inspection they were delivering care to approximately 60 people. They operate in the Copeland area of Cumbria.

The registered provider is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We saw evidence to show that the provider had ensured through assessment, care planning and review that people were in receipt of safe care and treatment. We had received an action plan detailing the changes made in the service. We had confirmation from the local authority and from the health care commissioning body who also judged that the service was now delivering care in a safe way.

We also saw that the quality monitoring systems in the service had been improved and that the provider was

able to monitor quality and deal with any problems with the quality of the care delivery. We also learned that the provider was now working closely with health and social care providers to ensure the delivery of care was of an acceptable standard.

We judged that these two domains had improved since our visit in October 2015 when we judged the outcome to be 'Inadequate'. We saw enough evidence to show that these areas of concern had been dealt with appropriately and we adjusted the rating for the domains 'Responsive' and 'Well-led' to 'Requires improvement'. We also looked at the overall rating for the service. We adjusted the overall rating to one of 'Requires Improvement'. To achieve a rating of 'Good' would require a longer term track record of consistent and sustained good practice in all areas. We will check this during our next planned inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

The service was not always responsive.

The provider had reassessed the needs of people who used the service.

The care and support plans had been revised to ensure improved care delivery.

The complaints procedures had been revised and suitable steps taken to respond to any concerns or complaints.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The service had a provider manager who was registered with the Care Quality Commission.

A suitable quality monitoring system was in place and was being used to improve the service.

The provider had started to work more closely with other professionals.

Requires Improvement ●

121 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.

We undertook an announced focused inspection of the service on 3 March 2016. This inspection was done to check that improvements to meet legal requirements required after our comprehensive inspection on 14 October 2015 had been made.

The inspection was carried out by the lead adult social care inspector. The purpose of the visit was to check on two warning notices we had served on the provider. We checked on whether the service was Well-led and Responsive.

Prior to this visit we had received an action plan from the provider which detailed the action she was undertaking to improve the service. We reviewed information received in relation to incidents that the provider is required to send us by law. We also discussed the progress of the service with representatives of Cumbria County Council and Cumbria Commissioning Group. They had reviewed the care needs of people receiving care and had spoken to them about their satisfaction with the service.

We looked at four care and support plans which included assessments, care plans and details of moving and handling and medication administration.

We looked at five staff supervision files, staff rosters for four weeks prior to our visit and the programme of visits including records related to late or missed calls.

We reviewed quality monitoring records which included monitoring of training, programming of visits, supervision and appraisal notes, checks on staff competence and logs of calls, checks on daily recording and on care planning.

Is the service responsive?

Our findings

When we visited in October 2015 we reviewed three care files for people with complex health and social care needs. We found that these three people did not have adequate assessments of needs that had then been included in detailed care plans. We served a notice under Regulations 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because of a failure to deliver safe care and treatment.

At this visit we looked at two of these care files again to check on whether suitable assessment of need had been completed and whether the assessments had then been used to create suitable care plans. The third person was no longer in receipt of care. We then looked at two other current care files. All four of these files related to people with complex care needs including assessment and delivery of moving and handling, complex personal care support and psychological and emotional support.

We found that the two original care files we had looked at in October 2015 had been updated to a good standard. The provider had asked for support from the local authority and from health care colleagues. She had ensured that the services of an Occupational Therapist had been used for these people with complex needs so that good moving and handling plans were in place. We saw additional evidence to show that this had happened for everyone with these assessed needs.

We had evidence to show that staff who undertook the care of these two people had received full training from a person qualified to do so. We also saw that all of the staff who cared for these people had been checked to ensure that they were competent in moving and handling and the use of specialist equipment. Both of these care files had detailed, yet easy to follow, moving and handling plans in place. These included instructions about equipment, strengths and needs of the person and the preferences they had.

We saw that social work intervention had been requested and that social, psychological and emotional needs had been re-assessed. We saw that rostering of staff had taken these needs into account. One person had discussed the care delivery fully with the provider in relation to the staff they felt most comfortable with. Both of these files had detailed and appropriate care plans in place that covered all of the needs that had been assessed by the provider and by specialists in health and social care.

We also then read two further care files and we found that these files contained full assessments of needs and that the assessments had been reviewed and updated as needs changed. All the assessed needs had been relayed to purchasing social workers and reviews of care needs had been completed. Care plans had been suitably updated and improved. We spoke to staff who said they were happy with the improvements and changes to assessment and care planning.

We saw that a new assessment form was being used and that the provider also asked other professionals for support. We saw evidence that shared assessment and delivery of care was taking place with other care providers, family carers and with the local community nurses. The provider had refused to take anyone with complex health needs under a 'fast track' discharge. She had agreed to voluntarily suspend the

commencement of care delivery to any new people with these needs until all the operational systems were in place and fully functional.

We spoke with professionals in the local authority and to health care providers. They confirmed that the provider had asked for their support in assessing people's needs and that reviews of care had taken place. We learned that the provider had been much more pro-active in asking for support from them. We also learned that the provider had taken advice from one of the quality officers of the local authority. This person told us, "I have checked on a number of care packages we have with the provider and I can see that these have benefited from improved assessment and care planning."

We judged that Regulations 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment had been met through the work that the provider had completed since October 2015.

We also checked on the arrangements in place for the management of concerns and complaints. We saw that these were in place and that the provider had ensured that every person who used the service had access to information about raising concerns and complaints. The provider also said that she followed up any complaints with standard, formal letters so that the complainant was kept up to date with the investigation.

We judged that these measures had been applied consistently since our comprehensive inspection of 14 October 2015. We judged that this meant that the warning notice about safe care and treatment had been met. We could not improve the rating for Responsive from inadequate to good because to do so requires consistent good practice over time. We have rated this domain as Requires Improvement. We will check this during our next planned Comprehensive inspection.

Is the service well-led?

Our findings

When we visited the service in October 2015 we discovered that the provider had failed to notify us of one incident. We asked the provider why this had happened and we were given a response to this. We noted that we had received other notifications in a timely manner prior to this incident. We continued to receive appropriate notifications after our inspection. We judged that the provider was not in breach of registration regulations related to notifying us of events and incidents.

At our visit of 14 October 2015 we judged that the provider was in breach of Regulation 17 Good governance because we had evidence to show that quality monitoring arrangements were not robust enough to pick up and deal with any problems in the service. We also noted that people who used the service had not been consulted about the quality of the care and support received.

At this visit we saw evidence to show that the provider had improved on the existing systems, had introduced new systems and that people who used the service were being asked their views in a variety of ways. The provider had sent out surveys to all the users of the service in December 2015. We also saw the new questionnaires being prepared for a new consultation in May 2016. The feedback from the questionnaires had been analysed and some suggestions acted upon in relation to the deployment of staff and the makeup of the team visiting one individual.

The provider had employed three new care co-ordinators who had also been visiting service users. They had visited over 30 people in January and were well on the way to see every other person by the end of March. They had conducted individual visits to ascertain whether people were satisfied with the care and support given. We saw records of these visits, we had confirmation from social workers that these consultations had been completed and we saw formal social work reviews on the records.

When we visited in October we judged that the provider was not ensuring that staff were trained, competent and experienced enough to perform their duties safely. At this visit we saw evidence that the quality of training had been analysed and new core training provided for all staff by an external trainer. We spoke to staff who confirmed that they had received training and had supervision. We looked at supervision notes and saw that these meeting records had been done in depth. We also saw records that showed that the care co-ordinators (and the provider and her deputy) had completed random competence checks on individual staff members. The management team had attended when care was being delivered to ensure that the care assistant was carrying out the duties appropriately. We judged that the monitoring of the quality of staffing and care delivery had improved. New detailed recording matrixes were in place and planning tools seen for training and supervision.

We looked at a range of records in the service. We saw improved systems in place for the recording, analysing and monitoring of late or missed calls. There had been a reduction in these because of more careful monitoring of the programme of visits. We also saw that incident reporting, analysis and monitoring had improved. One issue had been dealt with appropriately through disciplinary processes. All staff had received guidance on incident reporting, completion of time sheets and recording of daily visit notes. We

saw that all notes made in people's homes were now brought into the office. Some people had these returned to them if they so wished. The deputy manager of the service analysed these on a monthly basis. The care co-ordinators checked daily notes when they visited to monitor staff or to ask people about the quality of service delivery. We saw good records of 'spot checks' for all aspects of service delivery.

We saw that the provider had analysed the operation and had looked at outcomes for the service. She had done this in January with some assistance from the local authority. She had completed a simple analysis and a plan for moving the service forward. We had evidence to show that this monitoring was on-going. We noted that, as the provider/manager, she had delegated more tasks to her deputy and the care co-ordinators. The provider said that she realised that she had been "too hands-on and had not looked at the bigger picture."

We saw that the person responsible for programming visits had revised all the 'runs' in the service. This had been done with due consideration to people's needs and preferences and to cost effectiveness. We looked at some examples and checked these with questionnaires and with travel and timing considerations. We saw that these improvements had helped with quality and efficiency.

We judged that these measures had been applied consistently since our comprehensive inspection of 14 October 2015. We judged that this meant that the warning notice about good governance had been met. We could not improve the rating for Well-led from Inadequate to Good because to do so requires consistent good practice over time. We have rated this domain as Requires Improvement. We will check this during our next planned inspection.