

First Call Care Solutions Limited

Continuum Care (Cornwall)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Continuum is a domiciliary care agency which provides support to people in their own homes. It operates in Falmouth and Truro and the surrounding areas. At our previous inspection only four people were using the service and there were very few staff employed. At this inspection the service had grown and 23 people were using the service. Care visits lasted between 30 minutes and three hours and usually took place at key points in the day when people needed assistance getting up or going to bed or support with meals.

People's experience of using this service: Care plans were in place and covered a wide range of areas including communication, mobility, health history and descriptions of routines where these were important to people. Medicine care plans lacked detail and were not completed in line with the relevant national guidelines.

Some people had been identified as being at risk due to their health or living situation. Risk assessments were developed to inform staff but these lacked guidance and did not consistently reflect people's circumstances.

During the inspection we identified three members of staff who were working without the appropriate background checks in place. We raised this with the registered manager who assured us these staff would be taken off the rota until the checks had been completed.

There had been a recent turnover of staff and more staff were being recruited at the time of the inspection. Visits were being covered by existing staff with occasional support from agency workers. The registered manager frequently covered shifts and was well known and liked by people using the service.

People told us visits were not missed or late without their prior knowledge and agreement. They were highly complimentary of the service provided and of the registered manager. Staff were caring and supportive in their approach. One person commented; "They have never, never been disrespectful."

Staff told us they were well supported by the registered manager and senior care worker. Team meetings were held regularly and management were described as approachable. One member of staff told us; "One of the best bosses I've ever worked for, he listens and is fair."

Systems to audit, monitor and develop the service were not sufficiently embedded or consistently followed. For example, there was no training matrix in place and audits had failed to highlight the need to complete pre-employment checks.

Rating at last inspection: Due to the small size of the service we did not award a rating at the previous inspection. (Last report published November 2018)

Why we inspected: This was a scheduled inspection which was planned to enable us to rate the service.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report

Follow up: We have asked the provider to produce an action plan addressing the areas of concern found at this inspection. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe

Details are in our Safe findings below

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below

Requires Improvement ●

Continuum Care (Cornwall)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two adult social care inspectors.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This includes older people, people living with dementia and people who may have physical and/or learning disabilities.

The organisation was managed by a registered manager who was also the owner of the service. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service five working days' notice of the inspection site visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed information we held about the service and any notifications we had received.

During the inspection visit we spoke with the registered manager, a senior care worker and the administrative worker. We met with five people who used the service and four relatives. We looked at detailed care records for four people, staff records and other records relating to the management of the service.

Following the inspection visit we spoke with a further four members of staff, three people who used the service, one relative and an external healthcare professional. We asked the registered manager to send us copies of records that were not available for us to view on the inspection visit. This included policies and procedures, staff meeting notes, rotas, evidence the registered manager was qualified to deliver training and supervision records. The registered manager provided all of the information requested except for the rotas.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Relevant national guidelines were not always followed when recording what medicines people needed support with.
- Medicine care plans were in place to inform staff when people needed support with their medicines. These lacked detail and did not contain information about the specific medicines people took.
- One care plan stated; "Check skin integrity and apply appropriate creams if necessary." There was no information on what these creams were. This meant staff might not know which creams to use to protect the persons skin.
- Medicine administration records (MARs) were in place in people's homes and staff recorded when they had supported people to take their medicine.
- NICE guidelines state; "Care workers must record the medicines support given to a person for each individual medicine on every occasion." Some people had medicines supplied in blister packs. These medicines were not individually listed on the MAR or in care plans. This meant staff did not have the information necessary to ensure people were supported with each individual medicine according to their needs and preferences.

Assessing risk, safety monitoring and management

- Assessments were completed to identify any risks to people and staff.
- Associated guidance lacked detail and did not support a consistent approach when staff were assisting people who might be anxious.
- One person's living arrangements posed a potential risk to staff and the person should they become unwell. Although an environmental risk assessment was in place this did not cover the particular circumstances. Information in the care plan read; "Does not pose a threat to carers."

The failure to record people's needs in respect of medicines and mitigate identified risks was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The service's recruitment processes were not safe. Necessary disclosure and barring service checks had not been completed for three members of staff who were working with people unsupervised. One member of staff had previously worked in the care sector but there was no reference from the relevant employer. We raised this with the registered manager who assured us these employees would not work until the appropriate checks were in place. We also raised our concerns with the local authority.

The failure to follow safe recruitment practices to ensure staff were suitable for the role was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Four members of staff had left the organisation shortly before the inspection took place. The registered manager told us they were in the process of recruiting four new staff. They told us there were enough staff to cover all care visits with occasional support from agency workers.
- The registered manager split their time between managerial duties and providing care. One member of staff told us; "I don't think there is a client he doesn't know how to support."
- People told us new staff were always introduced to them. A relative commented; "They don't just turn up out of the blue, they come with someone we know."
- People told us visits were not missed without prior notice and their agreement. If care staff were running late the office contacted people to let them know.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. There was information in people's homes about how to raise a safeguarding. A safeguarding policy contained contact details for the local safeguarding team and CQC.
- Staff had a good understanding of how to raise concerns. They were confident these would be dealt with by the registered manager.
- Staff told us they would report any safeguarding concerns to CQC or the local authority if they felt they were not being taken seriously by the registered manager. One commented; "I can't tell you the number off the top of my head but the information is in the office."

Preventing and controlling infection

- Staff had access to gloves and aprons to use when providing personal care.
- People told us staff always left things clean and tidy and they had no concerns about infection control practices.

Learning lessons when things go wrong

- Systems to learn from untoward events were not embedded. For example, accidents were not consistently recorded.

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

Good: 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

- People's needs were assessed before, or as soon as possible after, they started using the service to help ensure their needs and expectations could be met.
- Information in pre-assessments was used to develop care plans.

Staff support: induction, training, skills and experience

- Staff completed an induction before starting work. This comprised of some basic training, reviewing care plans and reading organisational policies and procedures.
- The registered manager delivered moving and handling training to staff who were supporting people to mobilise. The training was done in people's homes using the equipment staff would actually be using. The registered manager had completed training to enable them to deliver this training.
- Most staff had not worked at the service for very long and training did not require updating.
- Staff told us they were well supported and received the information needed to carry out their roles.
- Staff had supervisions which were a mix of face to face meetings and observations of practice. This allowed the registered manager to identify any training needs.
- People told us they had confidence in staff and trusted them.

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

- Staff supported some people with food preparation. People told us staff were competent in this area.
- We observed staff asking people about meal choices.
- Some people required additional encouragement and monitoring with eating. This was completed appropriately.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service alerted other healthcare professionals appropriately when people's needs changed.
- Meeting minutes recorded the service worked with a wide range of external healthcare professionals.

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 with appropriate legal authority.

- Staff spoke with us about ensuring people consented to care and the need to understand people's ability to consent might fluctuate.
- Staff involved people in decisions about their care and respected their wishes. We heard staff asking people how they wanted to be supported and checking people had understood and were in agreement.
- Most people using the service were able to make decisions for themselves. The registered manager was aware of the need to record when people had power of attorney arrangements in place or were subject to orders under the Court of Protection.
- Records showed the principles of the MCA were discussed at team meetings.

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

Good: 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 complimentary about the caring approach of staff. Comments included; "They are very nice, always smiling", "They are literally wonderful" and "They are all lovely, no exceptions."
- The registered manager recognised when people's personal circumstances meant they needed additional support. For example, one person was approaching the anniversary of a bereavement. The registered manager and senior care worker often spoke with them on the phone and would provide extra visits during this period to offer reassurance.
- Staff spoke about the people they supported with affection. Comments included; "We have a fantastic rapport, they are all amazing people" and "The client group we've got is amazing."
- People told us staff knew them well and had a good understanding of their needs and preferences. Comments included; "[Staff name] knows stuff about my life" and "[Registered manager] has been accepted as part of the family."
- An external healthcare professional told us; "The agency have recently started taking [person] out which is having a positive effect on their mood."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were consulted about how their care and support was delivered.
- People were involved in day to day decisions and had control over how their care was delivered. One person told us; "They always check before they go to make sure there is nothing else I want doing."
- Everyone told us they knew the registered manager well and had plenty of opportunities to express their views about how the service was delivered.

Respecting and promoting people's privacy, dignity and independence

- Personal information was kept securely in the registered office.
- People told us staff stayed for as long as necessary and they never felt rushed. One commented; "We have a chat and we laugh a lot."
- Staff were respectful when delivering personal care and ensured people's dignity was maintained.
- A relative told us; "They are kind and respectful, they have all been very good actually."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were developed to reflect people's individual needs. Where routines were important to people these were clearly described.
- The care plans were reviewed on a monthly basis to help ensure they were an accurate reflection of people's needs.
- People had copies of their care plans in their homes. They told us they knew about them and had been involved in their development.
- Care plans contained information about the support people might need to access and understand written information. For example, whether they required hearing aids or spectacles.
- Daily notes were completed which gave an overview of the care and support people had received. These helped capture if there were any changes in people's needs.
- Some people needed additional monitoring to help ensure changes to their health were quickly identified. Monitoring records had been developed and were consistently completed.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint and would not hesitate to do so if they had any worries. One person told us; "I can't imagine I'd ever need to."
- A 'Customer Welcome Pack' given to people when they started using the service included details of how to raise a complaint and what action to expect.

End of life care and support

- No-one was receiving end of life care at the time of the inspection.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not developed a system of effective quality and monitoring processes. This meant concerns found at this inspection about risks to people's safety in relation to staff recruitment, medicines and risks assessments had not been identified.
- Records were not consistently kept. We were told of two recent occasions when staff had sustained minor injuries when delivering care. Accident records had not been completed following these events.
- During the inspection we asked to see policies and procedures in respect of recruitment, medicines, safeguarding, lone working and training. The registered manager told us these were not available in the office but were stored on an external hard drive elsewhere. It is important that staff are able to access this information quickly and easily. The registered manager emailed us copies of the policies following the inspection.
- Staff rotas were only being provided a few days before they became into effect. On the day of the inspection the rota for the following day was not sent to staff until lunchtime. This meant there was an increased risk of visits being missed or not completed in line with people's preferences.
- Rotas for the week preceding the inspection were not available. Staff told us these were sometimes overwritten when a new rota was generated. We asked for copies of the rotas to be sent to us following the inspection. These were not provided.
- There was no training matrix to clearly indicate when staff had received training and when this would need updating. The registered manager told us no-one's training was out of date.
- Continuum Care (Cornwall) training policy stated that: "A training notice board is situated in the agency premises where all relevant training information, forthcoming courses and training opportunities are posted." This information was not displayed on the day of the inspection.

The failure to keep records to assess, monitor and improve the delivery of the service and to maintain records in respect of the management of the service was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us the organisation was well organised. One person commented; "Very efficient, very good."
- There was an on-call system in place so people were able to contact someone from the organisation at any time.
- There was no system in place to enable office staff to check visits had taken place as planned. The registered manager told us they were hoping to invest in a call monitoring system in the future.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were highly complimentary about the registered manager. Comments included; "We have a good rapport", "[Registered manager name] is out of this world" and "The empathy and care he provides is fantastic, I can't fault it at all."
- There were no formal systems in place for gathering the views of people and their relatives where appropriate. The registered manager told us they were developing a questionnaire for this purpose. Because they carried out care visits they told us they saw everyone regularly and were able to address any concerns as they arose.
- Staff told us they had regular staff meetings which were an opportunity to discuss individual care packages and raise ideas and suggestions for developing the service.
- The registered manager worked in line with principles underpinning equality and diversity legislation.

Continuous learning and improving care

- The registered manager attended various forums to help ensure they were up to date with any changes in the sector.
- The registered manager told us; "Good care is my passion."

Working in partnership with others

- Records showed the service communicated regularly with other professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care plans and risk assessments did not clearly guide staff on how to support people safely and mitigate identified risks.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records to assess, monitor and improve the delivery of the service were not in place.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not established or operated effectively.