

CEL Homecare Limited

CEL Homecare Cumbria

Inspection report

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30 June 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

CEL Homecare Cumbria is a domiciliary care service providing personal care to people living in their own homes. The service provides support to people with a range of health conditions. At the time of the inspection, the provider supported 28 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported by enough staff who were inducted into the service and received suitable training. Recruitment processes were in place and we have recommended the provider review these to enhance their procedures in line with best practice.

People and their relatives were very satisfied with the care being delivered to them. People felt safe and were complimentary about the staff team. Staff were reported to be kind and considerate and took time to get to know people.

People's care records were in place and reviewed regularly to guide staff on how to assist people safely and encourage their independence.

Risks to people had been assessed and accidents and incidents were recorded and reported appropriately.

Medicines were managed safely. People's specific dietary needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had infection control measures in place. Staff were reminded of PPE guidance during the inspection. People confirmed staff always wore PPE.

Complaints procedures were in place and any concerns had been responded to appropriately. The provider worked with other healthcare professionals for the benefit of people using the service.

Quality checks were in place to monitor the service provided. Policies and procedures were in place and the provider was in the process of reviewing these.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead

used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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

Rating at last inspection

This service was registered with us on 17 May 2021 and this is the first inspection.

Why we inspected

We undertook this inspection because the service had not been previously inspected since registering with the CQC.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

CEL Homecare Cumbria

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because we were completing a remote inspection and we also needed consent from people and relatives to allow us to contact them.

Inspection activity started on 28 June 2022 and ended on 30 June 2022.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from two local authority commissioning and safeguarding teams. We contacted Healthwatch to gain any feedback they might have. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We contacted 13 people and relatives by telephone to gather their feedback. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the area manager and contacted every member of care staff to gather their feedback. 11 care staff gave feedback.

We contacted the district nurse team, two social workers, a care coordinator and a member of the mental health team to gain feedback. We used their feedback to support our judgements.

We reviewed a range of records. This included care and medicine records for six people. We looked at three staff files in relation to recruitment, support, training and induction. We also reviewed policies and procedures and a range of quality assurance checks.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough consistent staff to meet people's needs. One person said, "I have a permanent one and others who fill in, got to know them all, carers are all good."
- People had not experienced any missed care visits. A relative said, "Seems to be well run. Always very efficient and [person] has never been let down."
- Recruitment procedures were in place. Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. We did find some elements of the recruitment process which needed to be enhanced, including recording interviews and ensuring applications forms were fully completed.

We recommend the provider review their recruitment procedures in line with best practice.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe. One relative said, "I trust his carer implicitly. I have seen how gentle she is with [person]."
- Staff understood their responsibilities in recognising and reporting abuse, including how to escalate concerns if necessary.
- The registered manager understood their role to report safeguarding concerns to the appropriate organisation such as the local authority and the CQC and undertake appropriate investigations.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk had been assessed. Risk assessments were in place which staff followed to ensure people received safe care.
- A business contingency plan was in place to ensure people would continue to receive their care calls should an emergency occur.
- Safety was monitored. Accidents and incidents were recorded and reported with any relevant actions taken to keep people safe.
- Lessons were learned when things went wrong. General staff learning from issues arising was carried out through staff meetings or supervisions.

Using medicines safely

- Medicines were managed safely. One person said, "Carers always make sure I take my pills and give me a drink to help them down."
- Staff had received recent updated training in the administration of medicines. Staff medicine

competencies were checked to ensure they were safe to complete this task. After feedback a more robust competency checklist was going to be used.

- Medicine monitoring checks were in place. This included monitoring the use of electronic technology to record medicines administered by staff.

Preventing and controlling infection

- Staff protected people from the risk of infection. The provider had an infection control policy and separate COVID-19 policy to support staff. The management team were in the process of strengthening their oversight of COVID-19 staff testing after feedback was given.

- Many staff had undertaken recent refresher training in infection control procedures.

- Staff wore appropriate PPE. One person said, "Always got a fresh pair of gloves, mask and apron on and put them in the bin before they leave." One staff member reported not always being bare below the elbow as required in best practice guidance. The provider immediately addressed this and sent all staff reminders about infection control procedures to follow.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess people's needs before they used the service. One person said, "At the initial assessment, besides the help with showering and changing, we discussed the little things that were important to me and I would like help with."
- Care reviews had been carried out to ensure people received support in accordance with their current circumstances.
- Care was delivered in line with best practice and taking regard of people's choices. One person said, "They are adaptable. They understand my high and low moods...if I'm not interested in anything they will ask 'do you want a shower or a strip wash', it's my choice."

Staff support: induction, training, skills and experience

- Staff felt supported. A person said, "[Area manager] manages the carers brilliantly. She does a great job." One staff member said, "One thing I have found about this company, is they are very supportive of the staff." The registered manager confirmed supervision of staff was a little behind in some cases, but the provider was aware of this and was working to address this.
- New staff received an induction to the service. This involved training and working alongside more experienced staff.
- Staff had access to ongoing training which the provider deemed mandatory. Some staff training was out of date but before the inspection was finalised this had been addressed. One relative said, "Absolutely well trained. I can see how they handle [person]. They have awareness of his [health condition], know how to hold him, how to talk to him, how to wash and cream him thoroughly."

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

- People were supported to eat and drink to maintain a healthy diet when required as part of their care plan. Dietary needs were documented in their care records and provided guidance for staff. One person said, "Always offer me a choice from the microwaveable meal my family bring in. I just tell the carer what I want, she cooks it and presents it nicely on a plate."

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

- Staff worked with other health and social care professionals. People's care records included contact details of GP's and other healthcare professionals, so staff could contact them if they had concerns about a person's health.

- People were supported to access health care appointments when needed. One person said, "I suffer from swollen legs. The carer applies cream at every visit and puts a compression stocking on. She always checks to see if my skin is okay, in case I need it checked out by a nurse or doctor."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider had an awareness of the principles of the MCA and a policy was in place to support this.
- Systems were in place to obtain consent from people to provide care and support. People confirmed consent was requested before staff undertook any care tasks.
- Staff had completed training to support their awareness of the MCA and best interest decisions, which enabled them to provide person centred care.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by kind and caring staff who respected people's individuality. One person who had a bereavement said, "Manager had said, 'I need to know you are okay' and wanted to monitor my wellbeing; so, we agreed that I would respond to texts. Everyone is very understanding." A relative said, "The carers always look into my dad's eyes when they talk to him and stroke his hand...naturally affectionate." One relative said, "Really excellent company. Very concerned for me when I became ill. I am very grateful for the care they have given both of us this year."

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

- People were involved in making decisions about their care. Care reviews took place which involved people and their relatives.
- People's choices were listened to and respected.
- People were supported to express their views. The provider sent out yearly surveys. These were analysed and the results shared with people and their relatives using the service. Negative comments were acted upon.

Respecting and promoting people's privacy, dignity and independence

- People were respected and treated with utmost dignity. One relative said, "When the carers come in, they always say hello [person], and ask [person] 'how are you today', even though they know he won't respond."
- Staff respected people's privacy and encouraged independence. One person said, "I am very independent, [staff member] doesn't interfere with what I want to do for myself...she helps when I ask." A staff member said, "We have one person who fell and lost their confidence. We try to push them to be independent, such as encouraging them to get their own breakfast bowl."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care and support. This was in accordance with their preferences and choices. One person said, "I trust them, and they respect my wishes. My care plan tells the carer to help if I want assistance...if I don't feel I need their help in the shower, they go and mop the kitchen floor or tidy up until I ask them to help with my leg." One relative said, (Due to changes in care needs) "Had a discussion with the manager about increasing the visits to twice a day to suit his needs (and no issues with that)."
- People were supported to follow their interests and avoid social isolation. One person said, "I like to do some knitting. When the carers leave, they always ask if I have everything I need and offer me a cup of tea or fruit juice." Another person said, "It's nice to see someone different and have laugh and chat. We talk about the tennis, family life and the garden. I look forward to them coming."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. People's care records contained information about their preferred ways of communicating.
- Staff were aware of people's individual communication needs. One relative said, "[Person] doesn't communicate. The carers always explain whatever they are going to do for him and always have eye contact with him."

Improving care quality in response to complaints or concerns

- People knew how to complain. How to make a complaint information was available, including in accessible formats when required. One person said, (if they had a concern), "I would speak to my son who would get in touch with the office who are good at sorting things out."
- There had been one formal complaint recorded. The provider had dealt with this effectively, including conducting a full investigation into the matter raised with suitable actions taken in response.

End of life care and support

- At the time of inspection, the service was not supporting anyone with end of life care. The registered manager said they would support people at the end of their lives should the need arise and in conjunction with other health care professionals.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff valued and promoted people's individuality and protected their rights. One relative said, "The carer and I work together as a team. Always have a laugh and giggle...sometimes we will get a smirk from [person]" and "In my eyes the carers couldn't do any better." Another relative said, "Very open, very concerned, always cheerful and always ask me how I am."
- Positive outcomes were promoted. One person said, "I was talking to [staff member] about my bills. She told me about a benefit that I may be able to apply for...very informative."
- Staff felt valued by the management team. One staff member said, "Yeah, definitely (feel valued). They're great. They always accommodate what you want."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibility regarding the duty of candour, which included the need to apologise in writing when something went wrong.

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

- A range of governance and quality assurance systems were in place. This was to ensure care being delivered was safe and effective. This included checks on medicines and care plans. The management team also used spot and competency checks on staff to monitor care being provided. These were a little behind normal timescales, but the registered manager was working to address this.
- Policies and procedures were in place and the provider was in the process of reviewing these as some were overdue.
- There was an established management structure in place and staff understood their roles and responsibilities.
- Notifications were made to the CQC as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were engaged and involved with the service provided. One person said, "Have had a questionnaire and the manager has rang to check I am happy with the service."
- People's beliefs and background were recorded, and staff were aware of how to support people

considering their equality characteristics.

- The provider was open to continuous learning and improving care. This included the introduction of a new IT system to enhance care delivery.

Working in partnership with others

- Staff had established good working relationships with other professionals involved in people's care. This included district nurse teams, social workers and local GP services. One social worker said, "The carers were brilliant in reassuring the person and spending time with them to build up a positive professional relationship. The carers have continued to be proactive and get in touch with me or ask me to call their area lead if there are any issues or something, they need to discuss with me to help support the person."