

Cumbria County Council

# Cumbria Care Domiciliary Care Agency - Carlisle

## Inspection report

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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

This announced comprehensive inspection took place on 24 February and 1 March 2016. The provider was given 24 hours' notice of the visit because the location provides support and personal care to people living in their own homes and we need to ensure there were people in the office to assist with our inspection.

Cumbria Care Domiciliary Care Agency Carlisle is registered to provide personal care and a reablement service to people in their own homes in the Carlisle and Eden areas of Cumbria. Reablement is intensive support for up to 6 weeks is to enable people to become more independent in their own homes after a time in hospital or a spell of illness.

There was a registered manager in post at the time of our inspection. 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.

We found that the service was safe and members of the staff team were aware of their role and responsibility to keep people safe. There were sufficient staff to provide the appropriate level of care and support.

We saw that the provider had robust recruitment policies and procedures which ensured only suitable people were employed to care for vulnerable people, some having complex needs.

Risk assessments covering all aspects of care and support were in place and reviewed every month.

We found that staff training was up to date. Following their induction some staff then completed other specific training according to the needs of the people they supported.

Staff confirmed they had regular supervision meetings with their line manager.

The service followed the requirements of the Mental Capacity Act 2005 Code of Practice. This helped to protect the rights of people who were not able to make important decisions for themselves.

Prior to the service starting each person had a detailed assessment of their needs. This ensured the most appropriate level of care was provided. Suitable personal care and support plans were in place and up to date.

Staff had formed close relationships with the people they supported. Privacy and dignity were respected at all times. People were encouraged to access activities in the community if they were able so to do.

There was an appropriate internal quality monitoring procedure in place to monitor service provision. Checks or audits were completed in respect of medicines administration, care plans, personal involvement,

health and safety and risk assessments. These checks ensured people were cared for and supported in the way people preferred.

## 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 support workers knew how to protect people from harm.

There were robust recruitment procedures in place to ensure only suitable people were employed to work in this service.

Medicines were handled safely and in line with peoples prescriptions.

### Is the service effective?

Good 

The service was effective.

People who were able were supported to lead active lives and to follow a range of activities in their home and in the local community.

People were supported by staff who were trained to care for people with complex and varied needs.

The agency worked well with external agencies to provide appropriate care and support.

### Is the service caring?

Good 

The service was caring.

The staff teams had developed individual, caring relationships with the people they supported.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

People's dignity and privacy was respected at all times.

### Is the service responsive?

Good 

The service was responsive.

People and their relatives told us they were involved in the care planning process.

There was an out of hours on call team that could be contacted anytime should the need arise.

The service had a policy and procedure for dealing with complaints and concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

There was a registered manager in post who was suitably qualified and experienced.

The registered provider had systems in place to monitor the quality of the service provided. People who used the service were asked for their views of the service and their comments were acted on.

Records we looked at were up to date and applicable to the service provided.

# Cumbria Care Domiciliary Care Agency - Carlisle

## **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 checked 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 announced inspection took place over two days, the 25 February and the 1 March 2016. The provider was given 24 hours' notice of the visit because the location provides support and personal care to people living in their own homes. We needed to be sure there was someone in the office available to assist us with the inspection.

The inspection was carried out by one adult social care inspector.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We checked our records but could find no trace of a Provider Information Return (PIR) being sent to the registered manager for completion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to five people or their relatives who used the service. On the first day of our inspection we spoke to eight members of staff, including three supervisors, spent time with the registered manager and met with the operations manager responsible for this service. We discussed the running of the agency and the recently completed service review of community services in Cumbria. We also looked at other documentation concerning the running of the agency.

On our second day at the service we met with a group of seven support workers, looked at four care plans and three staff personnel files.

We discussed staff training and the system in place to monitor the quality of the service provided to people.

# Is the service safe?

## Our findings

We spoke with people who used the service and also to relatives and asked them if they felt safe when receiving support from the staff who worked at this agency. Everyone we spoke to give very positive comments with regards to the support they received.

One relative said, "All the girls are lovely. They look after my relative very well and I have no worries about any safety issues". Another relative told us, "All the staff are lovely and I know my relative is quite safe in their hands". One person who received support told us they always felt safe when the staff were in the house. They said, "They have been coming a long time and I know them well now".

The registered manager and the supervisors we spoke to were confident that staff would report any concerns they had about possible abuse to people who used the service. All staff had completed training in how to keep people safe from the risk of harm or abuse and the provider had a whistle blowing policy in place. The provider had clear disciplinary and grievance procedures, that were issued to all staff, and these took account of professional bodies and codes of practices.

When we spoke to people who used the service we asked if there were sufficient staff to support them and if they arrived at their homes on time. All of the people we spoke to were satisfied with this aspect of the service. They said, "The staff are usually on time but if they are going to be a little late they do let me know". People told us that they usually received care from a team of staff who knew them and who knew the support they required.

We saw that recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up.

The registered manager confirmed that he never took on a new package of care unless he was sure there was sufficient staff to provide the appropriate and safe level of care and support. We discussed with the operations manager the length of time it took the seniors manager to sign off the request to fill staff vacancies.

When we spoke to the registered manager about staffing and the staff rosters he told us that a new electronic staff rostering system had just 'gone live' for this service the week prior to our visit. It was a live system that constantly monitored the visits to peoples' homes and was also a good way of monitoring the safety of the staff, many of whom work alone. All the staff now had 'smart phones' which gave them their roster for the week so each member of support staff knew who they were supporting and when and the times of their calls. The phones were also the means of contacting senior staff or external health professionals in emergency situations.

We looked at the medication records for the service. We saw that there were systems in place to ensure that medicines were managed safely. The service was aware of the different levels of support that people



required and their medicine support plans correctly reflected this. All staff were trained in safe handling of medicines up to level two. One of the staff had delegated responsibility for ensuring the administration of medicines training was up to date to ensure people supported by this service had their medicines in line with their prescription. Records were kept as part of the care plan documentation showing if the staff had 'prompted' people to take their medicines or had actually administered tablets, liquids, eye/ear drops or topical medicines such as creams and lotions.

All staff providing personal care had access to aprons and gloves to prevent the spread of cross infection.

## Is the service effective?

### Our findings

People who used this service told us that the staff who visited them regularly knew the care they needed and how to provide their support. One person said, "The staff really know what they are doing and they all get good training".

Staff had completed training in moving and handling, safe handling of medicines, emergency planning, health and safety, safeguarding of vulnerable adults and basic awareness of the Mental Capacity 2005 (MCA 2005). The registered manager told us he had a meeting with the supervisor's team to discuss training needs and to ensure all training needs were met and were up to date.

We spent some time with the member of staff who had delegated responsibility for providing internal training on the administration of medicines. This training included specific medicines prescribed for people with more complex needs. All staff were trained in safe handling of medicines up to level two but in some cases extra training was required to support people with more specific needs such as Stoma care and PEG feeds which entailed people being fed by a tube. The medicines trainer had completed training with a district nurse to support people with such needs and was now able to cascade this training down to other support workers.

During our inspection we asked the registered manager about getting consent to care, treatment and support from people who used this service. He explained that when they got an initial referral from adult social care to provide personal care they completed an initial visit form which asked the person or, if appropriate a relative, to sign their consent to receiving care and support.

The registered manager demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA). The 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. The provider, Cumbria County Council, was going to introduce a new training package on the MCA 2005 for all staff and the registered manager expected all staff to have completed this as soon as possible following the introduction of the training.

Health care needs were met through the person's own doctor or the district nursing service if necessary. Staff told us that if they had any concerns about people's health they contacted the office for advice or in an emergency they would contact the GP or the paramedics. After they had done this they would then contact their line manager to report what action they had taken and why.

We saw that people who used the service were included in planning and agreeing to the care they received. Everyone we spoke to said that the care staff asked what support they wanted and respected the decisions they made about their care. People told us that they could refuse any part of their planned care if wished and told us the care staff always respected their right to make their own choices.

Staff told us they were well supported by their line manager and had supervision every three months. The supervisors we spoke to confirmed that all staff supervision was up to date and documents in personnel files confirmed this. Staff told us they were also supervised 'on the job' by their line manager. This also gave the supervisors the opportunity to monitor if people were happy with the service they received. Records of staff supervision were kept on staff personnel files and those we saw evidenced that staff were supported in their role.

We saw that regular meetings with staff took place and staff could contact the registered manager or operations manager to raise any concerns or discuss their practice at any time.

Staff told us that part of their roles was to encourage people to eat a healthy diet and maintain good nutrition and hydration. In the reablement part of the service staff also assisted people to prepare their own meals.

# Is the service caring?

## Our findings

Cumbria Care Domiciliary Care Agency supported people with a variety of needs who lived in their own homes. We contacted five people by telephone to ask their opinions about the agency and the staff who worked there. People were very happy with the care provided and one person said, "The staff that come into our home are wonderful. It was a little difficult at first but now I find their help tremendous". Family members said, "The staff are wonderful. They have helped my [relative] gain a lot of confidence and he is getting better step by step".

We saw comments on recently returned survey questionnaires which were very positive about the care and support provided. They included, "Initially I could not do many daily chores but with the help of the wonderful support and care I am almost back to normal. Many thanks to all". Other people said, "I have had Cumbria Care for a long time and it is so good I don't want it to change".

We were unable to observe staff working with people in their own homes. However the staff and people who used the service that we spoke to assured us that the service was provided by well trained staff who had a caring and friendly attitude. We read daily records written by the staff that reflected this.

We met with a group of support workers who told us that part of their duties was to ensure the people they supported retained as much of their independence as possible. We asked staff about this and one said, "It is so important we encourage people to do as much as they can for themselves and they do appreciate this. This is useful in the reablement part of the service as we aim to give people enough confidence to be able to look after themselves with minimum support".

We asked staff about privacy and dignity and were told, "This is discussed during our induction and we can also talk to our line manager about this. It is a thing that comes naturally though as everyone deserves to be treated in a dignified manner". The provider had policies and procedures in place with regards to people being treated in a way that respected their privacy and dignity.

We saw, from the records, that people were involved in making decisions about their care and the way it was delivered. Any changes were dealt with and care plans were updated accordingly.

The people and relatives we spoke to all confirmed that the staff listened to them and included them in decisions about their care and lives. The registered manager was very knowledgeable about the individuals and their families the agency supported and about what was important to them in the delivery of their care.

When we spoke to the staff team they confirmed that they had experience and training in end of life care and that this was an important part of their role when providing care to people in their own homes.

## Is the service responsive?

### Our findings

People who used this service told us they first had had a meeting with one of the senior staff to discuss what their needs were and how they wanted the support to be provided. They said, "We met the staff right at the beginning and we knew what it was all about and we went from there".

We spoke to family members to ask if they thought the agency responded to the needs of their relative. We were told, "The agency staff respond well to whatever I ask" One person told us, "They have been wonderful with my relative and I only have to mention something and they respond immediately. They are able to do so much more now".

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence.

We spoke to the support staff about how they ensured that the care they provided was very much based on the individual person. They said, "Well the support we provide is very much for the individual. We know what we have to do to make sure the support we give is right so that the end result is that people are able to remain at home and look after themselves".

This service is such that the support is very much tailored to the individual and their own needs. Time is given for staff to respond to any eventuality in an appropriate way. Supervisors supported the staff and people who used the agency and ensured the service was responsive to people's needs at all times.

The reablement package included going out with the support staff into the community to engage in various activities such as shopping swimming and going to college or day centres. This all helped to improve people's confidence and prepare them to remain independently at home. People were given the opportunity to change the support they receive when this was beneficial for them.

Positive risk taking was encouraged in order for people to regain their self-confidence as this helped people when the agency staff were no longer supporting them. An example of this was when one person was able to travel on public transport alone instead of in the company of a support worker.

The provider had a complaints policy and procedure in place and people who used this service were given a copy when the service started. When we spoke to people and asked if they were confident any complaints would be dealt with they said they knew any concerns they had they could discuss with the support workers or the supervisors when they did their visits.

# Is the service well-led?

## Our findings

The service had a registered manager who was readily available to people who used the service, their relatives and staff. People we spoke with said they could speak with the registered manager whenever they required. One of the supervisors told us, "The manager does have an open office door and sometimes it is a constant stream of people going in and out".

We spoke to members of the care staff team and those who worked in the administration office and they all said they thought the agency was well run. They said the registered manager was very approachable and that there were very clear and open lines of communication throughout the agency.

People who used this service were asked for their views in formal and informal ways. Some people told us that they were asked for their views of the service when their care plans were reviewed and others said that supervisors visited to ask their opinion about the service they received. People had recently been asked to complete a quality questionnaire to share their views. We looked at some completed questionnaires and found these were positive about the service provided.

Supervisors also monitored the quality of service through 'on the job supervision' which also gave them the opportunity to speak to people being supported to check that they had no complaints or concerns. These checks formed part of the supervision process and were recorded in the personnel files.

We saw that checks were carried out on medicines records by the supervisors as part of the quality monitoring process. A member of the organisation's quality audit team conducted annual audits or checks on the operation of the agency. There was also an annual health and safety audit which covered the environmental standards of the office space and of the equipment used.

Staff meetings were held with minutes made available for staff that were unable to attend. Minutes were also made available to us during our inspection. The registered manager held regular meeting with the senior staff to deal with any problems or issues that may arise. These meetings gave the senior staff the opportunity to discuss the running of the agency within the wider context of the registered provider Cumbria County Council. He was also responsible for line managing the supervisors and the administrative staff.

Monthly visits were made by the operations manager for this location to hold supervision meetings with the registered and also to monitor the service provided. We met with her during our inspection visit and she discussed with us the recently completed review of Community Services operating throughout the county. Any changes the review had highlighted were expected to be in place by July/August of this year.

During our visits to the office we saw that staff felt confident calling into the office to speak with the registered manager or any of the administrative staff. The staff we spoke to said they knew they could call in the office any time they needed to. The office staff found this useful as it gave them "chance to discuss things and bounce ideas off other colleagues".