

Craegmoor Supporting You Limited

Supporting You in Cornwall

Inspection report

Unit 1 Wheal Agar
Tolvaddon Business Park, Tolvaddon
Camborne
Cornwall
TR14 0HX

Tel: 07769142006

Date of inspection visit:
19 September 2017
20 September 2017

Date of publication:
08 November 2017

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

Supporting You in Cornwall is a community service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in the Redruth and Falmouth areas. This includes people with learning and physical disabilities. The care ranges from a few hours of support a week up to 24 hour care for people in supported living services. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider without losing their home.

We visited, by agreement, people living in their own homes where supported living support was being provided by this service. We visited a person who shared a house with other people all of whom had their own bedrooms and shared the other parts of the house with Staff supporting them throughout the 24 hour period. We also visited people who lived in their own flats in a purpose built apartment block. At this facility Supporting You had a dedicated area called 'the hub' in the complex which is accessible 24 hours a day so that people could request support as they needed it.

At the time of our inspection nine people were receiving a personal care service. The 'hub' provided background support to a further 11 people. These services were funded either privately or through Cornwall Council.

We carried out this announced inspection on 19 and 20 September 2017. The inspection was announced a few days advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. At the last inspection, in October 2015, the service was rated Good. At this inspection we found the service remained Good.

A manager had been appointed to the service in April 2017. They had submitted their application to us to be the registered manager of the service. The registered manager has responsibilities for the day to day leadership and for overseeing the performance of services.

We visited some people in their homes to gain their views on the service. People told us they felt safe using the service. Comments included, "I feel safe with all the staff" and "They help me so that I can live here. Staff are always nearby if I need them." Comments from people about the background support that 'the hub' provided were positive, one commented "I like coming here to talk to people as I get lonely in my flat."

Staff told us they had not been provided with identification badges to enable people to confirm the identity of their care staff. The manager stated identification badges were in process. People told us if new staff were coming to their home, current care staff would ensure they met with them to introduce them. The person could then be reassured who was providing their care so they could ensure people's safety was not compromised.

The service supported some people with shopping for food and other items. The service had financial procedures in place to ensure that people's finances were kept safe at all times. Each person should have access to their own accounts and the manager was aiming to adopt this as best practise across the whole service. We were given reassurance that this was currently being addressed to ensure all people had sole access to their own monies at all times.

New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. However, whilst managers and staff told us that induction occurred, we could not find any documentary evidence to support this. We recommend that induction is formally documented to evidence that staff have received, understood and are familiar with the services organisations policies and procedures.

Staff told us that with the appointment of the new manager and restructuring of the service in April 2017 there had been a lot of positive changes. Staff told us that supervision and staff meetings were now occurring, which had previously been lacking. These meetings allowed an opportunity for staff to reflect on their practices, discuss personal development and share information about any observed changes in people's needs. Staff also felt that that systems were much clearer, for example care plans had been reviewed and amended and a shift plan had been implemented so all staff knew what was expected of them on each shift they worked. Also procedures in respect of finances and medicines were more robust. Staff stated they felt more supported by the manager due to the increased contact they had with them as they were locally based.

There were enough staff employed by the service to cover the visits and keep people safe. Staffing levels were determined by the total number of hours provided to people using the service. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available.

People were supported by dedicated teams and there were suitable arrangements in place to cover any staff absence. An on call rota was in place so that staff knew who to contact outside of office hours. This meant on call staff could answer any queries if people or staff phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. People told us they were never supported by someone they did not know.

Staff treated people respectfully and asked people how they wanted their care and support to be provided. People spoke positively about staff. Comments included, "Staff are good, they know me and how I need help", "They are great", "They are all very kind to me" and "They are fabulous." Staff also talked about the need to remember they were working in people's homes and be mindful of this. One said, "This is their home, we must respect that."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were appropriately trained to support people with their medicines when this was needed.

People had a care plan that provided staff with direction and guidance about how to meet people's individual needs and wishes. Some of the care plans were jointly agreed with other service providers as people had more than one care agency supporting them. These joint care plans detailed which service was

responsible for providing what element of care and support the person needed. This meant that the person and the services providing care, knew exactly at what time and how they were to support a person.

These care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. For example, each person had a Personal Evacuation Emergency plan (PEEP) which provided information to people what to do in the event of a fire. The PEEP was presented in a visual and written format. This meant that people received information that was meaningful to them.

Staff were recruited safely, which meant they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. Staff received appropriate training and supervision.

The service was acting within the legal framework of the Mental Capacity Act 2005(MCA). Management and staff understood how to ensure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture within the staff team. Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team.

People described the management of the service as open and approachable. A health and social care professional told us that recent changes to the services were positive and communication had improved.

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

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 remains Good

Is the service effective?

Good ●

the service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Supporting You in Cornwall

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.

The service was previously inspected in October 2015 when it was found to be Good over all. This inspection of Supporting You in Cornwall took place on 19 September 2017 and the provider was given a few days' notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. One inspector undertook the inspection.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the service's office and spoke with the manager, the previous manager of the service, and the Operational manager. We spoke with seven care workers. We looked at four records relating to the care of individuals, four staff files, staff duty rosters, staff training records and records relating to the running of the service.

We visited three properties and spoke with six people in their own homes who received support from the service. Following the inspection we spoke with a health and social care professional about their experience of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. People commented "I feel very safe with all the staff" and "They help me so I can live here. Staff are always nearby if I need them."

Staff raised that they had not been provided with identification badges to enable people to confirm the identity of their care staff. The manager stated they were aware of this and photographs of staff had been taken and identification badges were in process. People told us if new staff were coming to their home that current care staff would ensure they met with them to introduce them. The person could then be reassured who was providing their care. On our home visits either the person or staff requested proof of identity before admission to the person's home so that they could ensure people's safety was not compromised.

The service supported some people with shopping for food and other items. Where the service supported people to manage their monies, any expenditure or deposits were documented and staff provided receipts for all purchases made. Staff were aware of the procedure they must follow to ensure that people's finances were kept safe at all times. The manager was aware that, for two people, their monies had been 'pooled' into one account, which was not good practice. We were given reassurance that this was currently being addressed to ensure that people had sole access to their own monies at all times.

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the manager would respond to their concerns appropriately.

The service's recruitment practices were safe. Necessary pre-employment checks, including Disclosure and Baring Service checks had been completed to ensure staff were suitable for employment in the care sector.

There were enough staff employed by the service to cover the visits and keep people safe. Supporting You In Cornwall is a small domiciliary service which employed 18 care staff and 1 bank staff. Staffing levels were determined by the total number of hours provided to people using the service. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available.

People were supported by dedicated teams and there were suitable arrangements in place to cover any staff absence. People told us they were never supported by someone they did not know. They told us staff were punctual and there were no problems with absenteeism.

An on call rota was in place so that staff knew who to contact outside of office hours. This allowed the manager on call to access details of the rota, telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a

query. Staff told us managers were accessible and provided appropriate support, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, such as the use of equipment.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

Each person had a Personal Evacuation Emergency plan (PEEP) which provided information on what to do in the event of a fire. The PEEP was presented in a visual and written format. This meant that information was provided in a way that was meaningful to them. One person explained to us the process of what to do if the fire alarm sounded in their home which demonstrated that they knew what actions they must take. Staff were also aware of each person's PEEP and who may need additional assistance and how this was to be provided.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help. Where staff supported people with their medicines they completed Medicines Administration Record (MAR) charts to record when each specific medicine had been given to the person. All staff had received training in the administration of medicines.

The service had appropriate infection control procedures in place. Personal protective equipment (PPE) was readily available from the office. We saw that staff observed good hand hygiene practices and changed PPE when necessary during our visits to people's homes.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People told us they thought staff had been appropriately trained for their role. One person told us, "Staff are good, they know me and how I need help."

New staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had 'shadowed' existing staff until they felt ready to work on their own.

The regional manager told us the induction was in line with the care certificate, which is an industry recognised induction. Staff confirmed they had or were in the process of working through the care certificate and found this beneficial to their role. However whilst managers and staff told us that induction occurred, we could not find any documentary evidence to support this.

We recommend that induction is formally documented to evidence that staff have received, understood and are familiar with the organisations policies and procedures.

Staff told us there were opportunities for on-going training and for obtaining additional qualifications. Comments included, "I welcome training we can always learn more. We are getting better at doing training now." Staff had completed, or were working towards, a Diploma in Health and Social Care. All staff had received training relevant for their role such as, Mental Capacity Act, safeguarding of adults, infection control, manual handling, first aid and food safety. Staff received other specialist training to enable them to effectively support and meet people's individual needs. For example training in particular health conditions so that staff could have a greater understanding and be able to support a person with particular health needs.

Supervision meetings provided a regular formal opportunity for staff to reflect on their practices, discuss personal development and share information about any observed changes in people's needs. Staff told us that supervision meetings with managers had not occurred "for some time" but with the appointment of the new manager this had now started. Staff records evidenced this. The new manager had recommenced meeting with staff for either an office based one-to-one meeting or an observation of their working practices. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us the meetings were beneficial and felt supported by the new manager. Staff said staff meetings were also occurring more regularly which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Care plans recorded the times and duration of people's visits, these could vary from a few hours to 24 hour support. People told us they had agreed to the times of their visits. People who we visited in their own homes received 24 hour support from staff and were complimentary about the assistance they received.

Some people who lived in their own homes, in an apartment block, were provided with differing levels of support throughout the day. People told us that care staff supported them at the agreed times. At this facility Supporting You created the 'hub' which provided background support to all the people who live at that venue. Comments from people about the 'hub' were positive. One commented "I like coming here to talk to people as I get lonely in my flat."

People's care plans included guidance on how to support people with their food and drink. During our home visits we saw people were involved in decision making in relation to their meal preparation. People told us staff prepared foods of their choosing. Staff had completed the necessary food hygiene courses. This meant staff were aware of how to prepare and provide food safely.

Staff supported some people to access healthcare appointments if needed. Staff also liaised with health and social care professionals if people's health or support needs changed. This included GPs, occupational therapists and district nurses who provided additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse support. Where people had declined planned care this was documented within the person's daily care records and reported to managers. People confirmed this. Care records showed that people, or their advocates, signed to give their consent to the care and support provided.

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. We checked whether the service was working within the principles of the MCA. The management had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example, care records described how people might have capacity to make some daily decisions, like choosing their clothes or what they wanted to eat or drink. Where people may not have the capacity to make other specific decisions records detailed who should be involved in making decisions on the person's behalf.

We found the service worked in accordance with the principles of the MCA and observed staff supporting and respecting people's decision during our home visits. Staff told us they assumed people had the capacity to make decisions and described the techniques they used routinely to support people to make choices.

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People told us this helped them as staff got to know them well and understood their preferences in how they wished to be supported. People who used the 'hub' service told us, "The staff are really good." Staff told us that due to their regular work patterns they knew the people they looked after well and could build relationships.

When we visited people's homes we observed staff providing kind and considerate help, appropriate to each person's care and support needs. People told us staff treated them respectfully and asked how they wanted their care and support to be provided. People told us staff did not rush them. Comments from people about staff included, "They are great", "They are all very kind to me" and "They are fabulous."

Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team. Comments from staff included, "I love the job, [people's names] are my priority" and "If we (staff) can make a difference to a person we support we are so pleased for them."

Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to develop further. They spoke about people positively and focussed on their achievements, demonstrating high expectations for people. One said, "It's great to see people have the confidence to try new things and have new adventures."

We noted that some people who received support had specific communication needs. Staff explained how they worked with each person to help ensure they had a voice and an opportunity to contribute to decisions about their day to day lives. We saw a variety of communication aids being used, such as communication passports which used pictures and written words to assist the person.

People told us they were treated with respect and their privacy was upheld. Care plans described how people needed to be supported in order to protect their dignity. Staff told us they always checked before giving personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused.

Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. Care plans contained detailed information so staff were able to understand people's needs, likes and dislikes. People told us they knew about their care plans and a manager regularly asked them about their views on the service provided.

Staff talked about the need to remember they were working in people's homes and be mindful of this. One said, "This is their home, we must respect that." Where people lived in shared accommodation, staff told us they had individual routines and were supported to maintain them. For example, people were encouraged to attend particular activities outside of their home which they were interested in.

Is the service responsive?

Our findings

Before, or as soon as possible after, people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were written with the person, to agree how they would like their care and support to be provided.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans detailed the support to be given on a daily basis and contained a depth of information to guide staff on how to support people well. For example, there was information about people's routines and what was important to and for them. One care plan stated what the person's abilities were when undertaking their own self-care, and where they needed physical assistance and encouragement to ensure their personal care needs were fully met.

Some of the care plans were jointly agreed with other service providers as people had more than one care agency supporting them. These joint care plans detailed which service was responsible for providing what element of care and support the person needed. The aim of this was so that the person, and the services providing care, knew exactly at what time and how they were to support the person.

These care plans had been discussed in safeguarding meetings, as initially there was miscommunication between services in the delivery of supporting a person over 24 hours. However, with the newly agreed joint care plans and communication between the agencies improving, the manager and staff commented that all services were now clear on their role. A health and social care professional commented that with the implementation of the joint care plan, communication had improved and people were receiving their support as outlined in their care plan.

Systems were in place to help ensure staff had access to the most up to date information about the people they supported. If anything of note occurred, this was recorded in people's daily records and communication books which were kept at people's homes. Staff were required to sign these to confirm they had read them. At households where more than one person was supported, there were staff handovers when shifts changed.

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were encouraged to update the management team as people's needs changed. This was done by phoning or during visits to the office to see the manager and also at regular staff meetings.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The records also included details of any advice provided by professionals. Completed daily care records were returned to the service office each month and reviewed by managers as part of the service's quality assurance processes.

The service was flexible and responded to people's needs. People told us about how well the service

responded if they needed additional help. During our visit a person had planned to go food shopping with staff support. However, they changed their mind as they received a parcel delivery so that the person could mend their bike. The person requested that they change their shopping day and this was agreed without hesitation. This demonstrated the person was in control of how they spent their time and staff respected and responded to their preferences.

People told us their preferences in relation to the gender of their staff were respected. Details of these preferences were recorded in the visit scheduling system and respected.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request.

Is the service well-led?

Our findings

The new manager was in the process of being considered to be the registered manager for the service with the Care Quality Commission. They are responsible for the day-to-day running of 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 and associated Regulations about how the service is run.

The registered provider for the service is Priory Adult Care which is a national organisation. The management structure of the organisation had changed in April 2017. The manager of Supporting You in Cornwall, had overall responsibility for the day to day running of the service with the support from their operational manager. Supervision between the operational manager and manager was due to commence. In addition, the manager attended local industry peer support groups.

Staff told us the appointment of the new manager in April 2017 had led to a lot of positive changes at the service. Staff told us supervision and staff meetings were now occurring, which had previously been lacking. Staff had previously felt unsupported and systems in place were not clear. They now felt that that systems were much clearer. For example, care plans had been reviewed and amended, a shift plan had been implemented so all staff knew what was expected of them on each shift they worked and procedures in respect of finances and medicines were more robust. Also staff felt more supported by the manager due to the increased contact they had with them as they were locally based.

Staff felt that the manager had a greater understanding of their role as she had at times worked alongside them on shifts and so gained more insight into their work. The manager monitored staff practice and reviewed the quality of the service provided. Staff felt this helped with the reviewing of new systems that had been put in place. Comments from staff included, "There's been a lot of positive changes since [managers name] has been in post, we are more organised, care plans are much better, we know what we are meant to be doing now, we know what's expected of us."

The rota and on call system had also improved. One staff member said, "If we contact on call, there is someone to respond, and if they don't know the answer they will find out and call you back usually within 20 minutes."

There was a positive culture within the staff team and staff spoke of the impact their work made to the lives of the people they supported. Staff spoke passionately about their work and were complimentary about the management team who supported them to carry out their work. Staff commented, "[managers name] is great, always there, always responds, she listens she is a good manager." People described the management of the service as open and approachable. Comments from people included, "I haven't had any cause to complain."

A health and social care professional was positive about the changes to the service. They told us that there had been difficulties with communication with the previous management structure but commented, "There is much better communication with the new manager, there is more engagement now."

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. To improve communication further, the manager had increased the number of staff meetings, supervisions, resident meetings and visits to be people's homes. This allowed people and staff more opportunity to see the manager and review the quality of the service they were providing. The manager was aware that a quality assurance survey was due and was in the process of commencing this.

The services records were well organised and staff were able to locate all documentation required during the inspection. Policies and procedures had been regularly reviewed and updated to ensure they accurately reflected current practices.