

Ms Lorraine Telford

121 Care

Inspection report

Unit 1 Former Wyndam Street Surgery
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Tel: 01946815706

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28 June 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service effective?

Good 

Summary of findings

Overall summary

This was an unannounced focussed inspection carried out by an adult social care inspector on 28 June 2016.

We had previously carried out an unannounced comprehensive inspection of this service on 14 October 2015. Breaches of legal requirements were found. We served a notice in December 2015 under Regulations 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment because of a failure to provide suitable assessment and planning for care delivery.

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

We then carried out a focussed inspection of the service on 3 March 2016 where we judged that the provider had met legal notices serviced on them.

We undertook this focused inspection on 28 June 2016 to check that the provider had now met legal requirements in relation to the other breaches identified at the comprehensive inspection. This report only covers our findings in relation to these breaches. You can read the report from our last inspections, by selecting the 'all reports' link for on our website at www.cqc.org.uk.

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

The registered provider is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this focussed inspection we looked at the domain 'Effective' and we checked on the remaining two breaches of legislation. The registered provider had been in breach of Regulation 12 (2), because untrained staff were dealing with moving and handling equipment and manoeuvres which might endanger them and the service users.

We also checked on the breach of Regulation 18(1) and (2), which had identified that not all team members were suitably supported to develop in their job role.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this visit on 28 June 2016 to determine whether these two compliance actions had been met and to establish a rating for 'Effective'.

We judged that the registered provider/manager had addressed all the issues that we had found at the comprehensive inspection in October 2015. We also judged that the changes had been sustained over a longer period. There had been enough progress to rate 'Effective' as Requires improvement.

One of the issues was around the management of moving and handling of people who needed support with their mobility. We saw evidence to show that every person who needed this kind of support had suitable moving and handling plans in place, all staff had received training and their competency checked.

We also looked at staff development. We saw that staff had received suitable levels of support. New staff were given induction to their role and had on-going training and development. We saw that staff also received regular supervision and that all of the staff had gone through an annual appraisal. We judged that some of the records related to supervision would benefit from a little more detail.

We recommended that supervision notes recorded the discussions in more depth so that an accurate record of the details of supervision would be easily accessible.

People were asked for consent and their wishes adhered to in relation to the support they wanted.

People were given suitable support to maintain good levels of nutrition and hydration.

The staff team contacted health care professionals when there was any kind of health concern.

The business was run from suitable premises.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

Staff had received suitable levels of induction and supervision.

Staff had been suitably trained to support people who needed help with their mobility.

People were asked for consent prior to the start of the service.

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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.'

This inspection took place on 28 June 2016 and was unannounced. The inspection was carried out by an adult care inspector.

Prior to the inspection we spoke with health and social care professionals who were satisfied that the service had increased its levels of effectiveness when delivering care and support.

We looked at four care files which highlighted the moving and handling completed by staff and also gave us evidence of delivery of medicines and health related support. We also looked at the records of calls logged and we saw details of every phone call and action taken over a six month period. We also spoke to two service users.

We looked at six staff files which included details of recruitment, induction, training and on-going staff development. We also looked at quality monitoring records related to measuring staff competence. We saw records of competence checks, supervision notes and records of appraisal. We spoke with the provider and with her deputy and a member of the office staff team.

Is the service effective?

Our findings

At this focussed inspection we judged how effective the service was. We checked on two breaches of legislation that had led to a rating of Inadequate in 'Effective' after the comprehensive inspection of 14 October 2015.

The registered provider had been in breach of Regulation 12 (2), because untrained staff were dealing with moving and handling equipment and manoeuvres which might endanger them and the service users.

The provider had also been in breach of Regulation 18(1) and (2), which had identified that not all team members were suitably trained and supported to develop in their job role.

We asked people about their view of staff knowledge and skills. One person said, "On the whole the staff are very good...They want to learn which is good." Another person said, "The staff are Ok...things are getting better."

We saw the records of induction for all staff and these had been completed in depth. We saw the record of training that showed that everyone who worked for the service had completed training that the provider judged was necessary for their job role. This included first aid, moving and handling, dementia awareness, health and safety, infection control and the management of medicines. The provider had used an external trainer who had provided a package of training for all staff. This training gave them the basic skills and knowledge necessary to perform their job role. Staff then signed up to complete a care certificate. Some staff had also gained other nationally recognised qualifications.

We looked at some individual staff files and we saw that some staff had completed other training courses. The senior care staff had completed an in-depth course on supporting people with their mobility so that they were suitably qualified to judge staff competencies. We noted that this then led these staff to complete in-depth competence checks on staff who were involved in this care delivery. Senior care staff also reviewed moving and handling plans to ensure they met people's needs. We noted that where there were complex manoeuvres and specialist equipment in place then the provider had, where appropriate, called on the expertise of an occupational therapist. We saw a number of detailed care plans related to mobility support. We judged that this meant that Regulation 12 (2) had been met because staff were trained and competent in following suitable moving and handling plans.

We checked on the records of supervision. We saw that every member of staff had been supervised while at work to ensure that they were able to carry out their tasks in a suitable manner. We saw some brief but appropriate notes about these checks on competence. We also learned that staff had all been given the opportunity to have more formal supervision sessions. We looked at the records of these and we saw that these had been completed on a regular basis. We looked found these to be a little lacking in detail. The records showed the meeting had taken place and we had evidence to show these had lasted for up to an hour. The record of the meeting needed to be a little more detailed to allow what was discussed to reflect individual development. We also saw that each staff member had received an annual appraisal and again

we had evidence that this was an in-depth meeting where staff had the opportunity to explore their personal development needs and to reflect on their work. We again judged that records needed to be a little more in-depth.

We recommended that supervision and appraisal notes reflect the in-depth conversations about delivery of care and personal development.

We did see evidence to show that staff also asked for support on a regular basis when they visited or telephoned the office. The provider kept detailed logs of visits and calls. These were also recorded on individual files. There was a call log of every phone call to the service. We also noted that daily care records were done in more depth. Recording and communicating had been training topics and staff had been reminded of the importance in supervision and staff meetings. We had evidence to show that there were regular staff meetings and that staff received information from the senior care staff and from management staff. The provider phoned staff, sent texts or letters to ensure staff had good levels of information. We also judged that staff communicated well with the office staff. This was in evidence in the extensive call logs that had been kept.

We looked at care files and we saw that people were asked their consent at the start of their care with the service. We also noted that daily notes and logged calls reflected that staff asked for consent on an on-going basis. We saw that some people had refused to consent to support and this was reported back to the social worker or the health care professional who was the care manager.

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 and saw that the provider and senior staff had a good working knowledge of the Mental Capacity Act 2005 and understood their responsibilities, if any.

We also learned that people were supported appropriately to make suitable meals and snacks. Daily notes showed that people had been assisted to eat well. No one cared for by the service had complex problems with nutrition. We saw that staff noted and reported any concerns they had about nutrition.

We looked at care files and at the log of events and incidents. These showed that staff supported people to access health care support. We noted that the service had regular contact with the local district nursing teams, GPs and more specialist health care professionals. Staff were trained in simple first aid and we had evidence to show that they had responded appropriately to accidents and other emergencies when necessary. We had evidence to show that one member of staff who was trained to do so, had attempted resuscitation while waiting for the emergency services.

The service was based in suitable premises in the centre of Cleator Moor. This was easily accessible and the office was secure. The office had appropriate equipment in place. The provider could access space in the building to hold staff meetings or to interview staff privately.