

Ms Lorraine Telford

121 Care

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

We carried out this announced inspection between 25 January and 22 February 2017.

Our last comprehensive inspection of this service was carried out in October 2015. At that inspection we found breaches of legal requirements relating to the management of allegations of abuse, staff training in safe moving and handling, care planning, managing complaints, support for staff and monitoring the quality of the service.

We undertook focused inspections of the service in March and June 2016 to check if the registered provider had taken action in response to concerns we identified at the comprehensive inspection. At the focused inspections we found that the registered provider had made the required improvements and they were no longer in breach of legal requirements.

At our comprehensive inspection in January and February 2017 we saw that the actions taken to improve the service had been sustained and people received safe care that met their needs.

121 Care provides personal care and support to adults living in their own homes. The agency is based in offices in Cleator Moor and provides support to people in the Copeland district of Cumbria.

The registered provider was an individual who also managed the service on a day to day basis. Registered providers 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.

People received the support they needed from staff who were trained and skilled to deliver their care.

Care staff treated people in a kind and caring way and people looked forward to the staff visiting their homes.

People received their care in a way that protected their privacy and dignity. Care staff asked people for their consent before providing their care and supported people to maintain their independence.

Hazards to people's safety had been identified and actions taken to manage risks. People received their medicines safely and were supported, as they needed, to see their doctor.

The registered provider understood her responsibilities under the Mental Capacity Act 2005 and people's rights were protected

Thorough checks were carried out before new staff were employed to ensure they were suitable to work in people's homes.

People knew the registered provider and how to contact her. People were asked for their views and action was taken in response to their feedback. Where issues were raised with the registered provider she took action to resolve people's concerns.

The registered provider had good systems to monitor the quality of the service.

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.

People were protected against the risk of abuse and harm.

There were enough staff to provide the support people required.

Medicines were handled safely and people received the support they needed to take their medicines.

Is the service effective?

Good ●

The service was effective.

Staff were trained and skilled to provide people's support.

People consented to their care and could refuse any aspect of their planned care if they wished. The registered provider was aware of her responsibilities under the Mental Capacity Act 2005 and how to protect people's rights.

People received support, as they needed, to access healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people. People looked forward to the staff visiting their homes.

Support was provided in a way that respected people's privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

Support was planned and provided to meet people's needs.

The registered provider had a procedure for receiving and managing complaints about the service. Where concerns were

raised with the registered provider they took action to resolve the issues raised.

Is the service well-led?

The service was well-led.

People told us the service was well run and said they would recommend it.

The registered provider monitored the quality and safety of the service. They had made, and sustained, improvements to the service to ensure people received safe and effective care.

People were asked for their views of the service and action was taken in response to their feedback.

Good ●

121 Care

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 inspection took place between 25 January and 22 February 2017 and was announced. We gave the registered provider notice of our inspection because the location provides a domiciliary care service and we wanted to make sure that they would be available to speak with us when we visited the service.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or of caring for someone who uses, this type of care service.

The inspector visited the agency offices on 25 January and 22 February 2017 and looked at the care records for six people who used the service and recruitment records for five staff. We also looked at records of staff training, records around how complaints were managed and how the registered provider checked the quality of the service. At our visits to the agency office we spoke with the registered provider and deputy manager of the service and with two care staff.

During the inspection we spoke with ten people who used the service and eight relatives on the telephone. We also contacted five care staff by telephone to gather their views of the service.

Before our inspection we looked at the information we held about the service. This included notifications the registered provider had sent to us about significant events that had happened in the service. We also contacted local health and social care agencies who had knowledge of the service to gather their views.

Is the service safe?

Our findings

People who used the service and the relatives we spoke with told us that they were confident people were safe receiving support from this agency. People who used the service said, "I really feel safe" and told us they were "more than happy with the safety". A relative we spoke with told us, "I have no concerns about safety for my relative".

All of the staff we spoke with told us they were confident that people were safe receiving care from the agency. They said they had completed training relevant to protecting people including training in protecting people from abuse and in how to use equipment to move people safely.

The care staff showed that they knew the actions to take if they were concerned that a person they visited was at risk of abuse. They told us they would immediately pass any concerns to a senior person in the agency and were confident that action would be taken to protect the individual. One staff member told us, "We [care staff] do training in safeguarding people from abuse. It covers what to look for and how to report it". Another staff member told us, "We [care staff] are told from 'day one', if we have any concerns we pass them on to be reported under safeguarding. I've never had a worry but I know [the registered provider] wouldn't stand for any of our clients being abused, she'd put a stop to it".

Providers of health and social care services are required to report any concerns that people are at risk of abuse to the local authority who are responsible for managing allegations of abuse. The registered provider had reported concerns as required and had notified CQC of any allegations received. This meant appropriate authorities could look into any concerns to ensure people were protected against the risk of abuse.

People who used the service and the relatives we spoke with told us they thought there were enough staff employed to provide people's care. Most people told us that they received care from a team of staff who they knew. One relative told us that they had used the service for a number of years and said, "We have got used to the team of care workers". Another person said their relative required a consistent staff team to attend their home and told us, "They [their relative] need stability, they get this from the care workers".

However, two relatives told us that a large number of different care staff visited their homes. They said they were concerned this affected the quality of the care provided, as their relatives did not know the staff who were supporting them. We passed this to the registered provider to look into. They explained that new staff were being trained to join the existing care teams. They told us that this meant, for a time, there would be more staff visiting the individuals. The registered provider said that they expected this issue to be resolved once the new staff had been trained and were able to join as fully participating members of the care teams. The registered provider said they would continue to monitor the care of the two individuals to ensure this issue had been resolved.

People told us that the care staff usually attended their homes at the times they were expected. Where staff had been delayed people told us the staff members or the agency office staff let them know. One person

told us, "They [the service] have a good system for me. They have set times which they do follow". People also told us, "Yes they do come on time, most of the time, they are pretty reliable" and said, "Most of the time they arrive on time. If, on an odd occasion, they are going to be late they always ring me".

One person told us there had been occasions, before our inspection, when the care staff had not arrived on time. They said this issue had been resolved and told us, "They were not so good in the past, now they are more or less on time. If they are late they let me know". This showed that the registered provider had improved the service provided to people.

Some people who used the service required two staff to attend their homes in order to support them safely with equipment. Most people who required two staff to support them told us two staff members always arrived together to provide their support.

One relative told us that there had been two occasions when only one member of staff had attended a visit where two staff were required. The relative told us that they had needed to assist the staff member to ensure equipment was used safely.

We discussed this with the registered provider. They told us that they had not been told of this concern and had not received any other concerns about staff using equipment without a second staff member to assist them. The registered provider told us that calls requiring two staff were arranged so that two trained staff travelled together to attend the visits. We also saw staff rosters that showed how staff were allocated to travel together to all calls requiring two staff to attend. This meant that there should not be occasions when one staff member arrived alone to carry out care that required two staff.

The registered provider told us that there was a procedure for staff to notify the agency office if one member of the care team was unable to continue with planned calls due to sickness. The registered provider told us that care staff were instructed to contact the office for an alternative staff member to be sent to assist them and knew not to use equipment on their own.

All of the care staff we spoke with confirmed that, when they were allocated to visits that required two staff, they travelled in one vehicle with the second member of staff. They told us that the only time they would travel alone to a call requiring two staff would be if the second care worker could not complete the planned calls due to sickness. The staff members told us that, if this happened, they knew to call the agency for a replacement staff member to be allocated to the planned calls. One staff member said, "If the second carer [care worker] went off sick, I'd travel to the visit but wait outside for another carer to attend, I'd never try to use equipment without a second carer".

Due to the concern raised, the registered provider arranged for all staff to be reminded of the process to follow if they ever travelled alone to a call where two staff were required. The care staff were also reminded that they were not permitted to engage in support using moving and handling equipment unless a second staff member was present.

The registered provider produced a newsletter that was provided to people who used the service and their families. The registered provider said they would include the actions for people to take if a staff member did not attend for a planned call in the next edition of the newsletter.

Risks to people's safety had been identified and care records included the actions for care staff to take to protect people from harm. The care staff we spoke with said they knew how to support people in a safe way because there was guidance about managing risks in individuals care records.

We saw that the risk assessments included how to use equipment in people's homes safely. Where two staff needed to be present to use equipment in people's homes this was clearly identified in individual's care records and in the risk assessments.

Some people who used the service required support from staff to take their medicines. People told us that the staff who visited them knew how to assist them and they had no concerns about how their medicines were managed. One person told us, "The girls [care staff] know how to give me my medicines, I have no worries. They watch me take my pills then fill in a record in my file to say they've given them to me".

The care staff we spoke with told us they had received training in the safe handling of medicines. We also saw records of the training and support care staff had received. New staff were not allowed to support people with medicines until they had been trained and assessed as competent to carry out the task safely.

The registered provider and deputy manager carried out checks on care records and medication records to check that these were completed properly. This helped to protect people from the risk of their medicines being given incorrectly. People received the support they required to take their medicines safely.

Before our inspection we received a concern that one member of staff had been recruited without the required checks being carried out to ensure they were suitable to work in people's homes. At the inspection we looked at the recruitment records for five new staff members. These included the recruitment records for the individual we had been told had not been checked thoroughly. We saw that safe systems were used when new staff were recruited. New staff were asked to provide references to check their good character and had to obtain a disclosure from the Disclosure and Barring Service, to check they were suitable to work in people's homes. We saw that where the registered provider had not been able to obtain a reference from a person named by a new staff member, they sought additional verification of the individual's good character. People could be confident robust checks had been carried out before new staff were employed to work in their homes.

Is the service effective?

Our findings

People we spoke with told us that the staff employed by the agency were trained and "good at their jobs". They said they staff had the skills required to provide the support they needed.

Some people told us that they were aware that new staff completed training. They told us, "New girls [care workers] shadow the experienced care workers" and said, "They [care workers] come 'in doubles' when they are training".

People who used the service and their relatives made many positive comments about the staff who visited their homes. One person told us the staff were "very good indeed" and another person said, the staff were "definitely trained and skilled".

Care staff we spoke with said they had completed a range of training to give them the skills and knowledge to support people. One staff member told us, "There's always training on" and another said, "They [121 Care] are really good at providing training". All of the staff we spoke with told us that new care workers did not work on their own in people's homes until they had completed a range of training.

Training records we looked at showed that staff had completed training appropriate to their roles. We saw that care staff had completed training including safe moving and handling, health and safety, first aid and training to meet individual's specific needs. The registered provider had good systems in place to identify when training needed to be repeated to ensure care staff had up to date skills and knowledge.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA

People who used the service told us that the staff asked for their agreement before providing their support. They said they could refuse any part of their planned care if they wished and were confident the staff would respect the decisions they made. One person told us, "The staff ask me what I want, they only do what I want". Another person said, "I tell the staff what to do. They ask if I'm ready for a wash and I can refuse if I want, but usually I don't".

The staff we spoke with understood that people had a right to refuse planned care. They said that, if a person refused an aspect of their planned support, they would encourage them to agree to the care but respect their decision if they refused. One staff member told us, "If someone refuses care, say a shower or doesn't want to take their tablets, I encourage them and explain why it's important, but we can't make people agree. It's their right to refuse". Another care worker told us, "If someone refused any care, perhaps

because they were feeling ill, I would write in the care records that they had refused and then report it to the office so other staff know and so [the registered provider] can follow it up".

All of the care records we saw included instructions for care staff to ask people what care they wanted. People were assumed to be able to make decisions about their care and to consent verbally, or by body language, to their support. The staff we spoke with knew how individuals who could not verbally express their views would show by their actions, body language or facial expression if they agreed to or wished to refuse their care.

We discussed the MCA with the registered provider of the service. She showed that she understood her responsibilities under the MCA and how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

Some people who used the service required support from staff with preparing or taking their meals. People told us the staff provided the assistance they required with their meals and drinks. We saw that, where people had special requirements around support with their nutrition, there was detailed information for staff about how to provide their support.

Most people we spoke with did not require support from the care staff to arrange or attend medical appointments. People told us they either made and attended medical appointments independently or were supported to do so by their families. People told us they were confident that the staff who supported them would assist them to arrange medical assistance if they were unwell and required this. We also saw from care records that the staff had contacted appropriate health care services when someone, who was not able to arrange this themselves, had been unwell.

Some people had aspects of their care, such as the integrity of their skin, that were overseen by a local health team. We saw that their care records included guidance for staff around how to monitor the individual's health and when concerns should be passed to the appropriate health care professionals supporting them. People could be confident they would receive the support they required to access appropriate services to maintain their health.

Is the service caring?

Our findings

People who used the service and the relatives we spoke with all told us that the staff who visited their homes were kind and caring. They told us that the staff provided the support they required and always asked if there was anything else they needed before leaving their homes.

One person told us, "They [care staff] are very caring indeed" and another person said, "They [care staff] really do help me, they always ask me if there is anything else they can do for me".

Some people told us that they and their relatives looked forward to the staff visiting them. One person told us, "I wasn't sure about the girls [care staff] coming at first, but now I look forward to them visiting". Relatives also told us, "They [care staff] make my relative smile" and said, "The staff are very caring, they are doing a wonderful job for my relative".

We saw that people had been included in agreeing to the support they received. People who used the service had been asked how they wanted their support to be provided and had been asked for their views about the care they received. People told us, "The staff always ask me what I want them to do. They know what support I need, but I like it that they ask me".

People told us that the staff respected their privacy and dignity. They said the staff provided their personal care in private and made sure curtains and doors were closed when they were providing their care. One person told us, "When I have a shower, the staff always close the bathroom door". Another person said, "When I get up in a morning the staff member knocks on my door and asks if they can come into my room, they are very respectful like that".

One person told us they had been anxious about having care staff visiting their home but said the staff had given them reassurance and support so they now looked forward to their visits. They told us, "It's strange when you first need staff to come, having a stranger 'doing things', but now I wonder how I managed without them and the girls [care staff] really put me at ease, they are marvellous."

The staff we spoke with told us that they knew the actions to take to protect people's privacy and dignity. One staff member told us, "I treat people how I'd want to be treated. If I'm helping someone wash, I cover them with a towel and let them wash where they can themselves". Another staff member said, "When I do a call to help someone get up, I know to check the curtains are closed until they are ready. Then I ask if they want me to open the curtains".

People's care records included instructions for staff to ask people what support they wanted and to be guided by the individual's wishes. We saw that the care records included the tasks that people could carry out for themselves and any support they required to do so, such as staff passing them items to wash or dress themselves. People also told us that they staff supported them in a way that promoted their independence. They told us the staff allowed them to carry out tasks themselves. One person said, "The staff let me do what I can myself, they don't try to 'take over'".

People we spoke with did not require support from an independent person to express their views and wishes. Some people were able to express their views themselves, and other people were supported by friends or family members. The registered provider was aware of local advocacy services that they could contact if they identified a person may benefit from an independent person to support them to express their views or to make important decisions about their lives.

Is the service responsive?

Our findings

People told us the care provided by 121 Care was responsive to their needs and to their wishes. One person told us, "The staff always ask what I want. Nothing is too much trouble, they know how I like things done" and another person said, "They [care staff] really do so much for us, over and above what is required".

People also told us that the registered provider was responsive to any requests they made. They told us, "If I need anything I contact the office" and said, "[The registered provider] is very helpful, if we ask for any changes she tries to make them".

Most people told us that they had been included in agreeing to the times of their visits and said this meant the care staff visited at times that suited them and their families. One person told us that some of the arranged visits were not at times that were convenient for their family. However, no one else we spoke with had raised this concern. We passed this concern to the registered provider. They arranged to carry out a review of the individual's care to try to resolve the issue and to see if visits could be arranged at alternative times that would be convenient for the individual and their family.

Each person who used the service had a care plan that detailed the support they required and gave staff guidance on how to provide their care. We saw that the care plans were written in a respectful way and included choices people had made about their support. All of the care plans we looked at included clear instructions for staff about how to support individuals. The care plans had been reviewed regularly and as the support people required changed. This meant the care staff had detailed and up to date information to guide them on how to support people.

People told us that they had been included in planning and agreeing to the care they received. They confirmed that they were included in reviewing their care plans and that the care plans were updated promptly if their care needs changed. People told us the staff who visited them followed the guidance in their care plans, this meant people were receiving care as planned and agreed to meet their needs.

One person we spoke with told us that they were not sure if their relative's care plan was up to date or if it reflected guidance given by a health care professional who supported them. They also said that some staff who visited their home did not always carry out all the tasks in the care plan.

We asked the registered provider to look into these concerns. They told us the person's care had been planned taking account of advice from the health care service that supported them. The registered provider said they would contact the person's relative to discuss their concerns and to agree how they would be resolved.

At our visit to the agency office on 22 February 2017 we looked at the individual's care records. We saw that their care had been planned taking advice from appropriate health care services and reflected the guidance they had given. We also saw the registered provider had met with the individual and their relative to discuss the concerns raised. The registered provider had discussed all aspects of the service provided to the person

and agreed actions to resolve the concerns.

Care staff told us they knew the support people they visited needed, because this was written in their care plans. They told us that the service had systems in place to inform staff when the care a person required had changed. They told us that this made sure they knew how to support people they visited.

The care staff told us that if they identified that a person required additional support, or that their care needs had changed, they could contact the office and the individual's care plan would be reviewed.

The registered provider had a procedure for managing complaints about the service. Everyone we spoke with knew how to contact the agency office if they had any concerns about the care provided to them or to their relative. Most people told us they had not needed to make a complaint, because they were happy with the care provided. One person told us, "I have no issues with complaints, they are very good" and another person said, "[My relative] has never complained, they are happy with what the staff do".

People who had spoken to the registered provider about concerns told us they were happy with how these were dealt with. They said the registered provider listened to their views and acted on any concerns they raised. One person said, "[The registered provider] is very good, they listen and they act upon concerns I may raise about my relative". Another person told us, "[The registered provider] is very good, I had minor issues that were troubling my relative, they listened and dealt with it straight away". This showed that the registered provider responded appropriately when people raised concerns with them.

Is the service well-led?

Our findings

People we spoke with told us they valued the support they received and were happy with the care provided by this service. One person said, "I am really happy indeed" and another person told us, "I am really satisfied with the company". We were also told, "The company is doing a wonderful job".

People told us that they knew the registered provider and how they could contact her if they needed. They told us that they thought the service was well managed and said that, if they had any questions about their support, the registered provider dealt with these promptly and efficiently. One person told us the service was "more than well run" and said, "They deal with any queries, they are really good, you could not fault the company".

We received a lot of very positive comments about the service and people we spoke with said they would recommend the agency to other people. One person told us, "I can definitely recommend this company to others" and another person said, "I could recommend this company".

During our inspection two people had raised issues about the service provided. We saw that the registered provider took prompt action to resolve the issues raised and to ensure the consistency of the quality of the service.

At our first comprehensive inspection of the service in October 2015 we found breaches of legal requirements. When we carried out our focused inspections in March and June 2016, we found that the registered provider had taken action to make the required improvements to the service. At the inspection in January and February 2017 we found the provider had sustained the improvements and people received a safe service which met their needs and respected their rights.

The registered provider used a range of ways to gather people's views about the service provided. People who used the service and their relatives were asked to complete quality surveys to share their views with the registered provider. The registered provider and deputy manager also carried out "courtesy telephone calls" to people to ask if they were happy with the service provided.

People had also been asked for their views during meetings to review the care provided. This gave people an opportunity to raise any concerns or areas that could be improved. We saw, and people told us, that if a concern was raised, the registered provider tried to resolve the issue quickly. Where an issue could not be resolved the registered provider explained why this was not possible. One person told us, "I feel [the registered provider] does try to meet our wishes, but if there is something that can't be agreed, she always explains why".

The registered provider had good systems in place to assess the quality of the service provided. They carried out checks on the service by gathering the views of people who used it, by carrying out checks on records held and by assessing staff as they worked in people's homes. We saw that checks had been completed on the quality of care plans, the records staff completed at visits to people's homes and on training staff were

required to complete.

The registered provider had employed a senior person in the new role of community manager. The community manager was responsible for assisting the registered provider and deputy manager in assessing the quality of the service. The registered provider told us the new role would help them to support staff in the community and to monitor the quality of the service. Systems were in place to monitor the quality of the service, including by gathering the views of people who used the service and their families.

Providers of health and social care services are required to notify the CQC of important events that happen during the operation of their service such as serious injuries and allegations of abuse. The registered provider had informed us promptly of significant events. This meant we could check that appropriate action had been taken.