

Cloud 9 Care Limited

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## Inspection report

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Date of inspection visit:  
16 September 2016

Date of publication:  
19 October 2016

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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 inspection took place on the 16 September 2016 and was announced. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available.

Cloud 9 Care Ltd is a domiciliary care agency. Care and support is provided to people in their own homes.

The service had a registered manager. 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.

People told us that they felt safe with staff and would be confident to raise any concerns they had. The registered manager was also the provider and recruitment procedures were thorough and medicines were managed safely.

The care plans we looked at were detailed and staff we spoke with were able to describe how individual people preferred their care and support delivered and the importance of treating people with respect in their own homes. Where any risks to people were identified we saw action had been taken to mitigate those risks to keep people safe.

There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and on-going training to make sure they had the right skills and knowledge to provide people with care in their own homes. People and their families were complementary of the services provided.

Up to date information was communicated to staff to ensure they could provide the appropriate care and support for each individual.

Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The provider had a system to regularly assess and monitor the quality of service that people received and identified areas for improvement.

People were asked for their views annually through satisfaction surveys.

## 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 safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

A robust recruitment process was in place and staff were recruited and employed upon completion of appropriate checks.

Staff followed the correct procedures for supporting people with taking their medicines safely and as prescribed.

### Is the service effective?

Good ●

The service was effective.

Management and staff had good knowledge of the Mental Capacity Act 2005 to ensure people's rights were protected.

People were supported to eat and drink enough to maintain their health

People were supported to access healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

People told us staff were caring and staff understood how to respect people's privacy.

People were encouraged and supported to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and responded to their individual needs.

Care plans contained detailed information required to meet people's needs.

The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

**Is the service well-led?**

The service was well-led.

There was an open culture at the service. The management team were approachable and staff felt supported.

The quality of the service was monitored and assessed consistently.

Staff knew how to question practice and systems were in place to support staff to whistleblow.

**Good** ●

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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.

The inspection visit to the provider's office was made on 16 September 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by one inspector.

At the time of inspection the service was providing personal care and support to 80 people. During the visit to the provider's office we looked at the care records of six people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service. During the visit to the office we spoke with the registered manager and two care staff. The inspector also visited two people in their own homes and viewed their care records.

Following the inspection we carried out telephone interviews with nine other people who used the service and four staff.

## Is the service safe?

### Our findings

People told us that they had no concerns about staff's ability to provide care safely. One person told us, "I always feel safe." Another person told us, "I do feel safe, they are more like friends."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff knew about safeguarding people, what constitutes abuse and the action that they must take. One staff member told us, "I would speak to [Registered manager] or I may go to the police."

We saw detailed risk assessments in relation to people's manual handling needs were in place to ensure the safety of the individual and staff. A detailed safe system of work was recorded that included very detailed information about equipment and how to move people safely, including any environmental issues that could present a hazard. We also saw risk assessments in relation to environment, medicines and falls had been completed and action taken to mitigate any risks which had been identified. For example, the environmental risk assessment included information about where gas and water emergency turn off taps were located. Staff told us if they identified any area of potential risk they would report this to one of the seniors who would arrange for a new assessment to be completed.

The service had a business continuity plan in place that records systems of prevention and recovery to deal with potential threats to the service including any event that could negatively impact operations, such as adverse weather conditions or access to the office environment. All recorded accidents and incidents were signed by the registered manager.

Some people required assistance or prompting to take their prescribed medications. Systems were in place to enable the safe administration of people's medications. Staff received training in how to give medication, completed a workbook and then a senior member of staff checked their competency. This involved observation of their practice, these workplace observations are carried out every six months.

The service had recently reviewed the way in which people were supported with their medicines. As part of this they had appointed a medication officer who provided support to staff for any issues regarding medication. There was an individual risk assessment relating to each person's medicines. This included information about the prescribed medicines and the support required. The service had regular contact with prescribing doctors and the supplying pharmacist to ensure that medicines were delivered and reviewed when needed. The service used high alert stickers to remind staff when any high risk or variable dose medication was being administered. For example, staff were alerted to check warfarin dosage to ensure the correct dose recorded in people's individual warfarin records is administered. The senior team check high-risk people or medication administration charts weekly. The staff completed medicine administration records and these were checked by the management team.

People told us that overall a consistent group of staff supported them. One person told us, "I usually get the

same, but of course slight variations they have to have time off and that." Another person told us, "I know every single one of them, I do have a couple that are like my friends, there are some variation but I know the whole team any way." There were enough staff to care for people and meet their needs. They employed enough staff to cover vacancies, annual leave or training. The manager and senior staff were all qualified to carry out care if needed and could cover in emergencies.

The registered manager told us that recruitment was an on-going challenge and they used various ways to attract new staff. There was an effective recruitment process in place to confirm staff who were employed were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff confirmed they did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. A review of records showed the appropriate pre-employment checks had been made.

The registered manager kept records of any missed visits, these records recorded impact, investigation and outcome. When people had been subject to a missed visit they were contacted either by phone or in person by the registered manager and a free visit and apology was given. Most people told us that they had never had a missed visit. One person told us, "They have never missed a visit, if they are going to be late they let me know." Another person told us, "They always come, they have never missed, occasionally late but they always ring me." The service published their reliability statistics each month via a newsletter to people that use the service. The reliability score for August 2016 was 100%

## Is the service effective?

### Our findings

People described staff as well trained and supportive. People we spoke with felt the staff had the skills and knowledge to meet their needs. One person told us, "Yes, mostly they know what they are doing, sometimes I have to tell the new ones what to do, but they are learning." Another person told us, "Yes, we have learnt a lot from them." Staff we spoke with all confirmed the registered manager and senior team encouraged and supported them to attend training. One staff member told us, "There is loads of training, I am currently doing my NVQ 3 in social care, and I already have an NVQ 2." The registered managers and staff shared their knowledge in team meetings.

This gave the team the opportunity to confirm their understanding and learn from team colleagues. The registered manager was qualified to provide staff with manual handling training and also delivered training in other subjects but recognised that a more robust process was required. The registered manager had recently purchased an on line training provider to ensure training provided was at a recognised standard.

We saw new members of staff completed an induction and a period of shadowing alongside experienced members of staff. A member of staff told us, "I completed induction training and a workbook, I then shadowed for a period of time and when I felt ready, started to work on my own with people." There was an expectation of the registered manager that new staff undertook the Care Certificate as part of the development of their caring role.

The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This showed the registered manager recognised the need to ensure staff had the necessary training and skills to meet people's needs. Experienced staff were allocated to support new staff with the care certificate workbook. When we viewed staff files we saw comments from experienced staff about the staff member shadowing them.

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 staff told us they had received training about the MCA and they demonstrated an awareness of this. They told us they had information about the main principles of the Act and what this meant about how they supported and cared for people. One member of staff told us, "We are there to support people to make their own decisions, but if they are not able then we make sure they are supported by involving their family or their social worker." Mental capacity assessments were included in people's care plans and the registered manager reviewed these annually or more frequently if required.

People who required assistance with meal preparation told us the staff were supportive of their needs and provided them with the level of support they needed. Prior to a visit to a person in their own home, we

reviewed a care plan that stated that the person needed to have vegetables added to their meal and for staff to sit with the person to encourage them to eat. During the visit we observed that the staff member encouraged the person to make themselves and us a cup of tea while they prepared the food. The person was served the food and the staff member sat and chatted with the person while gently reminding them to eat. The staff member drank the cup of tea made by the person, which created an unrushed, relaxed atmosphere where the person eventually ate their meal. The staff member followed the information noted in the care plan.

We saw that people had care plans relating to their dietary needs. These detailed people's specific health related needs such as diabetes or allergies, as well as their likes, dislikes and preferences. Care plans also included a checklist for staff that detailed support required for each visit which included food and drink. For example on one person's checklist, it reminded staff to leave a cold drink within the persons reach at the end of each call.

Everyone we spoke with and records we looked at confirmed that people were supported to maintain good health. One person said, "They have really helped with communication with my doctors, I did not realise they had such clout." We also noted in care files referrals to relevant healthcare professionals were made when needed.

## Is the service caring?

### Our findings

People who used the service told us that staff were helpful and kind. One person said: "Yes, they are very good, kind and respectful." Another person told us: "They are always asking can I do anything else for you." A third person told us, "They are absolutely brilliant, I haven't a bad word to say about them."

We observed and people told us they had good relationships with the staff who visited them and respected their preferences. They also said they usually received support from familiar, consistent staff. Comments included, "I have had the same carer in the morning for years" and "I get the same for a few weeks then it might change, but I do not mind as they are all good" and "they do what I want."

We also observed during visits that staff had good relationships with people they cared for, we observed the staff member talking to people about their families and their interests.

Written records contained information about their preferences in relation to the care that was delivered to them. This included how they wanted to be addressed, and what they preferred to do themselves, as far as they were able. This helped staff to encourage people's independence with everyday living. For example, one care file stated. "I do my own face, give me the sponge and I will do this".

People we spoke with told us about regular care and support review meetings they had with the service. One person told us, "Yes they come once or twice a year and ask me if I need anything changed, and if I am happy with everything." Another person said, "They are coming next week."

Staff understood the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this by ensuring curtains and doors were closed before delivering personal care. Staff knew about people's individual needs and preferences and spoke to us about the people they cared for in a compassionate way. One staff member told us, "I keep people covered and tell people what I am doing and why."

## Is the service responsive?

### Our findings

We saw that people's needs were assessed prior to them being offered a service. Senior members of staff carried out an assessment and a care plan was developed from the information. Care was being delivered based on people's preferences. Care plans reflected people's likes and dislikes and helped staff to care for people in a way in which met their individual needs. The care plan recorded outcomes and the specific detail the person required for each visit.

One care plan included tips for staff written by the person's relative on how the person liked things done. At the end of the care plan section a staff checklist had been completed, so staff could check at a glance everything that needed to be achieved during the visit. Care plans also contained guidance for staff related to specific needs, for example in one care plan we found dementia guidance that staff could refer to when working with the person.

Records showed and people told us that regular reviews of people's care were held to ensure it was still meeting their needs. However, the reviews completed within the care plan did not always record who was involved during these reviews. The manager had now created a document that people involved in the review could sign and included this in their monthly newsletter.

A monthly newsletter was sent to people that use the service, this newsletter included updates about the staff team, reliability statistics and articles of interest, for example in the September issue an article about care planning is included. This article also included information about the quality monitoring visit, which reviews and updates the care plan; the article requested that people signed to confirm that they had been included in the review process. The newsletter also contained advice and tips for people on various subjects.

Staff we spoke with knew the people they provided care for and told us they checked people's daily care records and asked the person each time they visited them to ensure their preferences had not changed. When people's needs changed, we saw that they were reassessed; this meant the registered manager was responding to people's changing needs. People and staff told us there was good communication. One staff member told us, "I use the care plan, it is detailed and everything is listed and there is always someone on the end of the phone, if I need to check something."

The service had systems in place to support people to express their views. An annual survey was sent to people who used the service by the registered manager who then analysed this information and created an action plan. We viewed the analysis from the most recent survey, one of the questions asked, "How good are your carers at looking after you?." We saw from the analysis that from the questionnaires returned 60% replied 'excellent' and 40% replied 'good'.

People we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "I have never needed to make a complaint, but I would ask the carers." Another person said, "Never had a complaint but I would ring you if I

did." One person did tell us that she had complained about a change to her visit times and had not heard anything, we referred this to the service to address.

A complaints procedure was in place and this was included in the information given to people when they started using the service. We saw complaints received were recorded including the actions taken and outcome.

## Is the service well-led?

### Our findings

People we spoke with, and relatives we spoke with, were complimentary about the service. Comments we received from people included, "They are absolutely brilliant, I haven't a bad word to say about them "; and, " I would recommend them to anyone, they are very helpful "; and, " We are very happy with the service we receive" and " It is an extremely good company. "

The staff spoke highly of the support they received from the registered manager and members of the senior team. One member of staff told us, "Yes they are very good." Another member of staff told us, " [Named registered manager] is very easy to talk to." We saw that the manager communicated well with the staff team. For example, any issues identified were fed back to staff. We saw staff meeting minutes where staff had questioned the sling size for a person and the manager had checked with the occupational therapist that this was correct.

Staff we spoke with were clear about their roles and responsibilities and told us they enjoyed working for the service. They spoke positively about the service, and told us they felt valued and were motivated to provide a quality service which met each person's individual needs.

Staff we spoke with told us they worked well as a team and supported each other. One staff member told us, "I love working for Cloud 9, I am staying as they care about us as well as clients." A member of staff told us that following a family bereavement the company were very supportive.

The registered manager had developed 'The Cloud 9 Commitment' that detailed what staff were committed to providing people that use the service, these included. 'We will give a personal service that gives people choices' and 'We will not rush people'. The document included eight statements with comments from the staff group underneath to demonstrate how staff would demonstrate this commitment. One member of staff had written under the statement about choice, "I will make time to let people make choices."

The registered manager told us they were committed to supporting staff and paid staff incremental salary increases for achieving health and social care qualifications and organised a Christmas Club at the staff team's request.

The registered manager had measures in place to monitor the quality of the service and drive improvement. This included audits of care plans, risk assessments, staffing levels and mental capacity assessments. Audits were undertaken of completed medicine records to enable the management team to identify any errors and address these. We saw evidence to show that the management team undertook spot checks on staff practice that looked at staff performance, infection control and the support they provided.

The local authority carried out a quality monitoring audit in July 2016 and Cloud 9 Care Ltd received a 'good' rating.

The registered manager was aware of their responsibilities to notify the Care Quality Commission (CQC) and other agencies of incidents that affected the safety and wellbeing of people who used the service.

