

Cumbria View Care Services Limited

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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

Cumbria View Care Services Limited (Cumbria View) provides to adults in their own homes in South Cumbria and North Lancashire. The agency also provides a night care service, palliative care and domestic support to assist people to stay independent within their own homes.

People's experience of using this service:

- The service met the characteristics for a rating of "good" in all key questions.
- People told us they felt they received care in a safe way. We were told staff were "very good" and "skilled", "well trained" and "I feel totally safe".
- Sufficient numbers of suitably trained and skilled staff were being deployed to meet people's individual needs.
- Staff had received a range of training and support to enable them to carry out their work and support people safely. Staff received induction training, supervision and support so they could support people effectively.
- The service had a thorough recruitment process to help ensure new staff were suitable to work with the people in their homes.
- The provider had safeguarding systems. Staff were aware of the procedures for this and had received training on it.
- Only staff who had received training in safe medicine administration were able to give medicines.
- Staff were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.
- There were effective systems for assessing and managing risk to help make sure all were kept safe from foreseeable risks.
- The registered provider had procedures for assessing a person's mental capacity in line with the Mental Capacity Act 2005.
- People and relatives told us the service was caring, well-led and staff knew them well and respected their needs and preferences.
- People and their relatives were aware of how to raise concerns or complaints. Complaints received had been investigated and responded to in line with the provider's procedure.
- Checks and audits were carried out to determine the quality of the care and people who used the service were asked for their views on service provision.
- People and their relatives were happy with how the service was managed. Care staff told us the management team set high standards.

Rating at last inspection: Good. (The report was published on 2 September 2016).

Why we inspected: This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor intelligence we receive about the service and plan to inspect in line

with our inspection schedule for those services rated Good. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Cumbria View Care Services Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was conducted by two adult social care inspectors.

Service and service type:

Cumbria View is a domiciliary care service providing support and personal care to people in their own homes. At the time of the inspection 84 people were receiving the regulated activity personal care.

The service had a manager registered with the Care Quality commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to make sure that the appropriate people would be available.

The inspection site visit started on 12 February and telephone calls to people who used the service, relatives and staff ended on 6 March 2019. We visited the provider's office on 12 February to see the registered manager and to review care records and other records relevant to the running and quality monitoring of the service.

What we did:

During this inspection we visited three people who used the service in their homes and looked at the records they kept at home. We spoke on the telephone to seven people and spoke with three relatives to ask about their experience of the service and the care provided. We spoke with six care staff in person or by telephone for their experiences of working for this service.

We also spoke with the registered manager, the training manager, the office coordinator and a care coordinator. We looked at seven care records and a selection of other records including quality monitoring records, training records and recruitment records for four new staff.

Our planning considered information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team. We used all this information to plan our inspection.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

People who used the service told us they felt safe receiving care and would recommend the service to others. All the feedback we received was positive. One relative told us, "I am confident [relative] is being well looked after. I don't feel I have to constantly check everything is OK."

- People told us, "I would recommend them, I feel totally safe" and "The staff are very helpful, they [staff] make me feel safe." Another person commented "I feel very safe with all the staff" and they added, "They always lock my door when they leave."
- Staff knew how to recognise abuse and protect people from the risk of abuse and had received safeguarding training proportionate to their role. Staff were confident that the registered manager would act quickly if they reported any concerns.
- The registered provider had clear procedures so any concerns could be raised promptly using local safeguarding procedures. The registered manager understood their responsibility to report abuse to the local authority safeguarding where it was identified.

Assessing risk, safety monitoring and management

- Staff carried out assessments with people before they started to use the service to make sure they could meet the person's care needs safely.
- Each person had assessments that identified their individual needs, preferences and any risks that they might encounter. The assessment included people's medication risks, falls, mobility, equipment in use, fire safety and the environment people lived in that might affect their safety and that of the staff who visited. This was to help make sure that all were kept safe from foreseeable risks.
- The care plans were regularly reviewed by management and senior staff and we saw care plans contained clear instructions for staff to follow.
- The registered provider had systems to make sure equipment used by staff was safe. Staff checked and documented equipment used by the provider in line with people's care plans.

Staffing and recruitment

- People made positive comments about the staff who supported them. We were told, "All of them [staff] are lovely" and "We couldn't do without them." One person told us "I have regular staff, we have a good routine, I have found them [staff] all to be nice and feel I can trust them."
- The service had an effective recruitment procedure to help make sure that the care workers recruited were suitable. We examined a sample of six records of care workers. We noted that these records had all the necessary documentation such as a Disclosure and Barring Service check (DBS), references and proof evidence of identity.
- People told us they were supported by sufficient staff, who understood their needs and they always knew in advance who would be calling. People told us they were usually supported by the same group of staff who

knew their preferences and needs. We were told staff were reliable and usually punctual.

Using medicines safely

- Staff completed risk assessments with people for the safe management of people's medicines. This was done on initial assessments at the beginning of a care package and updated as needed at review or when a change occurred.
- Staff received training in the safe management of medicines in line with their roles. Staff had received regular updates to this training. Senior staff checked staff competency with medicines and did spot checks in people's homes to make sure staff were following the service's procedures.
- The service recognised the need to ensure people remained as independent as possible with taking their medicines. Staff only prompted the person or administered the medicines when the person needed assistance. Relatives often managed people's medicines.

Preventing and controlling infection

- The service had a policy on the control and spread of infections and staff were given training on infection control and food hygiene.
- Staff were provided with personal protective equipment [gloves and aprons] for use during personal care. People told us that staff wore these when providing personal care.

Learning lessons when things go wrong

- The service acted upon the issues people raised with them to try to make sure lessons were learned and action taken to improve people's experience of the service. For example, an issue was raised via the quality questionnaires the service sends out. Telephone calls had not been answered quickly by reception. To make sure this no longer happened all calls were now diverted to the registered manager's direct line if not answered promptly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We received only positive feedback about the staff skills and service provision. We were told, "They [staff] know what they are doing" and also that staff were "very good" and "very skilled." Another person said, "I think they are very well trained."
- The service had a mandatory training pathway in line with good practice that all staff completed. Where care staff worked with people who had complex needs they had received additional training to support the individual.
- Since the last inspection the service had continued to improve its training processes with the addition of a dedicated staff trainer. More staff training was now being given in house, was being monitored and kept up to date.
- Records showed new staff had completed an induction to the service and a probation period. Staff confirmed this and that they received supervision and support from the senior staff and that they could contact the office for advice at any time.
- Staff told us they had completed training to give them the skills to provide people's care. Staff told us they felt supported by the registered manager in their work and to develop their knowledge and skills.

Ensuring consent to care and treatment in line with law and guidance

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. We saw care plans referenced the importance of offering people choices and involving people in decision making. People told us the staff who supported them asked what assistance they needed and only provided care with their consent. For example, one person had hearing aids but chose not to wear them all the time.
- The registered provider had systems to assess capacity and then act in the person's best interests. There was a system to check if people had a valid power of attorney in place. They identified what sort of power of attorney had been registered and if another person had legal authority to make decisions on an individual's behalf.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- We looked at people's care records and their individual assessments and found them to be clear and that expected outcomes for people were identified. People's care and support needs were being regularly

reviewed.

- We saw notes kept in people's homes were being incorporated into electronic systems. The registered provider was actively working towards a system that was entirely electronic and would be paperless and provide a seamless service and more contemporaneous information for staff.
- Staff practices were monitored and checked when working in people's homes to try to make sure staff applied their training effectively and in line with best practice. This approach helped the service maintain its high standards of care, helped lead to good outcomes for people and supported a good quality of life.

Supporting people to eat and drink enough to maintain a balanced diet.

- People told us staff always asked what they wanted to eat. We were told, "They [staff] make my breakfast, ask what I want and then make it." Another person told us, "They [staff] leave my breakfast ready for me and they always leave my kitchen clean and tidy." We observed the staff when we visited people in their homes making sure people always had a drink where they could reach it. A relative said, "They [staff] always make sure [relative] is offered a drink, even if I have just made one for him, never says no."
- Care plans showed people had choice and access to sufficient food, snacks and drink throughout their day.
- Everyone who used the service had an initial assessment regarding nutritional and hydration needs. Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs and professionals were involved where required to support people.

Staff working with other agencies to provide consistent, effective, timely care.

- We found evidence in people's care plans that they had access to external health care professionals and that they were supported to attend appointments if they needed.
- Guidance provided by nurses and other health professionals had been included in care plans and was being followed. For example, when helping people mobilise and using equipment following an assessment by physiotherapy and occupational therapy professionals.
- People told us they felt confident the care staff who supported them would contact their district nurse or doctor if they were unwell or asked for this. We saw people's care records had information for staff about how to contact relevant services if an individual was unwell. Staff we spoke with were very aware of their responsibility to report changes in a person's health.

Supporting people to live healthier lives, access healthcare services and support

- We saw when people received additional support from healthcare professionals and support services this and any action taken was recorded within their records.
- The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals and how to get help in an emergency.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with who used the service had positive things to say about it and they and their relatives told us that staff were "caring", "kind" and "understanding." Their comments included, "I feel very comfortable with the staff" and "They are a great bunch of lasses." Another person said, "We have a good laugh, the staff are more like friends."
- People told us the service and staff were very supportive. For example, one person had a "Care Line" for emergencies and used it if anxious or confused. The service had agreed that, if necessary, Care Line could contact them to respond so they could attend and reassure. No matter how long this call took a minimal charge was only ever made. The service was prepared to go the extra mile to support people.
- When we visited people in their homes we saw staff knew them well and displayed positive, warm and familiar relationships with the people they were supporting. Staff spoke in friendly and respectful tone and we saw lots of laughter and chatter going on.
- The service had provided equality and diversity training for all staff. This covered the definition of the protected characteristics. The registered manager had also contacted local LGBT groups to ask them to provide information for staff to have a greater awareness of people's needs.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they felt comfortable telling staff how they wanted to be helped and when expressing their views about the service provided. Family members confirmed they had been involved in supporting people and involved in the decisions made about care.
- People and their representatives confirmed they were asked for their views on their care and their plans both formally when changes were needed and informally on a day to day basis. One person told us, "We always have a chat when they [staff] come and if there is something I want changing or to try a different tack there has never been a problem."
- We saw staff gave reassurance and guidance while equipment was being used and asked people if they were happy for them to continue.

Respecting and promoting people's privacy, dignity and independence.

- People's right to privacy and confidentiality was respected. Staff delivered personal care to people in private. The comments we received were all positive. People told us staff were "sensitive" to their personal privacy so they felt comfortable when receiving personal care.
- People were supported to maintain their independence wherever possible. One person told us, "They [staff] work very well with me and do all I need. They look after me in the bathroom, keep me covered up and help me get dressed, then they let me take my time to do my hair and finish getting ready myself."
- Some people had both male and female staff supporting them. The care coordinator confirmed the service

would respect any gender preferences. Where female clients were happy to have male staff, these were usually only sent on "double-ups", where two staff were needed. This way a female staff member could provide any personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People and family members made positive comments about the service provided. They told us staff visited on time and stayed the allocated amount of time stated in their care plans. Comments were positive and included, "They [staff] come on time, stay the full time, are all very helpful, cheerful and accommodating." One person told us "The calls arranged to suit me." One relative had contacted the service to tell them how grateful they were for the "quick response from carers" following a call to them.
- Care plans had been developed from initial assessments with the involvement of the person and/or their family members where appropriate. People and their relatives confirmed they had been included in the care planning and agreeing the care provided. Each person's plan had been regularly reviewed and updated to reflect changing needs or preferences.
- People, along with family members, confirmed they had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information to get to know people better and engage them in meaningful conversations.
- Where people had asked for changes to the support they received, they told us the service tried to accommodate the changes they requested. We saw an example of how the service was supporting a person to be able to continue to participate in a recreational activity they enjoyed and that promoted their well-being.
- We saw care plans were person centred and made clear the person's personal preferences, routines and how staff could best support them to live the life they wanted.
- The registered manager told us they were looking at further improving the assessment process as they continued to develop their use of technology. New applications being developed would allow staff to complete assessments directly onto a laptop saving paper work and making information more accessible.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and felt confident to raise their concerns with staff and management. One person said, "I would speak to staff if I had any concerns. I am not afraid to complain but at present I am happy with everything." Another said, "I have no concerns, there is nothing I would wish to change."
- There was an accessible system for complaints management. People received a copy of the complaints and compliments procedure when the service started. This was available in different formats to meet different needs, such as large print. We discussed with the registered manager the need to make it clear in their procedure that CQC could not investigate individual complaints and they addressed this immediately.
- There had been two complaints received in the last year. The complaint log showed responses were made in a timely manner, in line with the service's procedures and appropriate investigations were undertaken.

End of life care and support

- Staff worked proactively with other health and social care professionals to support people and families when people were approaching the end of their lives to help ensure people had a pain-free and dignified death.
- Staff were provided with training on good practice in end of life care. This helped them understand and support people in a sensitive way
- The registered manager was looking at ways to improve the information gathering and assessment of people's end of life wishes. This was so specific wishes, expectations and directives could be noted and planned for in advance of any changes in condition.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- People told us that they were happy with how the service was managed. Everyone we spoke with said they would recommend the service to others and some had done so. One relative told us they thought the office staff were "wonderful."
- There was a clear organisation structure with clear lines of accountability. The service had a plan for its business and service development and this set out the service vision and key targets for the year. This was available to everyone who used the service.
- Providers of health and social care services are required to inform the Care Quality Commission (CQC) of important events such as allegations of abuse. The registered manager had informed us of significant incidents. This meant we could check appropriate action had been taken.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- The service understood their duty of candour and to notify us of any significant incidents or events that affected the running of the service.
- The service had quality monitoring systems and monitoring tools that showed lessons learnt and areas of service provision identified for improvement.
- Improvements were continuing to improve focus on the person using the service with a new system to record rotas and carers details. This was a more efficient system so the care coordinators could produce rotas, invoices, calculates mileage and travel time for the carers, also records training and staff observations. This was in line with General Data Protection Regulations (GDPR) and staff would not need to have paper copies of people's information and could update information straight away.
- The registered manager and staff understood the importance of escalating changes in people's health and social needs to the appropriate professionals. This understanding indicated the principles behind a duty of candour were part of the service's culture.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were asked for their views about the support they received. They told us they had been given quality questionnaires to give their views and share their experiences with the registered provider. They also confirmed they were asked for their opinions at meetings to review their care.
- People could share their views about the service on websites of organisations independent of the agency. Staff were also formally asked for their views using an annual survey. At the most recent survey seventy five

percent of staff said they would recommend a friend to work there. The management team took on board staff comments and were looking at how they could improve that score.

- Care staff told us that the management team set high standards and supported staff to give the best care they could. We were told, "Any problems the office is always helpful, straight away the manager will listen to what you have to say." They told us they felt well supported by the manager and office staff and they had regular meetings with management to discuss work and practice issues.
- The service ran a staff rewards scheme where twice a year staff could receive a reward such as a weekend away or dinner out in recognition of their contribution. Nominations were requested from people who used the service for staff who had 'gone the extra mile'. One person nominated a staff member saying it was, "Because she never says no and everyone loves her."

Working in partnership with others

- The service had received positive feedback from the community nursing team. Care staff had worked alongside the district nurses and following their instructions on issues such as tissue viability and where people had wounds or ulcers. In some cases, this was where the quality of care provided by carers had been recognised as promoting a positive outcome for people.
- There had also been recognition of the awareness and monitoring of carers when they had acted quickly to escalate concerns. These included about pressure areas and skin damage so this could be followed up quickly by health professionals.