

Caradon Community Care Home Care Services

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Inspection report

Caradon Enterprise Annexe
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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

About the service

Caradon Community Care is a domiciliary care service that provides personal care and support to people living in their own homes in the community. It provides a service to mainly older adults in the Liskeard, Callington and surrounding areas of Cornwall. At the time of our inspection 16 people were receiving a personal care service.

People's experience of using this service and what we found

People and their relatives told us they received a reliable service and their care visits were planned with regular staff. People had agreed the times of their visits and were kept informed of any changes. Staff had built positive relationships with people and everyone spoke positively about staff's caring and compassionate approach. Commenting, "It is working well and Mum is happy with all the staff", "The staff in this company seem to really care, it is not just a job to them" and "I feel totally relaxed about the care for [person] and don't have to worry about it at all."

Rotas were well managed and there were enough staff employed to provide all planned care visits. There were robust recruitment processes in place to help ensure staff were suitable to work with vulnerable people. Staff were supported by a system of induction, training and supervision to help ensure they were effective in their role. Staff had the skills and knowledge to meet people's needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans were in place for everyone using the service. The service used an electronic care planning system and staff accessed this on their mobile phones. The information generated by this system was accurate, timely and detailed.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Risk assessments and care plans were kept under regular review and updated as people's needs changed.

Systems were in place to ensure the effective management of medicines. Staff who were administering medication had been trained and had their competencies checked to ensure correct procedures were followed. Medicine records were regularly audited.

Staff supported people to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

There was a positive culture in the service and management and staff were committed to ensuring people

received a good service. Staff told us they were well supported and had a good working relationship with each other and the management team.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

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

Rating at last inspection and update

This service was registered with us on 10 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Caradon Community Care Home Care Services

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

Caradon Community Care is a domiciliary care service that provides personal care and support to people living in their own homes in the community. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

The service had a manager registered with the Care Quality Commission. This means that 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

The inspection was announced. We announced the inspection 48 hours in advance to ensure appropriate management would be available to participate in the inspection process and to make arrangements for information to be shared with the commission before the site visit.

Inspection activity started on 28 June 2021 and ended on 1 July 2021. We visited the office location on 30 June 2021.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and six relatives. We received feedback from seven staff and one healthcare professional.

We visited the service's office and spoke with the registered manager/provider and the other partner in the business. We looked at a range of care records in relation to people who used the service, staff recruitment and training records, quality assurance records and information related to the running of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the registered manager.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew how to recognise the different types of abuse.
- Staff understood their roles and responsibilities in relation to ensuring people's safety. They were confident any specific concerns reported to management would be addressed. Staff knew how to report outside of the service and safeguarding concerns were regularly discussed within the staff team.
- People felt safe using the service. People said if they didn't feel safe they would speak with a member of the care staff or the registered manager and were confident they would help them solve the problem.
- The registered manager had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. Staff were given guidance about using equipment, any environmental risks in the person's home, directions of how to find people's homes and entry instructions.
- The rota system was used effectively and consistently, which resulted in people receiving safe and timely care. People had agreed the times of their visits and no one reported ever having had any missed visits. People told us they were kept informed of any change to their times or if staff were going to be late. Comments included, "The times are good for us and they are usually on time, if they are running late they always give us a call" and "Timings are fine and we are always told if there are any reasons why they might be late."
- People were given information packs containing details of their agreed care and telephone numbers for the service, so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice. Staff were appropriately trained to use any equipment needed, to help people to move around their home.

Staffing and recruitment

- There were sufficient staff employed to meet the needs of the people who used the service. The service only accepted additional packages of support where there were enough staff available to meet the person's needs.
- The rota system was well managed and staff confirmed their rotas included ample planned travel time,

which helped ensure they arrived for visits at the agreed times. Any changes to rotas were communicated promptly to staff by management and staff could see live changes on their mobiles.

- Staff were recruited safely. Disclosure and Barring Service (DBS) checks and references were received before staff were able to visit people alone.

Using medicines safely

- People told us they were supported with their medicines and received them on time.
- Staff had received medicine training. Spot checks were carried out regularly to help ensure staff competency.
- Medicine administration records (MAR) were completed in people's homes and returned to the office for checking and auditing.

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective clothing (PPE), such as aprons, masks and gloves to reduce cross infection risks.
- People told us staff always wore the appropriate PPE. As one person said, "All the staff wear their PPE and are always washing their hands."
- The office held stocks of PPE for staff to collect as needed and supplies were kept in the entrance to the office block so staff could access these at any time. Hand sanitiser was available for visitors in reception.

Learning lessons when things go wrong

- There was a system in place to record any accidents and incidents and analyse the incidents so any trends or patterns could be highlighted.

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

This is the first inspection for this newly registered service. This key question has been rated good. People's outcomes were consistently good, and people's feedback confirmed this.

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

- Before agreeing to start a new package of care, the service ensured they had as much information as possible from the person, their family and/or the funding authority.
- Due to the COVID-19 pandemic it was not possible for the service to complete their assessment before the service started. However, an experienced worker would carry out the first visit and an assessment at the same time.
- Assessments of people's needs detailed the care and support people required.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff had access to regular training and this had been kept up to date throughout the pandemic. Staff completed training in specific health conditions to help them provide support for people with specialist needs.
- Regular spot checks were also carried out to check staff competency and practices.
- Staff felt supported and had regular supervision and an annual appraisal to discuss their further development and any training needs.
- Newly employed staff completed an induction comprising of training in a range of areas and a period of shadowing more experienced staff.

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

- Some people needed support with meal preparation and people told us staff were competent in preparing food.
- Staff completed food hygiene safety training.
- Where necessary care plans included details of people's dietary needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies, such as GPs, occupational therapists and community nurses, to help ensure people's health needs were met.
- When staff recognised changes in people's health or wellbeing this was reported to managers. Records showed appropriate and timely referrals had been made to health professionals for assistance. A healthcare professional told us, "I have always found them to be professional and they make appropriate referrals."

- People, and their relatives, told us the service had responded appropriately if people felt unwell and had either arranged appointments or informed a relative. As one relative commented, "They are very good at noticing if Mum is not well."

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

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

- People told us staff always asked for their consent before completing any care tasks.
- Where people lacked capacity, care plans contained details of specific decisions they might need help to make. There was guidance for staff about how to support people to be as involved as possible in making these decisions.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. The service recorded when people had power of attorney arrangements in place.
- Staff received training on the Mental Capacity Act and demonstrated a good understanding of the underlying principles.

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

This is the first inspection for this newly registered service. This key question has been rated good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's diverse needs were known and understood by staff. Staff had built positive relationships with people and knew what mattered to them. Comments included, "Staff have built a good rapport with Mum", "[Person] gets on well with the staff and we have regulars who have got to understand her condition" and "They are all lovely girls and get on well with my husband."
- Some people lived with a relative who was their main carer. Staff understood that supporting the family carer was important in helping people to remain living at home. Relatives told us staff always asked how they were coping and supported them with practical and emotional support. One relative said, "They always ask how I am and will do little jobs to help me, like running the Hoover round."
- People's preferred routines were recorded in care plans and well known by staff. This meant staff were able to deliver care in line with people's wishes. As one relative said, "The care has worked really well, Mum has got into a routine and she knows staff will help her with anything she needs."
- People told us they had regular staff and new staff were introduced to them, when shadowing other staff, before they worked on their own with a person. This meant people received a consistent service.

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

- People were involved in day to day decisions and had control over their care package.
- Where people had difficulty communicating their needs and choices, care plans described their individual ways of communicating. Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support.
- People told us they were able to contact the office to discuss aspects of their care and support at any time. A manager spoke with people regularly to review their care plan and ask about their views of the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner. Staff supported people to regain and maintain their independence.
- Staff and management were aware they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy.
- People told us staff always stayed for the full time of their visits and were never rushed.
- Personal information was kept securely in the registered office. Information given to care staff was shared in a secure manner via mobile phone alerts.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. This included step by step guidance for staff about tasks they needed to complete at each visit and how people liked things to be done.
- People had a copy of their care plan and told us they had been involved in the development of it and any updates. People's care plans were reviewed regularly or as people's needs changed.
- The service used an electronic care planning system and staff accessed information about people's care needs on their mobile phones. Staff told us they were always informed of changes to people's needs as and when these occurred via their phones.
- Staff also used their phones to record daily notes to provide an overview of the care people had received. With the person's consent, relatives and healthcare professionals could read and add notes about people's care. This meant people received consistent care because everyone involved, with people's care provision, had access to the same information.
- The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help or if times needed to be changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. Information about the complaints procedure, and who to contact, were in the information packs kept in people's homes.
- People and their families told us they knew how to make a complaint and felt their concerns were listened to and actioned.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.
- The service had policies and procedures in place in the event that people needed end of life care, to help ensure care would be person-centred and in line with their wishes.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager/provider had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and providing person-centred care.
- People and their relatives told us they thought the service was well managed and communication with management was good. Comments included, "Absolutely fantastic service, it runs really smoothly", "I have every confidence in the service", "The service is brilliant" and "12/10 - excellent service."
- Staff were committed to providing the best possible care for people. They demonstrated a thorough understanding of people's individual needs and preferences. Commenting, "I love that feeling when you help the client and do everything in your power to make them feel special", "Knowing that I make a difference to someone's life and wellbeing is a fantastic feeling" and "The clients are amazing. I always know when I've done a good job, when even the most poorly clients we have, I can always put a smile on their face and have made them laugh."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- The service is jointly owned by two people, one of whom is the registered manager. Both owners worked at the service most days and were supported by an administrator and senior care staff. All had a clear understanding of their roles and responsibilities.
- The management team worked together to manage the day to day running of the service, including working hands on alongside staff where required. There was a good communication between the management team and care staff.

- Staff said they felt respected, valued, supported and fairly treated. There was a positive culture in the service and staff comments included, "Never been so proud to be part of a team and I find it all very rewarding", "Throughout, managers have always encouraged me to flourish. I am very proud to work as part of Caradon Community Care team" and "The whole team including management are brilliant and we all work really well together."
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Information generated from the electronic care plan and rota system was accurate, timely and detailed. The registered manager monitored and analysed data covering all aspects of the service provided to people.

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

- Staff were encouraged to be involved in the running of the service and suggest new ideas. Staff felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People and their relatives were asked for their views of the service provided. Any suggestions were used to improve and update people's care and support.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The registered manager and provider kept up to date with developments in practice through working with local health and social care professionals.
- Systems used to plan rotas and monitor the service provision were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. A healthcare professional said, "Staff have been excellent at following instructions and I have observed they had a very caring way with clients. The service seems to go above and beyond, one of the better ones."