

First Call Care Solutions Limited

# Continuum Care (Cornwall)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service: Continuum care (Cornwall) is a domiciliary care agency which provides support to people in their own homes. It operates in Falmouth and Truro and the surrounding areas. The service had grown significantly since our previous inspection and now supports around 40 people. It consists of two parts, a traditional domiciliary care service that provides short regular visits to predominantly older people living in the own homes and a supported living service which provides longer visits to support people with learning disabilities.

This targeted inspection was completed in response to information of concern related to people's privacy and dignity that was reported to the Commission. As a result, we reviewed the service's risk management procedures, staffing arrangements and incident investigation processes to ensure people receiving supported living care were safe.

The service's risks management procedures were appropriate and designed to ensure people's safety. Individual areas of risk had been identified and staff were provided with specific training and guidance on how these risks should be managed.

All incidents had been documented and investigated by the registered manager, to identify any areas of learning or changes that could be introduced to improve the quality of support people received. Records showed that learning from incidents had led to people's care plans being updated so all staff were aware of people's current support needs.

The service was well staffed and all planned support visits had been provided during the COVID-19 pandemic. The service's recruitment practices were now safe and all necessary checks had been completed to ensure staff were suitable for employment in the care sector. Staff had received appropriate training and were confident they had the skills and knowledge necessary to meet people's support needs. They told us, "I have all the support I need", "[The registered manger] had a very cautious approach to putting you to work on your own. He definitely didn't leave you until you were completely ready."

People and relatives felt the service was safe and had impacted positively on people's wellbeing. A relative told us, "We are seeing really positive changes in [persons name's] communication and we can't thank them enough for that. One person said, "I feel safe with them, they do what I need them to do."

Staff told us they were well supported by their managers and had received regular supervision and support. Staff comments in relation to the service management included, "They are really on the ball. [the registered manager] is a fair guy always ready to listen and open to suggestions", "I am very impressed with the company and the fact that [the registered manager] and [care manager] work with the clients and understand their needs" and "[the managers] are very nice people, very caring and thoughtful. They do look after us very well".

### Rating at the last inspection

This service was previously inspected in May 2019 when it was found improvements were required in relation to people's safety and the service's leadership.

### Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about service's systems for the management of risk, staffing arrangements and incident investigation processes. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to investigate specific concerns or follow up on Warning Notices during the COVID 19 pandemic. They do not look at an entire key question, only the part of the key question we are specifically concerned about.

Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

# Continuum Care (Cornwall)

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns that had been reported to the commission. We looked at the service's recruitment practices, staffing arrangements, risk management systems and incident recording and review processes.

#### Inspection team

The inspection was carried out by two adult social care inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This majority of the people the service supports are older people, some of whom are living with dementia. The service provides multiple visits each day to support people to get up, go to bed and with meal preparation and some domestic tasks.

In addition, the service provides extended packages of support, including 24 hours of support each day to a small number of people with learning disabilities. This targeted inspection was focused on these packages of support.

The organisation was managed by a registered manager who was also the owner of the service. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We announced the inspection five days in advance to ensure the registered manager would be available to participate in the inspection process, to make arrangements for information to be shared with the commission prior to the site visit and so infection control processes and social distancing arrangements could be agreed.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and the information we had requested when the inspection was announced.

We had not requested the provider send us a provider information return as this inspection was completed in response to information of concern that the commission had received.

#### During the inspection

We spoke with one person the service supports who visited the service offices during our inspection. We also spoke the service's care manager and the registered manger. We reviewed three people's care plans, associated daily care records and incident reports. In addition, we reviewed staff recruitment and training records and the service's records of a recent investigation into a concern raised by staff.

#### After the inspection visit

We spoke, by telephone, with one person the service supported and gathered feedback on the service's current performance from another person's relatives. We also spoke with seven staff and sought feedback from health and social care professionals regularly involved in people's care. We reviewed the additional documentation we had requested from the registered manager during the site visit.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. This meant some aspects of the service were not always safe. Medicines had not been consistently recorded, risks were not fully managed and necessary staff recruitment checks had not been completed.

We have not changed the rating of this key question, as during this targeted inspection we did not look at all aspects of the safe key question. The purpose of this inspection was to review risk managements procedures, staffing arrangements and incident investigation processes to ensure people were being cared for safely.

Systems and processes to safeguard people from the risk of abuse

- People and relatives were confident the supported living service was providing safe care that met people's needs. They told us, "I feel safe with them, they do what I need them to do", "[the registered manager] looks after me well. I feel safe with him and the rest of the staff" and "I can't praise them up enough, fantastic".
- Staff consistently described positive impacts of the support they had provided on people's wellbeing. Their comments included, "[person's name] is safe", "[person's name] is doing well" and "I think [person's name] is in a really good place". Relatives recognised the positive impact the service's support was having on people communication and wellbeing they told us "The staff work fantastically together as a team and are really consistent with [my relative]".
- Local safeguarding procedures were well understood by managers and the staff team. Where concern had been identified that may impact on people's wellbeing these had been identified and appropriately reported.
- The service had worked collaboratively with people and their relatives to identify and manage risks associated with online safety and had developed systems to enable people to safely access social networking platforms.

Staffing and recruitment

- The service's recruitment processes had improved since our last inspection. Records reviewed showed necessary disclosure and barring service checks had been completed, in accordance with current guidelines, before new staff were permitted to provide support. This meant that the service was no longer in breach of the requirements of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The service had sufficient numbers of staff available to provide people's planned levels of support. People and relatives told us planned staffing levels were always provided and their comments included, "They turn up when they are supposed to" and "There are always enough staff". Staff told us, "We always cover the shifts, [people] are never left on [their] own", "We always have [the correct number] of staff" and "We have no issues with lack of staff, all visits are covered the boss comes out to cover if necessary".
- Staff were confident they had the skills necessary to meet people's needs and records showed all new staff

completed significant periods of induction training and shadowing before providing support independently. The registered manager told us this training had been completed in socially distanced, small groups during the COVID 19 pandemic and that managers had been available to provide additional guidance and support as required. Staff told us, "I had a good induction and two weeks of shadowing", "I had quite a few days of training, it was good" and "[The registered manager] had a very cautious approach to putting you to work on your own. He definitely didn't leave you until you were completely ready."

#### Assessing risk, safety monitoring and management

- Risks had been identified and assessed. Staff had been provided with specific individualised guidance on how to protect people and themselves from identified risks. Where appropriate additional equipment had been trialled and was available for staff to use to manage specific risks associated with people's support needs.
- Some people needed additional support from staff if they became upset or anxious. Staff had been provided with specific guidance on how to help people to manage their emotions and details of events likely to cause people to become upset. Staff told us, "Risk assessments are there, I understand what to do to keep [persons name] safe" and "The care plan has a lot of specific information about [the person's] own behaviours. This is a major advantage for new staff."
- On some occasions it was necessary for staff to use restraint techniques to keep people safe. Staff had received appropriate training on how to use these techniques safely and explained they were only used as a last resort and for as little time as possible. Incident reports were completed each time these techniques were used and reviewed by the registered manager so any areas for improvement or learning could be identified. Relative told us, "[the staff] have been specifically trained up on how to work with [my relative]".
- The registered manager spoke knowledgably about people's individual needs and associated risks and staff told us, "[the registered manager] is so knowledgeable about [person's name], and from working with [them] I can see that [the manager] really understands [the person]."

At this targeted inspection we did not review information about medicines or the management of risk in the older person's service. It is not possible to establish that all of the issues identified in the May 2019 inspection had been addressed. The service thus remains in breach of the requirements of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as detailed in that report.

#### Learning lessons when things go wrong

- There were systems in place to enable all accident and incidents that occurred to be documented and reported to the registered manager. Staff told us communication with management was effective and that all incidents were fully reported. Their comments included, "Systems to record daily notes and send messages to the office are good and we use a [secure chat] as well to support each other and pass on messages" and "all incidents are recorded [on the service's reporting forms] and accidents go in the accident book."
- Accidents, incidents and any other concerns reported to manager were reviewed and appropriately investigated to identify any learning or changes that could be made to impact positively on people's wellbeing. The incident reported to the commission had been fully investigated by the registered manager and changes made to a person's care plan to ensure staff were fully aware of the person's current support needs.