

Cumbria County Council

# Cumbria Care Domiciliary and Reablement Service - Carlisle

## Inspection report

Petteril House  
Lightfoot Drive  
Carlisle  
Cumbria  
CA1 3BN

Date of inspection visit:  
18 September 2018

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09 November 2018

### 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 Care Domiciliary and Reablement Service (Carlisle) provides personal care and a reablement service to people living in their own homes. The agency operates out of permanent offices located next to Petteril House residential home on Lightfoot Drive on the outskirts of Carlisle City Centre.

The reablement service provides intensive support for up to six weeks to enable people to become more independent in their own homes after a time in hospital or a spell of illness. The agency can only provide care purchased through the local authority.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of our inspection visit, the service did not have 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. The provider was in the process of recruiting a new manager and following our inspection they confirmed that one had been appointed. In the interim period, the service was being supported by another, experienced manager.

There were systems in place to help make sure people were safe and protected from the risks of harm or abuse.

Medicines were managed safely and people were supported to maintain control over their own medicines. Medication protocols were in the process of being reviewed and updated by the provider.

People had been involved in the development of their support and reablement plans. This helped to make sure that the care provided was specific to their needs and goals.

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

People received assessments of their care needs before any support had been provided to them. The people we spoke with during the inspection told us that they had been asked about the care and the support they wanted.

People had access to other health and social care services and the reablement team worked closely with them. This helped to ensure people remained independent and in their own homes for as long as possible.

The service had clear strategies and plans around supporting people to remain independent. There were systems in place to help make sure the service operated effectively and safely. People who used the service and staff working at the service were able to make comments about the standard and quality of the service.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Cumbria Care Domiciliary and Reablement Service - Carlisle

## **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.

This was a comprehensive inspection which took place on 18 September 2018. The inspection was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure someone would be at the service.

The inspection team consisted of one adult social care inspector.

Prior to our inspection visit we reviewed the information we held about the service, for example notifications. A notification is information about important events which the service is required to send us by law. In addition, we spoke with commissioners and health care professionals about their views and experience of the service.

The provider completed and returned a Provider Information Return (PIR). 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. We looked at this information to help us plan our inspection.

As part of the inspection we spoke with 10 people who used the service via telephone calls. We spoke with seven members of staff employed at the service including a supervisor, the acting manager and the senior

reablement manager. We contacted five health and social care professionals. We did not receive any comments or concerns from them. We reviewed a sample of care records belonging to four of the people who used the service (pathway tracking) and reviewed some of the records that had been kept about the general operation and safety of the service.

Following the inspection visit we asked the acting manager to send us some information. We asked for copies of some of the provider's policies and procedures including; the safeguarding procedures, medication policy, infection control and the process for obtaining consent. The information was provided in a timely manner.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People we spoke with told us they did not have any concerns about the service. One person told us, "The staff are very competent. They know what they are doing and I have never felt unsafe."

There were systems and processes in place to help ensure people were protected from the risks of harm or abuse. Records showed that staff received training to help them identify, understand and report concerns about abuse or people's safety. Staff confirmed they had received this type of training and described the process for reporting concerns. They were confident that the management team would listen to them and take their concerns seriously.

Care and support plans contained risk assessments to help staff support people safely, including information about the safety of the environment and equipment that staff may need to use when supporting people. Records had been reviewed and updated as needs changed and people became more independent. Some information around risk assessments could have been better documented, particularly around the personal safety of staff. The manager told us of the strategies that were in place and assured us that these would be clearly recorded in the risk assessments.

Sufficient numbers of staff were on duty to help make sure the service was provided as planned. Staff worked in small teams to help provide consistent and personal support. The staff rostering system provided 'real-time' information. Supervisors and managers could keep track of visits to people as they happened. The system also helped to make sure that staff were safe whilst out on their visits. The staff we spoke with thought this technology had made a big improvement to their work.

The rostering system included the technology to allow staff to report accidents and incidents at the time they occurred. Managers reviewed the reports and used them to update or amend risk assessments for example. The acting manager told us that staff were frequently reminded during supervision or staff meetings, about the importance of reporting incidents quickly and accurately.

We looked at how people were supported with their medicines where this formed part of their support plan. The service promoted rehabilitation so people received minimal support. Medication records included an assessment to help make sure people could manage their own medicines safely. People's understanding of their medicines, how and when they should be taken were also checked during the assessment. Medication procedures were in place. Staff had to undertake training and competency checks before they could help people with their medicines. The provider showed us that the medicine procedures were being updated and reviewed to ensure they were in line with current best practice guidelines.

We saw that the provider had robust staff recruitment systems in place. We also reviewed the way in which the provider had dealt with staff disciplinary matters. The systems in place helped to make sure people

using the service were protected from inappropriate workers.



# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

We saw that people had received an assessment of their support needs. Support plans had been developed with their input and consent. Rehabilitation goals had been discussed with each person and recorded in their care plans. The goals had been regularly reviewed and amended where necessary to help ensure a successful rehabilitation programme for each individual.

The service linked in with other health and social care professionals. Where people needed specialist aids and adaptations these had been obtained and used to support them with their independence. The service provided support with meal preparation, eating and drinking, where this had been identified as a need in people's care and support plans.

The rehabilitation service had not been successful in every case. However, the service was set up so that people could access other services such as long term domiciliary support or residential care, depending on their level of need and ability.

The electronic rostering system used by support staff provided them with the technology to submit reports and updates in a timely manner. The system also provided staff with up to date information with regards to changes in people's needs, personal safety warnings or medical information.

The provider had a robust training schedule in place for all staff working at the service. The training included induction training for new staff, mandatory training such as health and safety, moving and handling, Mental Capacity Act awareness and first aid, as well as specialist training to help staff support people with specific care needs. Staff said they frequently received supervision both via meetings with their manager and by direct observations of their practice whilst supporting people who used the service. Staff told us that there were systems in place to help make sure they kept their skills and knowledge up to date. One staff member told us, "We have more frequent supervision meetings now with our line managers. We speak about our training needs during these meetings." Another member of staff said, "I am kept up to date with my training. When I have to attend a training course, this automatically shows up on my work rota so it is well planned."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings applications to deprive people of their liberty must be made to the Court of Protection. At the time of our inspection there was no one using this service that needed to be deprived of their liberty.

## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

The people we spoke with during our inspection of this service told us that they were very satisfied with the standard of care they experienced. One person said, "I don't have this service anymore but I have to say they were excellent. I wish I did still have this service, the staff were great." Another person told us, "The staff are very, very nice. They always arrive when I expect them. The service has been fantastic."

We received other comments from people who used this service. People said, "The staff are always there for me if I need them." And "I am very happy with everything. The staff are lovely and very helpful." One person commented, "I usually get the same carers visiting me. They mostly arrive when I expect them. They are very good and they make sure my skin is well looked after."

The provider had policies and procedures in place with regards to privacy and dignity and the expectations of staff performance. There were also procedures about confidentiality, equality and diversity and promoting people's independence. All of these subjects were covered within the staff training programme too. The people we spoke with all told us that staff were very mindful of their privacy and dignity, particularly when they were being helped with their personal care needs. The staff that we spoke with were able to discuss privacy, dignity and promoting independence. One member of staff said, "People receiving reablement support sometimes take a little longer than the time allocated, but that is because we are supporting them to do tasks rather than taking over and doing things for them."

We saw that staff were provided with training about record keeping and confidentiality. We also saw that staff were reminded during staff meetings and supervision sessions, about keeping information private.

# Is the service responsive?

## Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

One of the people we spoke to told us, "Staff came out to see me before they started to help me. They came out to check what I needed and how they could help me." Another person said, "They have recently changed the times of my calls and they don't always suit me very well. However, the staff that visit me are very good and take good care of me."

Records confirmed that care and reablement assessments were carried out before people used the service. People had been involved in the care planning process and were able to make informed choices about the level of support they would like. Assessments and care planning took into account people's past lives, current situations and what they hoped to achieve from the reablement support they received. People's current communication needs were met and information had been recorded to help staff support people with a sensory loss or impairment, for example.

Staff working out in the community used up to date technology to help keep them informed of people's changing care and support needs. Electronic information was always available to them via the rostering system and their Smartphones. Staff told us that the communication systems had improved. One member of staff said, "We get very good information about changes to people's needs." Another told us, "The app on our Smartphone gives us a good briefing about the people we're supporting. We get details as people's needs change. It's much better now keeping up to date with things."

The management team explained how the service responded to people's needs. The focus was on reablement and working closely with the NHS and integrated care communities to help support people to remain in their own homes for as long as possible. The service was also developing a more 'regular' domiciliary care service which people would be able to access as and when their needs changed.

There was a robust complaints and compliments procedure in place. People had been given information about these matters at the start of their support programme. We saw that where a concerns or complaints had been raised they were taken seriously. Investigations had taken place with appropriate actions taken. No one we spoke with had ever had to raise a concern or a complaint. They told us that they knew who to contact should they need raise any concerns or issues.

People were given the opportunity to comment on the service. We saw examples of satisfaction surveys that the provider had recently received. All the surveys recorded that people were satisfied with the service. Some people had commented about the service. One person had written, "I had wonderful care from the beginning." Another person stated, "The staff always had plenty of time for us."

At the time of our inspection there was no one requiring end of life specialist care. The manager told us that they co-ordinated with the local Hospice at Home service should this level of care be required. The manager

told us about plans for the Hospice to provide training for the staff.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led.

At the time of our inspection there was no registered manager at the service. However, the provider was actively working on the recruitment of a suitable replacement. There were interim plans in place to ensure the service was properly managed. During the inspection process, the provider told us that they had successfully appointed a new manager and that they would be making an application to register with the Commission.

The staff we spoke with were all aware of the management situation and all knew who they needed to contact should they have a concern or problem. One member of staff said, "The service seems to run well. We have access to our line managers (seniors) and higher levels of management if need be. I feel the management team listen and act on what we say most of the time." Another member of staff told us, "We get good support we can ring the supervisor or staff in the business hub. There is always someone there now to provide help and advice if needed."

The service had a clear vision and strategy around supporting people to become more able following a period of illness or following an accident. The service worked in a co-ordinated way with other health and social care services to support people to live in their own home as long as possible.

The management team at the service had robust systems in place to assess and monitor the quality and effectiveness of the service. There were clear business development plans in place and action plans (with timescales for improvements) had been produced following quality audits of the service.

People who used the service were able to comment on their experiences. Staff employed were able to attend staff meetings and supervision sessions, giving them a platform for commenting on the service too.

One member of staff that we spoke with said, "There have been a lot of changes over the last two years, it's been tough. I think we are getting there now even though the changes continue." This person spoke enthusiastically about their job and the service. They were very clear about their responsibilities and where they fitted in with the rest of the team.

Although staff indicated that communication between them and their immediate line managers was very good, they felt that communication could be better from senior management to the staff on the ground. One member of staff suggested that minutes from senior management meetings could be made available at the service, for the staff who were interested.