

JS Quality Care Limited

Cumbria Quality Care

Inspection report

11 West Lane
Penrith
Cumbria
CA11 7DP

Tel: 01768864637

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28 June 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm or abuse because staff had completed the required training.

There were appropriate recruitment procedures in place to ensure only suitable people were employed to work in this service.

There were sufficient staff available at all times to provide flexible and appropriate support to people.

Is the service effective?

Good ●

The service was effective.

People were included in all decisions about their care and their rights were respected.

Staff were provided with applicable training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively

The registered manager was knowledgeable about the Mental Capacity Act 2005. If people were not able to make important decisions about their support decisions were made in their best interests.

Is the service caring?

Good ●

The service was caring.

The staff team had developed individual, caring relationships with the people they supported.

People were pleased with the consistency of their staff team and felt that their care was provided in the way they wanted it to be. People said the care staff always treated them with kindness and respect and often went above and beyond their roles.

People's dignity and privacy were respected at all times.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were included in planning and agreeing to the support provided.

People said the service was flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

The registered provider had a procedure for receiving and handling complaints about the service. People knew how they could complain about the support they received.

Is the service well-led?

Good ●

The service was well-led.

The managers of the service promoted strong values and a person centred culture. Staff said they were pleased to work for such a good service and were supported in understanding the values of the organisation.

There were effective systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service.

The registered manager was aware of her responsibilities and ensured action was taken in response to concerns raised.

Cumbria Quality Care

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 announced inspection took place on the 28 June 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that there would be people in the office to assist us with the inspection.

The inspection was carried out by one adult social care inspector.

Prior to our inspection visit we reviewed the information about this service. We checked our records and found that a Provider Information Return (PIR) had been received in March of this year. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted healthcare professionals from the clinical commissioning group to ask for their comments regarding this agency.

On the day of our visit we spent time with the registered manager who is also a director of the company, the other director, the client services co-ordinator and the care co-ordinator. We looked at four care plans and the personnel and training files for four members of staff.

Following our visit to the agency office we contacted three care staff, six relatives, two people who use this service and professionals from adult social care by telephone to ask their opinion of the care and support provided.



Our findings

When we spoke to people on the telephone we received only positive comments about this agency and the staff. We were told, "I have no worries at all about the safety of my relative when she is in her home or out in the community with the staff. She knows them well and is always relaxed in their company".

The care records we looked at showed that risks to people's safety had been identified and actions taken to manage any hazards. The care staff we spoke to told us they knew how to keep people safe because there was guidance in individual care records. We saw that the risk assessments were reviewed as the support people needed changed. At the initial assessment meeting a full risk assessment of the person's environment was completed to ensure there were no hazards that could be a danger to people or the care staff.

The staff we spoke with told us that they had completed training in identifying and reporting abuse. They showed that they knew the actions to take if they were concerned about a person they were supporting. All of the staff told us that they would report any concerns to the registered manager knowing they would be listened to.

We asked people and staff if they thought the agency employed sufficient staff to provide the best service possible. Everyone we asked said they were supported by a small team of staff who they knew and who knew the care they required. Staff also agreed there was sufficient staff to provide all the necessary care and support to people. One member of the staff team told us, "I work with the same small of group of people and know them very well. If I have to go to a new client I am always introduced to them first so they know who will be coming into their home. I think this always makes them feel safe".

We looked at the recruitment records for four staff members. We saw that thorough checks had been carried out to ensure that new staff were suitable to work, usually alone, in people's homes. The process included making sure that new staff had all the required employment background checks, security checks with the Disclosure and Barring Service and references taken up.

We judged that people could be confident that the staff who visited their homes had been recruited using safe procedures.

All staff had completed training in the safe handling of medicines and the agency had policies and procedures in relation to this. Each of the care plans we looked at contained protocols for storage of

medicines, dispensing and administration of medicines and also for the disposal of medicines no longer required.

Accidents and incidents are reported to the management team as soon as the situation allows. Accidents and incident forms are completed and submitted to the management team as soon as possible. Actions will be taken immediately if required. All accidents and incidents are audited monthly.

All staff had completed training in infection control and protective clothing was available to staff at all times. This helped to prevent cross infection.



Our findings

Relatives of people who used this service told us that the staff who provided the care and support had the knowledge and skills to provide the care they required. One person told us, "The staff are absolutely fantastic. Nothing is too much trouble. They certainly know what they are doing".

When we spoke to the staff they told us there was a training session every month. This was usually 'on line' but was always backed up with discussions and face to face training. The training files/records we saw in staff personnel files evidenced this as all the certificates were in place.

We were given a copy of the training plan and saw that so far this year training had been completed in medication, food hygiene, safeguarding, equality and diversity and health and safety. Infection control and diabetes. The Mental Capacity Act had been scheduled for September.

The registered manager had completed a 'Train the trainer' courses in infection control, first aid, manual handling, behaviours that may challenge, the Mental Capacity Act and safe handling of medicines. This ensured that staff training was constantly monitored and kept up to date.

The registered manager of the agency had a very good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). The 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

People and their relatives we spoke to told us that they were included in planning and agreeing to the care they received. They said that the care staff asked what support they wanted and respected their decisions about their care. Consent to care and support was discussed during the initial assessment meeting and people or their relatives, if appropriate, signed to agree the package of care.

People were encouraged to maintain good health and staff told us that they would contact a GP in an emergency if the person they were supporting asked them to. They would always contact the registered manager or a member of the senior team to confirm they had done this so the records could be updated. Staff also liaised with the district nursing service and occupational therapist when necessary.

Some care and support packages include the preparation of meals and staff told us they always encouraged people to eat a healthy diet whilst ensuring they were given plenty of choice with the meals. The registered manager told us she was in the process of accessing copies of a small recipe book containing detail of simple but nutritious meals as an aide to the staff to use and discuss with the people they supported.

People and their relatives had access to the office premises as these were currently at ground floor level. In future the upper floor will be used but the main office will remain at ground level giving access to people who may have difficulty with stairs. The office space was well organised with the necessary equipment available to run a care agency.



Our findings

People and their relatives told us that all the staff who worked in the agency were kind and caring. Comments included, "The care staff are fantastic and so caring. They have helped my relative get used to the idea she needed help. Everything they do it is with her agreement and she does what she always has because of their care and support". Another relative said, "I have found all the staff that work at Cumbria Quality Care to be very caring. My relative really enjoys the girls going in to see her and tells me they have time for a chat".

Staff told us that, "It is our job to care and support people because they need our support. However we do all we can to encourage people to retain as much of their independence as they can. We know it is sometimes hard for older people to accept help but we do try and make it easy for them".

We saw, in the care plans we looked at there were pen pictures relating to the people the agency supported. This information enabled the care and support to be tailored to the individual. People told us that the care staff knew them well and knew the things that were important to them. They said the staff helped them to maintain relationships that mattered to them. We saw that people's personal care records included information for staff about how to support their wellbeing.

Every person we spoke to told us that Cumbria Quality Care provided a very flexible service so that the care provided was exactly what the person being supported needed to meet their individual needs. One relative said, "The provision of care and how we wanted it was discussed in great detail at the first meeting but I have been able to change it when changes were needed. The staff in the office take good care of everyone including the families".

People told us that the care staff provided their support in a manner that helped them to feel comfortable and at ease. One relative told us, "The staff are great, they didn't make my relative feel uncomfortable now they were to have care, that's important".

All the care staff we spoke with told us that they understood it was important to treat people with respect and to protect people's dignity. One staff member told us, "You try to put people at their ease, it only takes little things to respect people's dignity, little things but they're really important".

The registered manager was knowledgeable about local advocacy services that could be contacted to support people if they required. An advocate is a person who is independent of the service who can support

people to make decisions about their lives or to raise concerns about their support.

During our inspection visit we discussed the care that may be required to support people who needed 'end of life' care. The registered manager told us she had completed training in how to provide the level of care needed at this time in people's lives. This had been cascaded down to the care staff and had been put into practice in the past.



Our findings

We saw, from people's care plans, that following an enquiry for care and support a full assessment of needs was completed by the registered manager or more likely the client services co-ordinator. This assessment formed the basis of the care plan and covered every aspect of the care required to maintain people's health and wellbeing. We were told by one relative, "That first meeting to discuss my relative's care was no five minute job. It was very in-depth and covered everything, the most important being the needs and wishes of my family member. The care package reflected their individual needs. After the first six weeks it was reviewed and any changes we wanted were put in place immediately. I can still ask for other things to be included and that is never a problem".

One relative told us that the support provided often had to change depending on how the family member was feeling at any particular time and what they wanted to do. They said they contacted the registered manager usually on a weekly basis so that any changes could be implemented in time. The relative also said, "This is never a problem as the service is so flexible which is a great help".

We saw that when people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.

We saw that the service constantly liaised with the people who used the service and their families to review care plans and ensure they met changes in people's needs. We also saw evidence that managers and care workers had worked very closely and successfully with external agencies, to ensure that people had the support they required.

We spoke to one relative who was exceptionally positive about their experience of this agency. They told us that the service had been entirely flexible to meet their relative's needs and had taken responsibility for her overall welfare.

People we spoke to felt the service was flexible and responsive to their needs. People said they were fully involved in their or their relative's care planning and were happy to express their views or raise concerns. One person commented, "It's a genuine partnership." Another said, "They are great at keeping in touch. They have excellent judgment about when to contact me. They are completely responsive and recently they sorted out extra visits within minutes. They always have time for me as well as my relative. She can get anxious about little things but they always have time for her."

Care staff we spoke to told us that the care plans gave them the information they needed to provide people's support. We saw that the support plans were reviewed every six months unless people's needs changed when a further review was scheduled and the care plan changed accordingly.

From our discussions with care staff we found that they were knowledgeable about the people they supported and the care they required. We found that staff knew the people they supported really well and went out of their way to provide the most appropriate care and support.

Some people also received support from the agency to follow activities. They told us the staff who supported them knew the activities they enjoyed and helped them to attend as they chose. One person liked to go out for lunch with friends each week and staff were able to facilitate this for her.

One relative told us, "The staff are so friendly and really make sure my mum never feels lonely. She tells me the staff always have time for a chat when they visit".

Following our visit to the office we contacted external healthcare professionals to ask for their comments about the agency. One told us, "I find all the staff at this agency, whatever their role, to be extremely good. They even remind me about reviews if they think I have forgotten them. They give a fantastic service and are committed to being as responsive as possible.

Cumbria Quality Care had a complaints procedure in place and details of this were available in the service user guide, a copy of which was given to all those who used this service. There had been no complaints received by the agency and we did not receive when we contacted people by telephone.



Our findings

There was a clear management structure including a registered manager who had been in place since the service began operating. People who used the service, their relatives and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability.

Managers we talked to spoke of the importance of effective communication across the service. Regular meetings took place, including daily chats, where any pressing concerns or new issues could be addressed.

It was clear from the feedback we received from people who used the service, their relatives, external professionals and staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being central to the service, such as compassion, respect and caring were put into practice on a day-to-day basis.

Managers spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership.

Staff told us that all the management team supported them in both their personal and professional lives. One member of staff told us that the registered manager was very helpful whilst she was supporting a person who was very ill. She said, "I was so grateful for the time the manager spent with me during a difficult time. This job, whilst very rewarding, can sometimes be emotionally draining".

We saw evidence that individual staff supervisions were in place as well as annual appraisals. Staff we spoke to told us they had regular supervision with their line manager and were able to discuss their personal and professional development during these meetings.

The quality of the service was monitored using formal tools such as quality audits. Evidence was available to demonstrate that audits were used effectively and enabled the registered manager to identify any shortfalls in a prompt manner. Where any issues had been identified, detailed action plans were put in place and their success evaluated, to ensure that required improvements had been made.

There was also a process to monitor quality by directly looking at the experiences of people who used the service and assessing important areas such as choice, care and dignity. Managers also used this process to identify any areas of best practice, which were then communicated to the staff team.

Cumbria Quality Care also used external organisation to review and audit the service the agency provided on an annual basis. We were given a copy of the audit completed last year which showed a review score of 9.2 out of 10. The registered manager told us they were hoping for an improvement on this score following this year's audit. Most of the findings were excellent and the remainder were good and covered care/support, staffing, dignity and privacy, management and value for money.