Cumbria View Care Services Limited

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Inspection report

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22 July 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

We carried out this announced inspection from 13 June to 22 July 2016. We last inspected this service on 17 June 2014. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Cumbria View Care Services Limited provides personal care 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.

There was a new manager employed at the service. The manager had applied to us to be registered. The previous registered manager had left the service on 23 March 2016. 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.

People received the care they needed from care staff who they knew and who knew them well. The staff were friendly, kind and caring and people valued the service they received.

The care staff were trained and supported to be able to provide the care people needed.

People were protected against the risk of abuse or avoidable harm. Hazards to people's safety had been identified and managed. The care staff took prompt and appropriate action if they were concerned that a person was at risk.

People were included in planning and agreeing to the care they received. People could ask for changes to their planned care and the service agreed to these where possible.

Medicines were handled safely and people received support with their medicines as they needed.

People received the support they needed to prepare meals and drinks.

The manager was very knowledgeable about the Mental Capacity Act 2005 and her responsibility to protect the rights of people who could not make or express their own decisions.

The registered provider set high standards and monitored the quality of the service to check these were maintained.

The manager of the service was supported by local care coordinators. People knew how they could contact a member of the management team if they needed to. There were arrangements in place to ensure the effective management of the service.

We have made a recommendation about the use of equipment in people's homes.

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.

There were enough staff to provide the support people required.

The care staff and managers in the service took appropriate action to protect people from the risk of abuse.

Risks had been identified and managed to protect people from harm.

Is the service effective?

Good

The service was effective.

Care staff were trained and supported to ensure they had the skills and knowledge to provide the support people needed.

People received the support they needed with the preparation of their meals and drinks.

People agreed to the support they received and their rights were protected.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring, kind and friendly. They were asked for their views and the choices they made were respected.

The staff knew people well. They gave people time to carry out tasks themselves and understood it was important to support people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were included in planning the care they received.

The registered provider had a procedure for receiving and managing complaints.

Is the service well-led?

Good

The service was well-led.

People were asked for their views about the service and knew how to contact a member of the management team if they needed.

There were appropriate arrangements to ensure the effective management of the service.

The registered provider set high standards and monitored the quality of the service to ensure these were maintained.

Cumbria View Care Services Limited

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.

The inspection took place from 13 June to 22 July 2016 and was announced. We gave the registered provider notice of our inspection because the location provides a domiciliary care service and we wanted to make sure that the manager would be available to speak with us when we visited the service.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspector visited the agency offices on 13 June, 7 July and 22 July and looked at the care records for seven people who used the service and recruitment records for two staff. We also looked at records of staff training, records around how complaints were managed and how the registered provider checked the quality of the service. At our visits to the office we spoke with the manager, one of the directors of Cumbria View Care Services Limited, two care coordinators and two members of the agency management team.

We spoke with sixteen people who used the service and four people's relatives on the telephone and visited four people in their homes. We also spoke with seven care staff to obtain their views of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed the information we held about the service, including the information in the PIR, before we visited the service. We also contacted the local authority commissioning and social work

teams and local health care professionals for their views of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that people were safe receiving support from this agency. People who used the service told us that they had never had any concerns about their safety. One person told us, "It had never crossed my mind not to feel safe". Another person told us, "I feel very safe".

The care staff we spoke with told us they had received training in how to recognise and report abuse. They told us that they would always report any concerns to a senior person in the organisation.

Providers of health and social care services are required to tell us of any allegations of abuse. The managers of the service had informed us promptly of all allegations, as required. From these we saw that, where staff had concerns about a person's safety, the care staff and agency managers had taken appropriate action. There had been occasions when people who used the service had shared concerns about their safety with the care staff who visited them regularly. We saw that the care staff had reported the concerns promptly to a senior person in the agency who had referred the concerns to the local authority safeguarding team. This ensured appropriate action could be taken to protect the individual from harm.

Safe processes were followed if a care worker was unable to gain access to a person's home to deliver planned care. Any concerns were reported to the manager or on call staff member who advised the care worker on the actions to take and maintained oversight of the concern until they were assured the person was safe.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's care records held important information for care staff about hazards and the actions to take to manage risks to themselves and the person they were supporting.

The registered provider worked with Lancashire and Cumbria Fire and Rescue services to protect people from the risk of fire. People who may have been at risk were asked if their details could be shared with the local fire and rescue service who then arranged to visit the individual at home to give advice and guidance about how to reduce the risks of fire.

The staff we spoke with told us that they had completed training in how to support people safely. They said this had included training in the safe use of equipment in people's homes. One person who used the service said there had been occasions when one of their relatives had assisted a care worker in using their moving and handling equipment. They said this was their choice and told us that their relative knew how to do this safely. We looked at the person's care records and saw this had not been included in their care plan.

We recommend that people's care records identify where it has been agreed for relatives to support staff with using equipment.

People we spoke with told us there were enough staff to provide the support they required. They said they usually received care from a small team of care staff who they knew and liked.

In November 2015 we received two anonymous complaints that there had not been enough staff to support people and two people had not received care visits as they required. We passed the concerns to the registered provider to look into. They carried out a thorough investigation and told us about the actions they had taken to ensure people received the visits and support they required. We had not received any similar concerns since the provider addressed the issue in 2015 and no concerns were raised during this inspection.

We look at the recruitment records for two new staff members. We saw that safe systems were used when new staff were recruited. All new staff obtained a Disclosure and Barring Service disclosure to check they were not barred from working in a social care service. The registered provider had obtained evidence of their good character and conduct in previous employment in health or social care.

Most of the people we spoke with said they did not require support from care staff to take their medicines. Where staff were responsible for assisting people with taking medicines we saw that accurate records were kept of the assistance provided. The staff we spoke with told us they had completed training in how to handle people's medicines in a safe way. People received the support they needed to take their medicines.

Good

Is the service effective?

Our findings

People told us the care staff who visited their homes provided a high standard of care. One person told us, "They [care staff] know what they are doing". Another person said, "I think they [care staff] are well trained, they know how to help me".

All of the care staff we spoke with told us they had completed training to give them the skills and knowledge to provide people's care. They said they were given opportunities to gain qualifications relevant to their roles. Where care staff worked with people who had complex needs they had received additional training to support the individual.

New staff completed thorough induction training and worked with more experienced staff members before working on their own in people's homes. All of the staff we spoke with told us they felt they had completed appropriate training to provide people's support.

The manager of the agency had identified that some training was due to be repeated to ensure staff had up to date knowledge and skills. They had arranged for updated training to be provided including first aid and basic life support, safe handling of medicines and protecting people from abuse. This helped to ensure people received support from staff who had completed appropriate, up to date training.

All of the staff we spoke with told us they felt well supported. They said they received the training and support they needed to carry out their roles.

People told us the staff who supported them asked what assistance they needed and only provided care with their consent. They told us, "The staff always ask what I want". People told us they could refuse any part of their planned care if they wished. They told us the staff "always" respected the decisions they made about their support.

Some people who used the service were not able to make important decisions about their lives. The manager of the service was very knowledgeable about how to respect the rights of people who did not have capacity to make important choices about their care.

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.

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.

People who have capacity can set up a lasting power of attorney, which is registered with the Office of the

Public Guardian. A lasting power of attorney gives legal authority to an identified individual to make decisions on a person's behalf. They can be used to authorise another person to make decisions about finance or about health and welfare. The registered provider had good systems to check if people who used the service had a valid power of attorney in place. They identified what sort of power of attorney had been registered and if a person had legal authority to make decisions on an individual's behalf.

The MCA sets out how decisions can be made in the best interests of a person who does not have capacity to make or express their own choices. The manager of the service understood the principles of the MCA and how to ensure people's rights were protected.

The care staff we spoke with also understood how to respect people's rights. We asked what they would do if a person refused part of their planned care. The care staff told us, "We have to respect people's decisions, it's their choice, you can't make people have care". The care staff said that, if they were concerned a person was at risk through refusing an important aspect of their care, they would speak to one of the managers of the service to share their concerns.

People we spoke with told us they did not require support with eating or drinking. Some people told us that the staff who visited them helped them by preparing meals or drinks. They told us the care staff asked them what they wanted preparing and provided this. One person said the meals prepared by the care staff who visited them were "very good". Another person said that the staff prepared their drinks. They told us the care staff, "make sure there is enough fluid for the day". At our visits to people's homes we saw that the staff knew the support people needed with meals and how they liked their meals and drinks to be prepared. The staff knew if people required small items of equipment to help them to eat or drink and ensured these were provided. People received the support they needed with preparation of their meals and drinks.

People we spoke with said they did not require support from the care staff to arrange or to attend health care appointments. They told us they arranged their appointments themselves or a relative did this for them. Two people told us they were confident that the care staff who supported them would contact their district nurse or doctor if they were unwell and asked for this support. We saw that individuals' care records also included guidance for staff about how to contact relevant health care services if an individual was unwell. People who used the service could be confident they would be supported to access appropriate health care services, as they needed.

Good

Is the service caring?

Our findings

Everyone we spoke with told us the care staff who visited them were kind and helpful. One person said the staff were, "excellent carers [care staff] who do care about you". Other people said, "They [care staff] really look after me" and told us, "This is a very caring company".

People told us that they received a high standard of care from the service. One person said, "The staff are brilliant, helpful and attentive". People said they were asked for their views about their support and included in all decisions about the care they received. One person told us, "The staff always ask what I want". Another person told us, "The staff are very helpful and always ask if there is anything else I want them to do before they leave". We also saw the staff ask this at our visits to people's homes.

Everyone we spoke with told us that the care staff who visited their homes took appropriate action to maintain their privacy. They said the staff treated them, their families and homes with respect and told us that this was important to them. People told us the staff knocked on the door before coming into their homes, one person said, "There's no 'barging in', the carers [care staff] always call out to me".

People told us the support they received helped them to stay in their own homes and said this was very important to them. One person told us the service was "invaluable" and another person said, "I couldn't do without them."

People told us, and we saw, that the staff gave people time to carry out tasks themselves. The care staff told us they understood that it was important to support people to maintain their independence. Care records we looked at included information about the tasks that people were able to carry out themselves and guidance for care staff about how to promote people's independence. One person told us, "I'm very independent and the staff know and respect that". Another person said, "The staff help to build my confidence to do things".

The care records we looked at included information about any support people needed to be able to communicate their wishes. At our visits we saw that the staff knew any support individuals required and gave people time to express their choices about their care. People we spoke with told us the staff, "listen to me and provide the support I need".

People told us they had developed positive relationships with the care staff who supported them. They said they liked the staff and looked forward to their visits. One person told us, "They [care staff] brighten the day up". A relative we spoke with told us, "They [care staff] make [my relative] smile" and said "The staff are very good to [my relative]".

During our visits we saw that the staff were friendly but respectful and knew the people they were supporting well. They knew what was important to individuals in how they were supported. People we spoke with confirmed this. One person told us, "The staff know me well, they know what I like." Another person said the staff knew where they wanted things to be placed in their home and said, "They [care staff]

don't leave things out of my reach". This showed how the staff knew people and respected their wishes.

Good

Is the service responsive?

Our findings

People who used the service told us that it was responsive to their needs and wishes. They said their support was planned to meet their preferences and told us that if they requested changes to their planned these were agreed where possible. One person told us, "The visits are arranged to suit me, they're arranged to fit in around my life not to suit them [the service]". Another person said they could alter their planned care if they wished and told us the service was "open to changes by me".

People told us that they were included in agreeing to the care they received. One person told us, "I was interviewed and asked what I needed" and another person said, "I was involved all along".

We looked at the care records for seven people. We saw that people had signed their care records to show that they agreed to them. The care plans held detailed information for care staff about the support individuals required and how they wanted this to be provided. The care staff we spoke with said they knew the support people required because this was detailed in their care plans.

The care plans included information about people's life histories and relationships that were important to them. We saw that the staff knew people well and talked to them about their families and interests. People told us this was important to them. One person said the staff who visited their home were "very professional but equally very friendly – friendly visitors more than carers". Another person told us, "I look forward to the staff coming and having a chat".

The staff we spoke with understood that people could be isolated in their homes and how their visits could be important in reducing isolation. One care worker told us, "I can be the only person that a client sees, part of this job is giving people a bit of 'company', having a chat as you're doing the care is important". Another staff member told us, "If I leave someone smiling at the end of a visit I feel I've done a good job".

The registered provider had a procedure for receiving and responding to complaints. A copy of this was given to people who used the service. Everyone we spoke with told us they knew how they could raise a concern about the service they received.

The people we spoke with said that they had never needed to make a formal complaint, as they were very happy with the service they received. One person said the service was "brilliant" and told us they had "no complaints whatsoever". Another person told us "I can't fault the service".

We had received two anonymous complaints about the service in November 2015. We passed these to the registered provider to look into. The registered provider investigated the concerns and had taken action to address the issues raised.

We looked at how complaints received by the registered provider had been managed. We saw that formal complaints had been acknowledged promptly and investigated thoroughly. The registered provider had taken appropriate action to address the concerns raised and had shared the findings of their investigation

with the person who had made the complaint.

Good

Is the service well-led?

Our findings

People we spoke with made many positive comments about the management team employed by the agency. They told us that the service was well managed and said they knew how to contact a senior person in the agency if they needed to. People told us that the staff who worked in the agency offices were "helpful" and took action if they contacted them. One person told us, "The people in the office are all lovely" and another person said the service was "very efficiently run".

People told us that they valued the service provided and said the registered provider and manager were committed to providing a good service. One person told us, "They are out to please their clients and do whatever they can to support them" and another person said, "It is an invaluable service". Another person told us, "I would not change for any other care company".

People told us they were asked for their views about the support they received. They told us they had received quality questionnaires to share their experiences with the registered provider. People also said they were asked for their views at meetings to review their care. Where people had asked for changes to the support they received, they told us the agency tried to accommodate the changes they requested.

The manager was supported by an experienced team of care coordinators, who were responsible for overseeing how the service was provided in different areas of Cumbria and Lancashire. The care coordinators and manager carried out checks on records such as medication records and care visit records. This helped them to check that people were receiving care as they needed and as detailed in their care plans. There were appropriate management arrangements in place to ensure the service was managed effectively.

Care staff we spoke with told us that the management team in the service set high standards. They told us they felt well supported by the managers in the agency. One care worker told us, "I love my job, I feel well supported and there's always someone I can contact if I'm worried about a client".

The registered manager of the agency had left in March 2016. The registered provider had employed a new manager and they had submitted an application to be register, as required.

The new manager had carried out checks on how the service was provided and identified areas where the service could be further improved. We saw she had arranged for staff to receive further training and was working with the registered provider to oversee the quality of the service provided.

The staff records we looked at showed that care staff were observed carrying out their duties to check they were proving care safely and as detailed in people's care plans. This helped the managers of the agency to monitor the quality of the service provided.

Most of the people we spoke with said they would recommend the service to other people. Five people said they had already done so, as they valued the service they received. One person told us they were unhappy

about the cost of the service and said they were not sure if they would recommend it. This concern was not raised by anyone else we spoke with.

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 manager of the agency had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken.