

Cloud 9 Care Limited

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Inspection report

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Date of inspection visit:

11 April 2019

16 April 2019

Date of publication:

13 May 2019

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: Cloud 9 Care Limited is a domiciliary care service and is registered to provide personal care to older people and people with physical care needs in their own home. The service covers the Colchester and Clacton areas and at the time of our inspection was supporting 67 people with personal care.

People's experience of using this service: People received care that was person centred and caring. People told us that they would recommend the service and they felt safe. They told us they were supported by a consistent team of staff who knew them well.

Staff were provided with guidance about how risks to people's wellbeing should be managed and the steps that they needed to take to keep people safe. Incidents and accidents were analysed by the management of the service for patterns or trends.

Staff suitability was checked prior to their employment however we have recommended that car insurance details are clarified further. Staff received training, support and supervision. Staff performance was monitored to ensure that they were working to the standards required.

People were supported to eat and drink in line with their care plan and nutritional needs.

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

There was a complaints policy in place and people's concerns were investigated. People told us that they felt comfortable raising concerns.

The registered manager was experienced and committed to providing a good quality service. They lead by example and staff told us that they were approachable and helpful.

Systems were in place to audit the quality of care delivered to people and drive improvement. People's views were key to this process and regular satisfaction surveys on the quality of care were undertaken. Rating at last inspection: At our last inspection, the service was rated 'Good'. Our last report was published on 19 October 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-Led

Details are in our Well-Led findings below.

Good ●

Cloud 9 Care Limited

Detailed findings

Background to this 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, an assistant 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 and their area of expertise was in older people.

Service and service type:

Cloud 9 Care Limited is a domiciliary care service and is registered to provide personal care to older people and people with physical care needs.

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:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 11 April 2019 and ended on 16 April 2019. Activities included visiting three people in their own homes, and speaking with people who used the service and their relatives by telephone. Interviewing staff and contacting them by email. We visited the office location on 11 April 2019 to see the manager and to review care records and policies and procedures.

What we did:

Prior to our inspection we reviewed notifications we received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

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 spoke with 11 people who used the service and four relatives. We interviewed six staff and the registered manager.

We reviewed the care records of three people. We also looked at records relating to the overall quality and safety management of the service, complaints, three staff recruitment files, staff training records and medicines management.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke to told us that they felt safe with the service. One person told us, "I feel safe with all of them, we chat, laugh and we talk of life." Another said, "The staff are amazing, and I feel safe with them."
- Staff had undertaken training in safeguarding and understood their responsibilities to ensure that people were protected from harm. Newsletters reinforced the message that, 'Silence is not an option' and all concerns should be reported and investigated.
- The registered manager acted when concerns had been identified and reported them to the right agencies.

Assessing risk, safety monitoring and management

- There were systems in place to identify any potential risks to people, environmental and health and safety risk assessments were undertaken. Where risks had been identified, staff were clear about how they should be managed. However, some of the documentation, for the management of diabetes and catheters needed to be clearer. The registered manager agreed to immediately action and subsequently confirmed that they had done so.
- Plans clearly documented the steps that staff should take to help people mobilise. We observed staff support a person to move using a hoist. Staff were confident and knowledgeable about using the equipment.

Staffing and recruitment

- People were supported by a team of regular staff who stayed for the allotted time. One person told us, "I have carers four times a day, mostly the same seven or eight carers, I feel safe with them and I cannot fault them, I know all their names." Another person told us, "I swapped from another service, this one is superb, very reliable. They contact you if they are going to be longer than 15 mins late. I see the same staff."
- Robust checks were undertaken on staff before they commenced employment at the service, which included references and disclosure and barring checks. This helped ensure that only people of a suitable character were employed.
- Staff did not use their own vehicles to transport people but on occasions transported colleagues. Car insurance details were not checked, and we recommend that they ensure that staff are clear about their responsibilities and liabilities.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

Using medicines safely

- Staff supported people with the administration of their medicines and care records contained information about the support people needed. Where there were queries, we saw that advice was sought from the prescriber to ensure peoples safety.

- We found that one person's medicine was not documented clearly which the registered manager agreed to follow up with the person's GP.
- Audits on people's medicines were undertaken, and actions taken when shortfalls were identified. We discussed with the registered manager the benefits of returning medication administration charts to the office on a more regular basis and the registered manager agreed to action, as it enabled better monitoring of people's medicines.

Preventing and controlling infection

- Staff completed training in infection control and we observed staff appropriately using personal protective equipment to reduce the likelihood of infection.
- Staff adherence to infection control procedures was monitored during spot checks of staff performance.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager to identify any learning.
- There had been a small number of missed calls, and these had been investigated and responded to.

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

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

- The registered manager supported staff to provide care in line with the best practice guidance and legislation. They told us that they attended several local and national forums to ensure that they kept abreast of the latest developments in social care.
- People's needs were assessed and regularly reviewed. People's protected characteristics under the Equalities Act 2010 were identified such as age, disability and religion.

Staff support: induction, training, skills and experience

- People received support from staff who had been trained. All new staff received an induction which included shadowing an experienced colleague. One member of staff told us, "I had an NVQ when I started, but I still had all the training and shadowed other staff for a week."
- Training consisted of a combination of face to face and on-line training and the service had its own training room with equipment, which was used to provide training to staff.
- People expressed confidence in the skills and knowledge of staff. One person told us, "I regard them as friends not carers, they know what they were doing and know how to do it."
- Staff received support through supervisions and annual appraisals. Their competency and understanding of procedures were checked during spot checks. Staff were well supported by the management of the service and would recommend the service as a place to work. One person said, "They look after the staff."

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care package. One person told us, "They show [the meals] to me and I choose which one I want, and they heat it up and put it on the plate for me to eat."
- Records showed that reminders were given to staff to prompt people where they had a reduced appetite.
- People were offered choice of what to eat and the food was nicely presented. Staff made sure that people had a drink before finishing their visit.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Records showed that people's health and wellbeing was monitored. Referrals to health and social care services, such as occupational therapy or the continence service were made in a timely way to enable people to maintain their health and independence.
- The service worked in partnership with other agencies, for example we saw that they coordinated some of their visits to be at a person's home when the district nurse visited to ensure that the care was effective.

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

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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff helped people to make choices in a variety of ways. Care plans set out how they should support people, how people made their views known and any preferences.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure that decisions made were in the persons best interests.

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

People were supported and treated with dignity and respect; involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- People repeatedly told us that they received good quality compassionate care. One person told us, "The staff are really good and kind to me, I see a lot of them and they have all been really good to me, they do everything I ask. I could not ask for more." Another said, "They are very nice people, all are kind. They ask me if I am alright and we have a chat."
- People were supported by a consistent team of staff who knew them well. People valued the relationships with staff. One person told us, "All the girls are so kind and nice, we have a laugh and a joke, they make my day. I would not know what to do without them." Another told us, "I can't find fault with them. We have a laugh together. I am very lucky."

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

- People were treated as individuals and their views were respected. One person told us, "They ask my permission, makes me feel like, I have some worth." Another person told us, "They always say is there anything else we can do for you, I could ask them if there was something I needed them to do."
- Peoples care plans showed that they had been involved in care planning and the documents included their wishes about how they wished to be supported. Peoples care needs were regularly reviewed and there were systems in place to update staff on any changes to people's needs or preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff were clear about the importance of maintaining people's privacy and dignity. Staff did not enter people's homes without knocking or calling out to ensure that they had permission to enter. One person told us, "They get me into the shower, dry me and get me dressed ready for the day. They close the bathroom door and they do respect me."
- People appreciated the role of the service in assisting them with independence. One person told us, "They don't rush me and are very patient."

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were informative and set out people's needs and preferences. A copy was maintained in people's homes to guide staff. People told us that they received support from care staff who knew their needs.
- The service recorded and shared information about people's communication needs as required by the assessable information standard, for example they identified people with hearing loss or issues with their sight.
- Daily records were maintained which outlined the care provided on each visit. The records provided an overview of the care provided and highlighted any areas which required further observation. A relative told us, "Carers are very friendly, professional, they ask the right questions. They ask specific questions of my relative, how they slept, how they are feeling. I hear them asking the right questions regarding their health and wellbeing, not just chatting about the weather."

Improving care quality in response to complaints or concerns

- There were systems in place to investigate concerns or complaints. People and their relatives knew how to raise concerns and expressed confidence that they would be dealt with.
- Concerns raised had been investigated and responded to in a timely way.

End of life care and support

- Systems were in place to support people and their families when a person was coming to the end of their life and would need palliative care. The service had recently provided people with information in their newsletter on end of life care to encourage people to discuss the issue and make their choices and preferences known.
- Staff had undertaken training on the gold standard framework to promote good end of life care. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were in place for some individuals which set out their wishes not to be resuscitated.
- The registered manager gave us examples of where they had worked alongside other services such as the hospice and the district nursing team to provide the support that people needed. A relative told us, "They were brilliant, they gave dedicated care for my loved one."

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was also the provider and was experienced and knowledgeable. They were committed to providing good quality care. The registered manager and other senior management staff worked alongside their staff to provide care. They told us that this hands-on approach enabled them to monitor quality, and, "the little things which are important to people." They told us, "We build relationships with the people we support which means we are approachable and helps them feel safe to talk to us."
- People knew who the registered manager was by name and expressed confidence in them. One person told us, "I would definitely recommend the agency most heartedly." Another said, "Communication with the office is very good, it is not a problem getting in touch with managers and they answer my queries."
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm. They had informed us of significant events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Audits and checks took place to monitor the quality of the service provided. One person told us, "Some of the girls were spot checked by senior carers, that made me happy and made me feel more secure." Another said, "Two or three staff have come out from the office to see me and ask if I am satisfied with the care and I tell them that I have no problems."
- Surveys took place for staff and people using the service to gather their views. One person told us, "They ask our views in a postal questionnaire. They ask about different aspects of care, it's done yearly, the results are published." This information was used by the agency to gauge satisfaction and drive improvement. We looked at the results of the most recent survey and saw that it showed good levels of satisfaction.
- Staff morale was good, and staff were supported and listened to. One member of staff said, "The managers are approachable, they work alongside us."

Continuous learning and improving care; Working in partnership with others

- The service had a service development plan which was regularly reviewed to ensure that the service continued to learn and develop. Since the last inspection an electronic system had been introduced to monitor the timeliness of visits.
- Regular newsletters were produced to drive improvement and encourage staff to reflect on practice. One person told us, "We get a regular newsletter by post, it deals with particular issues such as teeth care,

bladder problems, keeping cool in the hot weather, end of life care, and who to get in touch with for Power of Attorney."

- The registered manager recognised the commitment of staff and there were systems in place to reward staff for going the extra mile.
- The manager worked in partnership with local groups to improve overall quality and safety monitoring systems.