We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Chenash HomeCare Specialists

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Tel: 02086486400

Date of Inspection: 24 April 2014
Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

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<td>✓ Met this standard</td>
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<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
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<td>Supporting workers</td>
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<td>Assessing and monitoring the quality of service provision</td>
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## Details about this location

<table>
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<tr>
<td>Registered Provider</td>
<td>Mr Fafe Fainosi Mudzingwa</td>
</tr>
<tr>
<td>Registered Manager</td>
<td>Mrs Rosemary Yewande Mudzingwa</td>
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<tr>
<td>Overview of the service</td>
<td>Chenash HomeCare Specialists is a small domiciliary care agency which provides personal care and support services to people in their own homes.</td>
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<td>Type of service</td>
<td>Domiciliary care service</td>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 April 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We considered our inspection findings to answer questions we always ask; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, from looking at records and from speaking with two people using the service, the relatives of two others and the staff supporting them.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

The majority of people we spoke with felt safe receiving care and support from the service. Relatives of people using the service told us, "I feel they are totally safe with their carer" and "I feel confident they are safe."

The registered manager had assessed potential risks to people's safety, health and welfare in their homes. There was appropriate guidance for staff on how to manage these risks to keep people safe from harm when they received care and support.

Staff received appropriate information and training on how to protect people from the risk of abuse, harm or neglect. Where concerns were identified the service acted promptly to notify the appropriate safeguarding authority.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. The service had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no applications had needed to be submitted. Relevant staff had been trained to understand when an application should be made and in how to submit one. This means that people will be safeguarded as required.

Is the service effective?
People using the service and their relatives were involved in planning and developing their care and support. Their views and experiences were used to develop their plan of care. Their specific needs were taken into account and staff demonstrated a good understanding and awareness of these.

Staff were responsive to any changes and deterioration in people's general health and well-being. They took appropriate action to ensure relevant healthcare professionals were kept informed about any changes so that people got the medical care and attention they needed.

Staff received regular and appropriate training to ensure they were able to meet the specific needs of people using the service.

Is the service caring?

People were cared for by kind and attentive staff. People we spoke with described the staff that supported them as patient, kind and pleasant. One person said staff were always keen and willing to help.

Is the service responsive?

People using the service and their relatives received appropriate information and support from the service. This helped them to make decisions about the care and support that was needed. People told us they were able to view and make comments to care plans before they were finalised so that these reflected accurately what people wanted.

All the people we spoke with told us they were comfortable raising any issues and concerns with the registered manager who dealt with these quickly.

Is the service well-led?

The views and experiences of people using the service and their relatives were sought by the service. People said the registered manager was approachable and always willing to listen to them.

The provider carried out regular checks to assess and monitor the quality of service provided. Complaints received by the service had been responded to and resolved to the complainant's satisfaction.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔  Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. We spoke with two people using the service and the relatives of two others and asked them about the information and support they had received from the service. One person said, "The manager came round and sat with me and went through what I wanted. I then got my care plan and was quite happy with everything." Another told us, "They were very good. They listen to the client's needs and look at things from my level rather than from theirs. They talk to you as a person." Another said, "I thought the initial assessment was excellent. They were very thorough and went through everything. They covered things I hadn't even thought about."

The registered manager said people accessed the service by either contacting the service directly or through a referral from local authority social services. They told us when people contacted the service they were sent a 'client information guide' which gave them information about what the service could provide. We looked at a copy of this guide. There was information for people about the types of care and support the service could provide and how people would be involved in planning the care and support they needed. People were told about what they could expect during the planning process and how the service intended to seek their views on the care and support they received. There was practical information about the service such as contact details, a summary of the service's key policies and procedures and information about senior staff employed by the service including details about their previous experience of working in health and social care. The information in the guide was also available on the service's website.

People expressed their views and were involved in making decisions about their care and treatment. We looked at the care records of four people using the service. Prior to people using the service we saw the registered manager had conducted visits to people's homes to carry out detailed assessments of their care and support needs. These assessments
were comprehensive. We noted people were able to express their views about how they wanted to receive care and support from the service. For example people were able to state how they received help to eat, drink or wash. There was detailed information about people’s likes and dislikes, allergies, personal interests and their hopes and aspirations from receiving care and support.

We noted at each assessment the registered manager had assessed people's capacity to make decisions relating to their care and support. Most of the people using service were able to make these decisions. The registered manager told us where people lacked capacity to make complex decisions, their representatives and other healthcare professionals had been involved in the planning of their care and support. We saw one person was helped by their social worker to decide how care and support should be provided to them.

People's diversity, values and human rights were respected. People were supported in promoting their independence and community involvement. The care plans we looked at reflected people's stated preferences for how care and support should be provided to them and took account of their specific cultural, spiritual and personal beliefs. For example one person was able to state they only wished to receive care and support from a carer of the same sex, which the service was able to meet. They were given the opportunity to interview their proposed carer to ensure they could meet their care and support needs as well as demonstrate they were able to respect their values and specific needs.

In each care plan we looked at staff were instructed to support and encourage people to make choices and decisions about what they wanted when they received care and support. For example in one plan we saw staff were instructed to ensure the individual was able to choose what they wanted to wear each day as this was important to them. In another plan we saw it was important for the person to maintain links to local community groups and staff were instructed to encourage and support them to do this.
Care and welfare of people who use services

Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

We spoke with two people using the service and the relatives of two others and asked them for their views about the care and support received. One person said, "They are very keen and will do whatever you want. They are always willing to help out. They encourage me to join in tasks, which is important." Another told us, "On the whole everything is fine and the manager is very caring. "Another said, "I think they do a difficult job. It's not easy and she (carer) does a good job." And another told us, "I feel very happy and everything is going fine at the moment. They've been doing what they said they would."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of four people using the service. The registered manager had developed people's individual care plans using the information they had gained from an assessment of people's needs. People and their representatives had been given the opportunity to comment and make changes to these plans before they were finalised. Each plan we looked at was individualised and reflective of people's preferences about how they received care. There were instructions and guidance for staff on how to meet people's care and support needs. For example, one person had specific instructions on how to wash, comb and dry their hair. These were set out clearly in their plan for staff to follow.

We saw staff kept notes recording the details of each visit they made to people's homes. The registered manager told us they reviewed these notes to check staff had delivered the care and support that had been planned. We were able to check notes staff had recorded about one of the people using the service. We noted the care and support delivered by staff matched the individual's care and support needs. The registered manager told us staff also contacted the office after visits to give them updates about the care and support provided to people as well as share any issues or concerns they had about the people they looked after.

We noted staff were responsive to changes in people's general health and wellbeing and took appropriate action where they had concerns. The registered manager told us how staff had recently become concerned about the sudden weight loss of one of the people using the service and had contacted the person's doctor, with their permission, to share
their concerns. In consultation with the person and their representatives their needs were subsequently reviewed and their care plan changed so that staff could provide extra support at mealtimes to encourage the individual to eat.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare. We saw from the care records we looked at, the registered manager had carried out risk assessments to identify potential risks to people’s health, safety and welfare in their homes. There was guidance for staff on how to manage these potentials risks to keep people safe when they received care and support. For example one person using the service was heavily reliant on being moved and transferred by staff. This had to be done in a specific way and there were detailed instructions about how this should be done in a safe manner without causing the individual distress and anxiety.
Safeguarding people who use services from abuse

Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with two people using the service and the relatives of two others and asked them for their views about whether they felt safe receiving care and support from the service. Most people agreed that they did. One person said about their relative, "I feel they are totally safe with their carer." Another told us about their relative, "I feel confident that they are safe."

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider responded appropriately to any allegation of abuse. We looked at the service’s safeguarding adults policy. This gave information and guidance to staff about the types of abuse that could occur and the signs staff should look for to indicate possible abuse, neglect or harm. Staff were instructed to report any concerns they had about a vulnerable adult to the registered manager. The procedure set out the registered manager's responsibility for dealing with and reporting safeguarding concerns to the local authority. The registered manager told us they had recently become concerned about the welfare of one of the people using the service and had immediately reported their concerns to the local authority safeguarding team.

The registered manager told us all staff employed by the service were required to complete mandatory training in safeguarding of vulnerable adults. We looked at the training records of four staff members and noted staff had recently received this training. As part of this training staff had been made aware of their roles and responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed no one using the service at the time of our inspections was subject to a DoLS order. These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way. This is only done when it is in the best interests of the person and there is no other way to look after them.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We saw the service had a restraint policy in which staff were instructed not to carry out unlawful or
excessive control or restraint against people using the service. Staff were given guidance about what to do and who to contact if they had concerns about the welfare and safety of an individual.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Met this standard

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with two people using the service and the relatives of two others and asked them for their views about the staff. One person said, "I feel the carer is very kind and caring. They are always pleasant and helpful." Another told us, "A carer goes round every day and she's lovely. Very patient and very kind." One person said most staff were caring and suggested how this could be improved. They told us, "I would like all carers and managers to try and live like me for a day just so they can experience the care that I receive."

Staff received appropriate professional development. The registered manager told us staff's skills and knowledge were assessed and reviewed when they first started working for the service. They said this helped them to identify any immediate gaps or training needs. Where a training need was identified staff were required to complete this training within an agreed timescale. This was done either through the service's on-line training courses or in a class room based setting. We saw the registered manager monitored staff training to ensure staff were completing the training within the agreed timescale. We also saw pass rates were monitored and where these fell below the required standard staff were required to retake and resit the training courses again.

We looked at the training records of three members of staff. Staff had their own individual training plan which set out their required training needs and the dates when these were met. We saw evidence staff had attended recent training to support them in their roles. This included training in; infection control, food safety, safeguarding of vulnerable adults, moving and handling, health and safety, personal safety and lone working, first aid and fire safety.

We also noted from the staff records we looked at staff had supervision meetings with the registered manager. Staff had been given opportunities to discuss their performance, learning and development needs and any issues or concerns they had. We noted the registered manager discussed with staff how they could improve and develop their skills and knowledge to support people using the service. For example we saw discussions about attendance on more specialised training. These discussions had been used to agree learning and development objectives.
The registered manager confirmed none of the staff had received an annual appraisal. This was because the service had been operating for less than a year and these were not planned to take place until June 2014.
Assessing and monitoring the quality of service provision  
Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke with two people using the service and the relatives of two others and asked them if the service listened and acted on their views and experiences. One person said, "They phoned me up after the first week and I gave them some feedback. I did have to speak to them at the beginning about things I wanted done differently and they've been fine ever since then." Another told us, "I have raised issues with them and they have dealt with these very well." Another said, "The manager has been in touch to check everything is fine."

The registered manager told us how they gained people's views and experiences about the care and support they received. They said they carried out regular visits to people's homes to check people were satisfied with the care and support provided. They also had weekly telephone conversations with people and /or their representatives to check the care and support provided was meeting people's needs.

The registered manager said as part of the service's quality assurance programme annual surveys would be sent to people using the service and their representatives for their views about the service received. However as the service had not yet been operating for a full year they told us these surveys were not due to be sent until May 2014.

We were able to see from the care records of four of the people using the service that regular contact and communication had taken place between senior staff, people using the service and/or their representatives. We noted people's views and suggestions were listened to and the service took appropriate action. For example one person asked the service to rotate the staff that provided them with care as they often got bored seeing the same people every day. The service had taken this on board and planned staffing levels to accommodate this need.

People using the service were all supplied with a 'client information guide' and this gave people information about how the service would assess the quality of service provided. People were encouraged to express their views, make comments or make a complaint and told how they could do this and to whom.
We saw the provider carried out quality assurance checks of people's care records. These checks included ensuring documentation was accurate and up to date and people had been involved in planning their care and support needs.
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We spoke with two people using the service and the relatives of two others and asked them what they would do if they were unhappy about any aspect of the care and support received. People told us the registered manager was approachable, responsive and they felt comfortable raising any issues or concerns directly with them. One person told us when they started receiving the service they raised a concern with the registered manager about staff turning up late for visits. They said the manager had dealt with the concern quickly and this had not been an issue again. They told us, "The manager is extremely thorough." Another person said, "They are very responsive. They will call you back if you have any issues." They told us they had regular communication with the service and the manager was always willing to listen to any issues or concerns.

People were made aware of the complaints system. We were shown the service's complaints procedure which set out information for people about what they could do if they had a concern or complaint. This included an explanation of how people could make a complaint and to whom. The procedure told people how long it would take for their complaint to be dealt with. There was also information about what people could do and who they could contact if they were dissatisfied with the service's response to their complaint. We noted the service's complaints procedure was made available in the service's 'client information guide' which was provided to each person using the service.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We discussed formal complaints received by the service with the registered manager. The service had received one complaint. The registered manager explained how the complaint was dealt with and investigated by the provider. The provider had followed their own procedures for dealing with the complaint and provided appropriate feedback to the person that had made the complaint. It was clear from the information provided the service had responded promptly in acknowledging the issues that had been raised and took appropriate action to resolve this.
We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- **Met this standard**
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- **Action needed**
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- **Enforcement action taken**
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non-compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.