Christchurch Care Limited

Christchurch Care

Inspection report

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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

The inspection took place on 16 and 17 August 2016 and was announced. The service provides personal care to adults of which the majority are older people living in their own homes. At the time of our inspection there were 19 people receiving a service from the agency.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people were assessed and reviewed regularly, however care plans did not consistently provide a detailed description of the actions needed to reduce an identified risk. Staff understood what they needed to do to minimise risks to people. We discussed this with the registered manager who told us they would review the plans associated with identified risk and ensure sufficient detail was available in the care plans.

Accidents and incidents were recorded and reviewed and any necessary actions had been taken to help reduce further risk.

People were involved in decisions about the risks they lived with and supported in ways that ensured their freedom of choice was respected. A business continuity plan was in place and included managing risks associated with extreme weather, financial issues and absence of the registered manager.

People were supported by staff that had been trained in how to recognise signs of abuse and knew the actions they needed to take if they suspected abuse. People were supported by staff who had been recruited safely and all the necessary checks had been completed

People were supported by enough staff to meet their agreed requirements and by staff whom they were familiar with. Staff understood people's individual communication needs and people and their relatives felt involved in decisions about their care. Information about advocacy services was available to people if needed..

People had their medicines stored and administered safely by staff that had been trained and regularly had their competencies checked.

People received care from staff who had received an induction and on-going training that provided them with the skills and knowledge to carry out their roles effectively. Staff were supported in their roles,received regular supervision and had opportunities for personal development.

Staff understood the need to seek people's consent before providing care. When people had been assessed as not having the mental capacity to make a decision then a best interest decision had been made in line

with the principles of the Mental Capacity Act 2008.

People were supported by staff who understood their eating and drinking requirements and who also supported people to access health care when needed.

People, their families and other professionals with knowledge of the service described all the staff as caring, punctual and described the service as personal. People had their dignity and privacy respected. Staff had a good knowledge of people and were able to tell us about their life histories, family and friends involved in their lives as well as events that were important to them.

People had care plans that were individual and centred around how the person wanted to be supported. Descriptions of how to support a person included details of the person's level of independence. Reviews of care and support needs happened in people's homes and were shared with families if people wanted them to be. This meant that people were being supported by staff who had the knowledge and confidence to respond to peoples changing needs.

A complaints process was in place and people felt if they needed to use it they would be listened too.

Staff spoke enthusiastically and were positive about the organisation and the registered manager, felt appreciated and were empowered to share their thoughts and ideas. People and relatives spoke of the service being well organised and efficient. Audits had been completed by the management team and had been effective in providing data about practice. The service used the expertise of other recognised professional organisations to support practice development and continually improve the quality of service people received.

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.

Risks to people were assessed and reviewed regularly however care plans did not consistently provide a detailed description of the actions needed to reduce an identified risk.

People were supported by staff that had been trained in how to recognise signs of abuse and knew the actions they needed to take if they suspected abuse.

Staff who had been recruited safely and there were enough staff to meet peoples agreed care needs.

People had their medicines stored and administered safely by staff that had been trained and regularly had their competencies checked.

Is the service effective?

Good

The service was effective.

Staff had received an induction and on-going training that provided them with the skills and knowledge to carry out their roles effectively.

Staff were supported in their roles and received regular supervision and opportunities for personal development.

The service was working within the principles of the mental capacity act.

People were supported by staff who understood their eating and drinking requirements.

People had timely and effective access to healthcare.

Is the service caring?

Good

The service was caring.

People, their families and other professionals described the staff

as caring and felt that their dignity and privacy was respected.

Staff had a good knowledge of people and life events that were important to them.

People's individual communication needs were understood and people and their relatives felt involved in decisions about their care.

Information about advocacy services was available to people if needed.

Is the service responsive?

Good

The service was responsive.

People had care plans that were individual and centred around how they wanted to be supported

People were being supported by staff who had the knowledge and confidence to respond to their changing needs.

A complaints process was in place and people felt if they needed to use it they would be listened too.

Is the service well-led?

Good

The service was well led.

Staff spoke enthusiastically and were positive about the organisation
Felt appreciated and were empowered to share their thoughts and ideas.

The service was described by people, their relatives, staff and other professionals as organised and efficient.

Notifications had been sent to CQC and other regulatory bodies in a timely way.

Audits had been completed by the management team and had been effective in providing data about practice.

The registered manager recognised the importance of the expertise of other recognised professional organisations to support practice development and continually improve the quality of service people received.

Christchurch 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.

The inspection took place on the 16 and 17 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector.

Before the inspection we looked at notifications we had received about the service and we spoke with social care commissioners to get information on their experience of the service. We also looked at information on their returned 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.

During our inspection we spoke with three people who used the service and two relatives. We spoke with the registered manager, the deputy, care co-ordinator and four care workers. We read feedback from one social worker who had experience of the service.

We reviewed four peoples care files and discussed with them and care workers their accuracy. We checked three staff files, care records and medication records, management audits, staff meeting records and the complaints log.

Good

Is the service safe?

Our findings

Risks to people were assessed and reviewed regularly. Care plans did not consistently provide a detailed description of the actions needed to reduce an identified risk. However we spoke with staff who did understand what they needed to do to minimise risks to people. One person had been assessed as having a medium risk of skin damage. Staff knew the areas at risk and told us that they checked them each day and would report any signs of redness or change to the manager. Another person was at risk of not being able to verbally express they were in pain. Staff told us "They will hold whatever is hurting and grimace". We discussed this with the registered manager who told us they would review the care plans to ensure there was the necessary detail to support staff to take the appropriate actions to minimise risk to people.

One person was at risk of choking and their care plan had detailed information about how care workers needed to support them. We spoke with a care worker who was able to tell us exactly what was in the plan.

Accidents and incidents were recorded and reviewed and any necessary actions had been taken to help reduce further risk. One person had fallen three times over two days and a referral had been made to the specialist falls team.

People were involved in decisions about the risks they lived with and supported in ways that ensured their freedom of choice was respected. One person decided to stop smoking and had been supported to attend a stop smoking group. Another person was at risk of falling but had decided to continue to mobilise independently.

People felt safe. One person said "I feel safe in their hands". A relative told us "She is in safe hands". Staff had taken safeguarding training and had their competencies checked. They understood the risks and possible indicators of abuse and actions they needed to take if they suspected a person had been abused. One care worker told us "I'd ring the office straight away or go to social services and tell them about my concerns if I was worried they were not being taken seriously". Staff understood their responsibilities for reporting unsafe practice. A care worker told us "Whistleblowing was discussed at induction and we have a policy".

People were supported by staff that had been recruited safely. Staff files contained evidence that criminal record checks had been completed and references had been obtained and verified with any employment gaps explored. People and staff told us that there were enough staff. Staff who worked in the office had the skills to support with providing care to people. This meant that when staff were on sick or annual leave people were still supported by care workers they knew.

People had their medicines administered safely by staff that had been trained and regularly had their competencies checked. One person said "My tablets always been done correctly – no problem there". Another person said "They always make sure I have my pills. Occasionally they have to put cream on my feet. I have a nasal spray and they check I'm using it". When a person needed support to have topical creams applied a body map was marked with the areas the cream needed to be applied. We saw medicine

administration records and they had been completed correctly. Medicine risk assessments had been completed and included risks associated with storage and self-administration. Where risks had been identified the appropriate actions had taken place. This included a person having their medicine stored in a locked safe and another person having a risk assessment carried out in relation to self-administering their medicines. Care workers were aware of the procedure for reporting medicine errors. One told us "For a meds error you would report back to (manager) and they would take it from there. You make note on the daily record of care, what's happened etc and complete an incident report".

Good

Is the service effective?

Our findings

People received care from staff who had received an induction and on-going training that provided them with the skills and knowledge to carry out their roles effectively. Training included first aid, dementia awareness, safe food handling, moving and assisting people and safeguarding. A care worker told us "I felt the shadow shifts really enforced the induction training".

Staff received training on health conditions specific to people. One care worker told us how this had helped with how they communicated with the person. They told us "Their (health condition) is quite complicated. You have to give them more time to respond. After training I'm being more mindful. I find when I say something I'm now giving them more time to respond". Another care worker told us about their dementia awareness training. They said "It taught us how frustrating life can be (living with dementia)and how to use distraction techniques to reduce this".

Staff told us they felt supported in their roles and received regular supervision which included spot checks when they were working in a person's home. A team leader told us "We have unannounced spot checks. It includes all sorts of things including what takes place during the call, communication with client, uniform, temperatures of food, offering choices, ensuring drinks are available". A care worker told us "I have supervision and I bring things up with my manager. If there are any areas I feel I need extra training it's organised. They are really good and it's helped boost my confidence".

Staff had opportunities for personal development. This included taking additional training as a trainer for assisting and moving people and through Skills for Care, an organisation that promotes best practice in social care, becoming a care ambassador. We saw that staff had completed or were in the process of taking diplomas level qualifications in health and social 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.

We found the service was working within the principles of the MCA. We read on people's care files a care agreement that people had signed consenting to care. Staff understood the need to seek people's consent before providing care. One person had been assessed as not having the capacity to make decisions about their personal care. A best interest decision meeting had taken place and included thier social worker and a plan had been agreed that ensured the least restrictive way of supporting the person.

People were supported by staff who understood their eating and drinking requirements. A care worker explained how they supported a person living with dementia and had a small appetite. They said "Doesn't like to eat but likes to graze. We know they do this. Sometimes we leave meals out. Her nutrition is important to us and we try everything. We try new things to try and get her eating more. We use a bigger

plate so it looks less. They regularly get weighed and their not losing weight". Another person had swallowing problems and the service was working with the speech and language therapist team. The person's eating needs were changing and staff were receiving additional training to ensure they could continue to support the person. We spoke with the deputy manager who explained that they had begun weighing people monthly who may be at risk of malnutrition. Staff had noticed one person's trousers had started looking loose and we were told that they had agreed to staff weighing them monthly in order to monitor them effectively.

We read in people's care files that they had been supported to access health care which included their GP, dieticians and a stop smoking clinic.

Good

Is the service caring?

Our findings

People and their relatives told us from the registered manager to the care workers everybody was caring. When we spoke with the registered manager they demonstrated a detailed knowledge of all the people receiving care. A relative told us "The manager takes an interest". One person told us "They are all (care workers) very good and we have a bit of a joke". Another relative said "They seem to be able to make them feel it's a personal visit and not just somebody on a list". We read feedback on a quality assurance survey where a social worker had written 'Agency goes beyond just care. Good communication. Agency acts promptly to changes'.

People and their relatives told us that care workers were punctual. They knew the care workers who supported them. One care worker told us "The manager will introduce carers to a person. Doesn't always happen but quite often it does". One person told us "When there's a new recruit they get introduced". Files in people's home included a 'Meet the Team' page that had a photograph and name of the staff team.

Staff had a good knowledge of people and were able to tell us about their life histories, family and friends involved in their lives and events that were important to them. They spoke positively and with warmth and kindness about the people they were supporting with care. We read daily notes that reflected conversations that had taken place which reflected this as well. An example had been a conversation with a person about a sporting event they enjoyed. Another had been comforting a person who had been upset by events in a news programme.

Staff understood people's individual communication needs. One care worker told us about how they communicate with a person who has hearing problems. They said "The person is lively and upbeat and enjoys communication. Sometimes you have to rephrase to be sure they understand and I replay there answer back to them". One person had told the office they couldn't read the contact details due to poor sight. When we visited the person in their home they told us they had been reproduced in large print, laminated and were on the front of their care folder.

People and their relatives felt involved in decisions about their care. One person told us "If I want something done slightly different they will". A relative said "They have rung a few times if (relative) having a bad spell". One person had been supported by an advocate in respect of their finances. Information about advocacy services was available to people if they needed them.

We were told by people that they felt their dignity and privacy were respected. One person said "They are (care workers) respectful, absolutely". Staff told us the actions they took to ensure peoples dignity and privacy was respected. These had included entering people's homes in ways that had been agreed, closing curtains and discreetly providing cover when supporting people with personal care.

Good

Is the service responsive?

Our findings

Pre assessments had been carried out before a person began receiving support. The assessments had included the person, families and other professionals such as a social worker. The information gathered had formed the initial care and support plans. We looked at four peoples care and support plans. They were individual and centred around how the person wanted to be supported. The plans provided information specific to each person that provided detailed descriptions of how people had agreed to be supported.

Plans contained information about the person's social and medical history and emergency contact details. We saw additional information for staff on people's health conditions and how to ensure a person remained hydrated. Information also included details of a person's interests and any community links that were important to them. A care worker told us how they supported one person to go into town for lunch and to do their shopping. Another person had been invited to a special formal presentation in London which was very important to them and staff had arranged to accompany them. Descriptions of how to support a person included details of the person's level of independence.

Staff had a good knowledge of what care and support people needed. One care worker told us "When we have new people we are sent a copy of the care plan before going into their home. I like to read and be prepared before I go in. If I have a new client and not sure I will telephone the office. A few weeks ago a person came as an emergency. The registered manager went and did the first call to ensure all the necessary information was in place before we went out".

The care worker who leads on moving and assisting people told us "Any moving and handling equipment is provided by social services. Ideally it's in place before people start receiving care. If I ask the office for anything for moving and handling it is normally organised. I asked for an expensive book of moving and handling and it was provided. Recently we needed new sliding sheets and that was organised".

Reviews of care and support needs happened in people's homes and were shared with families if people wanted them to be. They generally took place six monthly albeit we read one file where reviews had taken place monthly in response to changes in the person's health and wellbeing. One relative told us "We have a review meeting every three months and it involves a lot of people. We get our points across and they're noted". Another person was receiving a weekly telephone call to discuss and review how their care had been. Changes to people's care needs were anticipated, care workers were aware and prepared through discussion with their manager and further training. This meant that people were being supported by staff who had the knowledge and confidence to respond to peoples changing needs.

A complaints process was in place and people felt if they needed to use it they would be listened too. Information about how to make a complaint was in each person's file at their home. One person told us "There's a telephone number I can ring if I need to". The complaints information included a link to CQC's guidance on how to make a complaint about a provider. Any complaints received had been investigated by the registered manager and actions and outcomes clearly recorded.

Good

Is the service well-led?

Our findings

Staff spoke enthusiastically and were positive about the organisation and the registered manager. A care worker said "I don't think I could have picked a better company. All the staff are so easy to talk with and happy to give advice. Everybody is really approachable". Another told us "When we have team meetings everybody talks about the care we provide. It's good to relate to each other, we all have different experiences with clients, another staff member might say 'I find this way works better'. We are all willing to share our thoughts and ideas".

Care workers told us that the registered manager and deputy manager regularly worked alongside them providing support to people in their homes. A care worker told us "I went to a person one evening and was concerned as not looking herself. I rang the registered manager and she came out to check and to reassure me. I like the waymanagement) also get out on the road and not always in the office. They know the clients as much as we do. Makes a huge difference. When we communicate, have a query, its dealt with on the same day or the next". Another said "Staff don't complain about the management or each other; it's a really close team".

People and relatives spoke of the service being well organised. People were familiar with the management team and had met with them in their homes. One relative complimented the office and said "They always think ahead". We spoke with a person who said "I see the manager most weeks".

Staff told us they felt appreciated. One said "I had a nice email to say well done. The manager often says thank you for your hard work". Staff get togethers had been organised and had included a meal at a local restaurant and a cream tea.

Notifications had been sent to CQC and other regulatory bodies in a timely way. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Audits had been completed by the management team and had been effective in providing data about practice. They had included audits of care and support files, accidents and incidents, complaints, medicine administration, health and safety and record keeping.

The service used the expertise of other recognised professional organisations to support practice development and continually improve the quality of service people received. One example was that links had been made with the Alzheimer's charity and the deputy manager had completed training and become a dementia friend. The service had also signed up to the 'Social Care Commitment'. This is a national initiative that employers and employees of the care sector sign up to pledging to improve the quality of care standards.

A business continuity plan was in place and included managing risks associated with extreme weather, financial issues and absence of the registered manager.