

CHJB Limited

# The Care Collection

## Inspection report

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Date of inspection visit:  
03 October 2018  
10 October 2018

Date of publication:  
13 November 2018

### 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 3 and 10 October 2018. The registered provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children.

At the time of our inspection there were 40 people being supported that were receiving personal care.

This was the first inspection of the service since it was registered in August 2017.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was managed by the 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.

People told us they were safe, staff understood the importance of safeguarding vulnerable people. Risks were managed and people were supported to be able to take risks as part of an independent lifestyle.

Staffing levels were maintained to ensure that people's care and support needs continued to be met safely and there were safe recruitment processes in place.

People continued to receive their medicines in a safe manner and received good healthcare support. The service supported people to prepare and make meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs and choices were assessed and mental capacity assessments were undertaken. People's best interests were considered.

Staff worked with people and their relatives to understand how best to support them. Everyone we spoke with, without exception, said they were very happy about the service being provided. Staff were kind, considerate, respected people and maintained their dignity.

People received individualised, personalised, person centred care that met their needs. People were

supported to access the community and live fulfilled and meaningful lives.

People were listened to and any complaints received were dealt with following the providers complaints policy and procedure.

A system was in place for checking the quality of the service using audits, satisfaction surveys and meetings. People made their views known through the complaint and quality monitoring systems. People's privacy and confidentiality were maintained as records were held securely

## 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 were identified and managed. People were safe. Medicines were managed to ensure people received their medications as prescribed.

There was enough suitable and sufficient staff employed to support people. Robust recruitment procedures were in place.

### Is the service effective?

Good ●

The service was effective.

There was a system in place to ensure staff were trained and training needs were identified. Staff were suitably supported.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation were being met.

People had access to healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring. People were respected and had their dignity maintained.

### Is the service responsive?

Good ●

The service was responsive.

People's received a person centred responsive service, people's needs had been fully assessed and they were involved in planning their care.

There were arrangements in place to respond and learn from feedback from people, relatives and staff.

People and their relatives were confident they were listened to

and knew how to complain if they felt it necessary.

### **Is the service well-led?**

The service was well led.

There was a registered manager in post and a new management team to support the care delivery. Staff felt valued and listened to.

The registered provider had systems in place to ensure the service operated to an expected standard.

**Good** ●

# The Care Collection

## 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 included a visit to the agency's office on 3 October 2018. The registered manager was given short notice of our inspection, in line with our current methodology for inspecting domiciliary care agencies.

The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection the agency was supporting 40 people who wished to retain their independence and continue living in their own home.

On 3 October 2018 we visited the agency office and spoke with the registered manager, the training and compliance manager and a new care coordinator. We also visited two people in their own homes to obtain feedback on how they found the service provision. When we visited the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. These included people's care records, medicine administration record (MARs), staff training, support and employment records, quality assurance audits and findings from questionnaires that the registered provider had sent to people.

On 10 October 2018 we contacted staff, people who used the service and relatives by telephone to obtain feedback. We spoke with three people who received a service, seven relatives and four staff. We also contacted two healthcare professionals to gain their views on the service provision.

# Is the service safe?

## Our findings

All the people and relatives we spoke with felt the service was safe. One person said, "I am very confident with safety." Another person said, "The staff make me feel safe." Relatives we spoke with also confirmed that people were safe. One relative said, "I had not left my [relative] before with anyone apart from family and I have done and am very confident in the staffs' abilities and that [relative's name] is safe in their hands."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff we spoke with were aware of the signs of possible abuse and what to look for. They were aware of the action to take and who to speak to if they were concerned.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. People had risk assessments in relation to their health and wellbeing, maintaining independence and daily routines. Staff we spoke with told us how they managed risks and showed a good understanding of each person's risks and how to support them to maintain their independence and keep them safe.

There was sufficient staff available to meet people's needs. Staff we spoke with told us there were sufficient staff to manage the calls and meet people's needs in the time allocated. Staff had been recruited safely to ensure they were safe to work with people prior to employment. This registered manager ensured they had obtained all the relevant pre-employment checks. These included references, and a satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

People were supported by staff with their prescribed medicines. The staff had received training and were assessed to ensure they were competent to administer and prompt people with their medicines. We looked at people's care records and found that the documentation included a section about people's medicines and how they should be taken. We saw the medication administration records (MAR) were in place for staff to complete. However, we identified some documentation could be improved in regard to medicines that were prescribed to be given as and when required. This was actioned by the training and compliance manager at the time of our inspection.

People were protected from the risks of infections. Staff were encouraged to use personal protective equipment (PPE) when supporting people with tasks where there could be a risk of infection, such as personal care. Staff did not wear uniforms however, the provider had a dress code that staff had to follow to ensure infection prevention and control precautions were robust. The registered manager had also identified an infection control champion to ensure good practice was followed and staff were following procedures.

We saw there had been lessons learned following incidents that had occurred. The provider told us they were continually looking at ways to improve the service to ensure they provided a high quality bespoke service.

## Is the service effective?

### Our findings

People we spoke with told us the staff were very good. One person said, "it is a five-star service." Another person said, "The staff are absolutely brilliant."

Relatives we spoke with also told us the care staff were very knowledgeable and understood people's needs. One relative said, "[Relatives name] has all their needs met, the staff are holistic in their approach, I am very happy with the care provided."

We saw a detailed needs assessment took place that included any cultural and spiritual expression, diet, and sexuality. This enabled a detailed care and support plan to be drawn up with the involvement of the person, which reflected their wishes, needs and preferences.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us that staff had completed training in this subject and staff we spoke with confirmed this. The staff we spoke with had good knowledge of the MCA.

We found care records contained information in relation to people capacity to consent. We saw people had signed to say they agreed with their care plans and had been involved in writing them. We also found where people lacked capacity best interests had been considered and were in pace detailing the decision to be made and who was involved. However, we found in one case although best interests had been considered it was not formally documented. This was addressed at the time of our inspection.

Staff supported people with diet and people we spoke with and their relatives all spoke very positively about the support staff provided regarding food and drink. Staff told us how they offered support to assist people to prepare meals, drinks and snack and how they ensured people received a balanced nutritious diet that supported their health and well-being whilst respecting their rights to make unwise decisions.

We saw form records and talking with people and relatives that staff supported people with their health care as and when they needed it. Records showed people attended their GP's, hospital appointments and dental appointments.

All the staff we spoke with confirmed they had received all the necessary training to be able to fulfil their role and responsibilities. The training and compliance manager told us new staff completed an induction which included training that was tailored to meet their individual needs. The staff we spoke with confirmed this. Staff we spoke with said the training was very good. Staff also received support and supervision to fulfil their roles and responsibilities. The registered manager told us the yearly appraisals had not commenced yet as most staff had not yet been employed a year. However, had these planned.

We also saw that staff completed the 'Care Certificate' if required. The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This helped to ensure staff were given the right skills and training after completing their induction.

## Is the service caring?

### Our findings

The people that we spoke with and their relatives all without exception told us the staff were very kind, caring and compassionate. One person said, "The staff are lovely, it is not 'this is what we do', it is 'what shall we do' I am always asked and my choices are respected." Another person said, "The care is extremely person-centred."

Relatives also spoke very highly of staff, they told us the staff were amazing. One relative said, "The staff are very caring, they can't do enough for people they support, it is an amazing service." Another relative said, "I am very pleased, the staff are very kind."

People received care from staff who cared about them and liked and respected them. Staff developed relationships with people and took the time to get to know them individually. People and their relatives were listened to and felt involved in making decisions about their day to day care.

People were supported in line with their needs and wishes. We saw from care records that staff supported people to be as independent as possible by encouraging them to do as much for themselves as they possibly could. Staff spoke about people with respect. They were clear about the importance of maintaining confidentiality.

Staff told us how they would ensure people's privacy and dignity was respected and promoted. For example, ensuring all curtains and doors were closed when providing personal care and by encouraging people to wear appropriate clothes that maintained their dignity.

We visited people in their homes and observed staff. We found staff were kind, considerate and polite. Staff knocked on doors before entering and introduced themselves. From speaking with staff it was obvious they knew the people they supported very well, they understood how to communicate with them and identify when they required support.

People received care and support from a consistent staff team, which relatives told us was very important to them. They said that new staff were always introduced so they could meet them and this helped good communication and positive relationships.

People and their relatives were involved in planning their own care. An initial assessment of need was completed. The care plan showed what was important to people and how best to support people with various tasks.

## Is the service responsive?

### Our findings

Without exception all the people and their relatives, that we spoke with told us the staff provided personalised care and support that was extremely responsive to the needs of the people who used the service. One person said, "[Name of staff member] is absolutely brilliant, I wouldn't have anyone else." Another person said, "The staff can't do enough for you, they are fantastic."

We reviewed people's care plans and found that they were person-centred and detailed. Information about people's likes, dislikes, routines personalities and personal qualities were recorded to ensure their needs were met. Relatives we spoke with told us the care provided was bespoke and person-centred. One relative said, "The staff genuinely care, they provide a very personalised service."

The care plans reflected people's physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. For example, race, gender, disability, age and religion or belief. Staff we spoke with were very knowledgeable on equality, diversity and human rights and actively promoted individual care, that meant people were supported to live a fulfilling life.

People had regular access to the community and meaningful activities. Staff supported people to partake in activities of their choice and empowered them to try new and more challenging activities to promote independence. Information we received from health care professionals was extremely positive. They confirmed the service was focused on providing person centre care and achieved results.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff were aware of the communication needs of the people they supported from the information in the person's care plan.

At the time of our inspection the service was not supporting anyone who was at the end of their life. The staff told us they were fully aware of people's wishes and if an end of life plan was required, were aware of what to put in place.

The registered provider had a complaints procedure in place that was also in an easy read format. People told us they would speak with the staff if they had any concerns at all. We saw that where complaints had been received directly by the service these were recorded, investigated and responded to in line with the complaints procedure.

We saw there was regular communication with people so that staff could make sure they were kept up-to-date with information about the running of the service, and had an opportunity to ask questions and put any ideas or suggestions forward. People told us they were listened to. One person said, "There is always

someone available to talk with, I am always listened to and if I have any concerns they are dealt with immediately."

## Is the service well-led?

### Our findings

At the time of our inspection the service had a registered manager who worked alongside staff providing support and guidance where needed. We found the registered manager had knowledge of all the people who used the service and could describe in detail their specific needs and preferences.

The service had grown so the registered manager had increased the management team. There was a training and compliance manager, a new care coordinator and a new field care supervisor. The registered manager had increased the team to ensure staff were managed and supported appropriately.

There were clear lines of responsibility and accountability within the service. The registered manager promoted an open and inclusive culture within the service, and had developed good working relationships with the other agencies to promote opportunities for people and to share information.

Staff told us the registered manager was very supportive and approachable. Staff also confirmed that there was a positive culture. One member of staff told us, "It is a good agency to work for, I enjoy my job and am well supported."

We found systems were in place for managing safeguarding concerns and incidents and accidents. The registered manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

People's care records were kept up to date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required.

Regular audits of the quality and safety of the service had been devised and implemented. This enabled the service to evidence continual improvement by developing and regularly reviewing an improvement action plan. There was also regular spot checks of staff to ensure they were delivering the required care and support. There were also regular staff meetings to ensure effective communication.

People's views were also sought to ensure they were engaged and involved in developing the service and to ensure improvements were in line with people's values.

The provider and the manager understood their responsibilities and were aware of the need to notify the CQC of significant events in line with the requirements of the providers' registration. Records were kept securely and confidentially, in line with the legal requirements.