

Care Signature Christian Homecare Services Limited

Number 12 Chapeltown Enterprise Centre

Inspection report

231-235 Chapeltown Road
Chapeltown
Leeds
West Yorkshire
LS7 3DX

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11 April 2019
12 April 2019

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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

About the service

Number 12 Chapeltown Enterprise Centre is a domiciliary care agency and provides care and support to people living in their own homes. Not everyone using the service receives a regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, medicines and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 49 people received the regulated activity 'personal care'.

People's experience of using this service and what we found

People were kept safe from risk of abuse and avoidable harm. Accidents and incidents were analysed by the registered manager and learning was shared with staff to prevent reoccurrence. The provider employed enough, suitably skilled staff to care for people safely.

Staff worked effectively together to meet people's needs. 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.

Staff recognised and valued the diversity of people using the service. People were cared for as individuals and received kind and compassionate support. Staff supported people to remain as independent as possible.

People received person-centred care and treatment that was appropriate to their needs and preferences. Information was provided to people in a way they understood and enabled them to make informed decisions about their care.

The service benefitted from a registered manager who worked collaboratively with staff to deliver high quality care.

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

Rating at last inspection and update

At the last inspection the service was rated requires improvement (published 16 April 2018). Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 ●

Number 12 Chapeltown Enterprise Centre

Detailed findings

Background to this inspection

The 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency and provides personal care to people living in their own homes.

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 site visit because it is small and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

Before the inspection we reviewed information we held about the service. This included feedback about the service from the local authority contracts and safeguarding teams.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we visited people who used the service. We spoke with three people and three relatives. We spoke with eight members of staff, including the registered manager and office manager.

We spent time looking at records, which included four people's care plans, three staff recruitment files and other records relating to the management of the service.

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.

Using medicines safely

At our last inspection we recommended the provider referred to current guidance for administering medicines and act to update their practice. At this inspection we found the provider had made improvements.

- People received their medicines safely and as prescribed. Records reflected the treatment people received.
- Staff who administered medicines had undertaken appropriate training and their competency was assessed by the registered manager.
- Arrangements were in place for the timely detection of any medicines errors.

Systems and processes to safeguard people from the risk of abuse.

- Staff knew how to keep people safe from the risk of abuse. They received training in this area and knew when and who to inform if they had any concerns about people's safety.
- The registered manager had a good working relationship with the local authority safeguarding team and understood their responsibility to report any safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care plans contained risk assessments and provided staff with enough information to support people safely. Risk assessments were regularly reviewed by the registered manager and reflected people's current needs.
- Staff had received training in the safe use of moving and handling aids.
- Robust health and safety assessments of people's homes were carried out prior to staff providing care.
- Accidents and incidents were recorded and responded to appropriately. The registered manager had oversight of these and shared learning with staff to prevent reoccurrence.

Staffing and recruitment.

- The provider had safe recruitment and selection processes in place to protect people from the employment of unsuitable staff.
- The provider employed the right number of skilled staff to meet the needs of people using the service.
- People told us staff arrived on time and were not rushed when providing care.

Preventing and controlling infection

- Staff followed good infection control practises and used personal protective equipment to prevent the spread of infection when providing care.

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

- People received equal access to care and treatment. In-depth assessments of people's needs were completed, and care and support was regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people.

Staff support: induction, training, skills and experience

- Staff had the right skills and experience to care for people effectively.
- New staff had completed a thorough and in-depth induction programme and all staff had been offered the opportunity to study towards an NVQ qualification in Health and Social Care.
- Staff received regular supervision and an annual appraisal.
- Without exception, all staff gave positive feedback about the support offered by the provider. The registered manager told us, "It's about supporting the staff just as much as people. Team work is very important. If there is a problem, I will listen, and I will respond."

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

- People who needed assistance with eating, drinking and meal preparation were positive about the support they received.
- People's care plans contained information about people's likes, dislikes and dietary requirements.
- Staff gave people choice and made sure people had access to enough food and drink throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked together to provide consistent care and treatment. Staff communicated changes in people's needs effectively across teams and with relatives.
- Where necessary, urgent medical care was sought for people without delay.
- Staff received additional, specialist training from other health care professionals so that they could confidently meet people's individual healthcare needs.

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- The registered manager confirmed at the time of inspection that to their knowledge, no person using the service had their rights or liberty deprived, lawfully or otherwise.
- Staff routinely asked people for their consent when they provided care and kept records of this in people's daily notes.

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; and involved as partners in their care.

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

- People received kind and compassionate support that was free from discrimination.
- The provider recognised diversity amongst people using the service and staff respected people's individual values, beliefs, cultures and lifestyles.
- We received positive feedback from people and relatives about the caring nature of staff. People's comments included, "They (staff) are absolutely brilliant", "I am full of gratitude. There is nothing I would change. They (staff) are wonderful" and "I am more than happy, they (staff) make me laugh."

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

- Staff supported people to express their views and be involved in making decisions about their care.
- Staff communicated with people in a way in they understood. This meant people had access to the information they needed to make informed decisions.
- People and their relatives were involved in care planning and reviews took place regularly to make any changes that were needed.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity when they provided care and support. They closed curtains and doors before supporting people to wash or dress and ensured they remained covered wherever possible.
- People were supported to remain as independent as possible. Staff told us they encouraged people to do what they could for themselves and our observations supported this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support appropriate to their individual needs and preferences. Care plans included information about people's likes, dislikes, daily routine and life history.
- Staff consistently highlighted the importance of reading people's care plans and told us how this enabled them to provide the right care and support.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Reasonable adjustments were made for people where appropriate. The provider identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss.
- Information regarding people's communication needs was recorded in their care plans and staff communicated with people in an accessible format of their choice.

Improving care quality in response to complaints or concerns

- A well-managed complaints procedure was in place and people felt confident problems would be responded to appropriately.
- Concerns were recorded and resolved quickly and appropriately to prevent formal complaints.

End of life care and support

- People and their families were supported to make decisions about their preferences for end of life care.
- The registered manager had good links with healthcare professionals should their input be required.

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.

At our last inspection the provider had failed to properly assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people who used the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The service benefitted from a positive, open and collaborative culture which was focussed on providing high-quality care.
- Staffs' morale was high and the atmosphere in the office was warm, happy and supportive.
- Systems were in place to measure service delivery and to support continuous improvements. The registered manager carried out monthly audits of care plans, medicines records and daily notes to assess the quality of the service, which were then used to make improvements.
- The service's last inspection rating was displayed in the office in line with the requirements of the Care Quality Commission (Registration) Regulations 2009.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we recommended the provider review the roles and responsibilities of staff. At this inspection we found the provider had made improvements.

- There were clear lines of accountability and the roles and responsibilities of staff were clearly defined and understood.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager engaged with people, carers and other stakeholders in the running of the service.
- Responses to a recent satisfaction survey included, "They (staff) are very understanding. They are very

quick and clean and took notice of all I said" and "They always ask my opinion, they are very respectful."

- The registered manager recognised and valued the contribution of all staff. They told us, "I find that our clients love our staff. If I don't treat staff properly, then the clients wouldn't get continuity, it's a circle."