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# Charisma Services

## 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

We carried out this announced inspection on 08 and 09 August 2017.

Charisma Services provides care for people in their own homes. The service can provide care for adults of all ages. It can assist people who live with dementia or who have mental health needs. It can also support people who have a learning disability, special sensory needs or a physical disability. At the time of our inspection the service was providing care for 22 people under the regulated activity 'personal care' most of whom were older people. The service covered Caythorpe, Grantham, the Vale of Belvoir, Colsterworth and surrounding villages.

The provider of the service was a sole trader. This meant that the person who was the sole trader acted both as the provider of the service and the registered manager. In this report we refer to this individual as being, 'The registered person'. The registered person has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out our last announced comprehensive inspection of this service on 30 December 2015 and found that there were two breaches of legal requirements. We found that the registered person had not always ensured that sufficient staff were deployed to reliably meet people's needs for care. We also found that the registered person had not consistently protected people against the risk of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided. This was because shortfalls in the completion of quality checks had led to problems not being quickly resolved. These included people not receiving visits at the right time and full background checks on new staff not always being undertaken. In addition, some staff had not received all of the support and guidance they needed.

After our inspection of 30 December 2015 the registered person prepared an action plan. They told us what improvements they intended to make in order to meet the legal requirements in relation to the breaches. They said that all of the problems we noted would be addressed so that people consistently received safe care. The registered person said that all of the necessary improvements would be completed by 31 March 2016.

On 19 October 2016 we carried out a focused follow up inspection visit to inspect the areas related to 'safe' and 'well-led' which the registered persons had told us they had made improvements with. At this inspection, we found that the registered person had introduced most of the improvements that were necessary to ensure that people safely and reliably benefited from receiving safe care. This meant that the relevant legal requirements had been met. The registered person told us they would continue to work toward improving the services provided.

At the present inspection we found staff knew how to keep people safe from situations in which they might experience abuse and people had been supported to avoid preventable accidents. Staff were recruited using safe systems and there were enough care staff available to provide the care people needed.

People were supported to take their prescribed medicines and staff had received most of the training and guidance the registered person had identified as required of them. People had been assisted to eat and drink enough and the registered person worked together with community health professionals to ensure people were supported to receive the healthcare assistance they needed.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff understood the principles of the MCA and how to support people who lacked the capacity to make some decisions for themselves.

People were treated with kindness and compassion. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been consulted about the care they wanted and needed to receive and staff worked together with people and relatives who were involved in their care. People and staff were supported to speak out if they had any concerns.

The registered person maintained a range of checks and audits to monitor service quality to keep improving the overall services provided. People had been consulted about how best to develop the service and good team work was promoted by the registered person.

## 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.

Staff knew how to take any action needed to protect people from abuse.

People had been helped to stay safe by avoiding accidents.

There were sufficient staff employed by the service to enable them to care for people safely.

### Is the service effective?

Good ●

The service was effective.

Staff had been kept updated with most of the training and support the registered person said they had needed to meet people's individual healthcare needs.

People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

The registered person and staff were following the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service was well-led.

Quality checks had been completed to ensure that people were reliably receiving all of the care they needed.

People had been consulted with about the development of the services provided.

Staff had been encouraged to speak out if they had any concerns and good team work had been promoted.

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# Charisma Services

## 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 registered person were 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.

Before the inspection, the registered person completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also looked at other information we held about the service. This included feedback we had received from people about the service and notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered person is required to tell us about.

Our inspection was completed on 8 and 9 August 2017 and was announced. The inspection team consisted of a single inspector. Before we undertook our inspection the registered person was given a short period of notice because they were sometimes out of the office supporting staff or visiting people who used the service. We therefore needed to be sure that they would be available to contribute to the inspection.

During the inspection we called at the services office. We met with the registered person and two of the care staff team so that we could speak with them about how the service operated and about the care they provide. We also visited and spoke with two people and the relative of one of the people who received care in their own homes.

In addition we reviewed the care records relating to three people who used the service and a range of other records about how the service was being run. These included staff recruitment records for three care staff, care staff rota information, support and guidance for staff and the completion of quality checks.

After our inspection visit we also spoke by telephone with two people and the relatives of two people who received care. We did this so that they could tell us their views about how well the service was meeting their needs and wishes.

# Is the service safe?

## Our findings

At our inspection on 30 December 2015 we found that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not always deployed in an efficient way to enable visits to be completed at the right time.

After the inspection the registered person told us that they had made improvements to the way in which staff were deployed and had addressed all these problems. They said that the necessary improvements would be fully completed by 31 March 2016.

On 19 October 2016 we carried out a focussed follow up inspection visit to inspect the areas related to 'safe' and 'well-led' which the registered persons had told us they had made improvements with. During the inspection we found that the registered person had more carefully ensured that sufficient care staff were employed to complete visits. In addition, we noted that the individual work rosters provided for each member of staff were presented more clearly. Care staff told us that these improvements had enabled visits to be planned and completed in a more organised way. This included there being more capacity to respond to unexpected events without the need to delay other visits. Examples of this included a member of staff being more able to call upon colleagues to cover their remaining visits if they needed to spend extra time with someone who was not well. In addition, we found that the registered person had also introduced more robust checks to ensure that visits were not missed. This included making sure that a person's visits were promptly restarted when they came home after being in hospital.

At this inspection most of the people we met and those we spoke with told us they felt safe and were positive about the way their visits were completed. One person said, "The carers who come in are usually always on time. Any delays they let me know so I am not waiting."

Care staff told us how they used the care records as a reference for information about any risks and how to respond to these. One care staff member told us about the importance of helping people to move around safely and if the person was at risk of falls what they needed to be aware of. Any potential risks to people had been identified and assessed in relation to the person and the environment they lived in. The assessment covered a range of areas including trip hazards, health and safety, infection control and moving and handling.

Records showed that care staff had received guidance from the registered person and completed training about how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They knew how to contact external agencies such as the local authority and the Care Quality Commission (CQC) and said they would do so if they had any concerns about their safety which were not being addressed.

Care staff also told us that they were aware of any potential safety issues and actual risks that they needed to be aware of when they were allocated new work. This included safely gaining access to people's homes

through the use of key safes and being aware of the risks associated with lone working for care staff. One care staff member told us, "I feel safe because the information about any newly allocated work is clear."

Records we looked at demonstrated the registered person had a safe staff recruitment process in place. We looked at the records of the background checks that the registered persons had completed before three members of care staff had been appointed. They showed that a number of checks had been undertaken. These included checking with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Other checks completed included obtaining references from relevant previous employers. These measures helped to ensure that care staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The registered person had an on-going recruitment process in place to help maintain staffing levels. Care staff rotas managed by the registered person showed the number of staff scheduled to give the care required for each person. This included where people required two care staff to support them with their care. The registered person confirmed they used their on call arrangements to provide any additional cover needed and that they did not need to use agency or bank staff to fill any gaps when staff were not available to work, for example when they were on holiday.

Care staff told us and we saw they routinely returned their care task sheets into the service's office so they could be checked and monitored by the registered person who maintained a record of any late calls reported by people and identified through these checks. Action was then taken in order to address any issues identified in order to minimise the risk of them happening again. Where it had been needed supervision sessions were used to discuss the reasons for late or missed calls. The registered person confirmed there had been no missed calls for July 2017 and one missed call during August 2017. This had been followed up with action.

Some people who used the service needed assistance with taking their medicines. People said and records confirmed that staff had provided them with the assistance they needed to use their medicines at the right time and in the right way. They also said that staff helped them to make sure that they always had enough medicines available to take so that they did not run out.

## Is the service effective?

### Our findings

We found that care staff had continued to have most of the knowledge and skills they needed to consistently provide people with the care they needed. The registered person told us they provided induction for new staff and that this was aligned to the national Care Certificate which sets out common induction standards for social care. Two of the care staff team told us about their induction which had included shadowing more experienced staff and undertaking training in areas including health and safety, infection control and person centred care.

Training records showed the on-going refresher training for care staff also included assisting people to move around safely through the use of special equipment such as walking frames, wheelchairs and hoists, staff having the skills needed to help people keep their skin healthy, promote their continence and to achieve good standards of hygiene to reduce the risk of cross infection. The registered person also confirmed that care staff were supported to achieve nationally recognised qualifications in social care.

When people required additional support to manage specific health needs the registered person said they worked together with community health care professionals who gave guidance in the healthcare related areas people needed support with so this could be given safely. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern.

People and relatives we spoke with told us their health care needs were met by care staff and health professionals working well together. A relative said, "The staff and nurses complement each other and they work so we get the needs met in a consistent way." However, after we completed our inspection visit we received some information which indicated the needs of one person may not have been fully met because training for staff in support of people who needed help to manage their diabetes safely was not fully up to date. The registered person informed us they had reviewed any risks associated with supporting the care of other people who needed this type of support so that these could be immediately addressed and that they were taking immediate actions to update and plan any additional training needed for staff. They also confirmed they were arranging a meeting with healthcare professionals to establish how they could work together and communicate more effectively to ensure the person's needs could continue to be met in a consistent way.

The registered person and care staff we spoke with were aware of the provisions of the Mental Capacity Act 2005 (MCA). The 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. Commenting on the importance of respecting people's right to make as many decisions for themselves as possible, one staff member told us, "It is really important that people stay in control of their lives. With different professionals going into people's homes it is key that the service user is at the centre of the decisions made about their care."

We found that care staff had supported people to make important decisions for themselves. As part of the day to day contact with people they had consulted with them about how they wanted their care to be given, explained information to them and sought their informed consent. One person we spoke with told us, "They [Care staff] always ask before they do things and don't just take things for granted. It's my home they come to and they respect that." A relative added, "We like the carers who visit and have built up a relationship which feels easy and keeps us in charge of what is being given care wise."

Care staff assisted people to eat and drink enough of what they wanted to keep them healthy and well hydrated. Care staff we spoke with were able to describe each person's particular likes or dislikes and the importance of offering people choice. People's care records detailed any risks that been identified in respect of their nutritional requirements and the registered person told us that food and fluid charts were available in people's care files for staff to refer to and use where necessary.

## Is the service caring?

### Our findings

People we spoke with told us they felt staff were caring. One person said, "The staff are local and we have got to know them very well. I like it because we usually get the same staff coming to visit which is reassuring and they care because they know us." Another person told us, "I wouldn't go anywhere else. The staff are wonderful and the manager doesn't let the staff do anything she wouldn't do herself." A relative we spoke with described the staff as very caring. They added, "They treat both me and [My family member] like an adult and they talk to us rather than at us when they visit. The care staff have a time slot which they keep within and they have not missed any visits."

In addition to supporting people to remain in their own homes and be as independent as possible the registered person gave us an example of how one person needed additional assistance with their mobility and it had been arranged for them to attend their relative's graduation with a member of staff taking the person to the ceremony and supporting them through their day.

Care staff we spoke with told us about the importance of not intruding into people's private space without their permission. When people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes.

The registered person and care staff we spoke with demonstrated their understanding of the need to maintain people's personal information in a confidential manner. We saw that records which contained private information were stored securely on the service's computer system. This system was password protected and so could only be accessed by authorised staff. Care staff told us how they knew that this information should only be shared on a 'need to know' basis with those whom people had agreed to share their information with. Staff were also aware of the importance of ensuring they did not disclose any information about the people they cared for when they were off work, including through the use of social media, which was aligned to the registered person's policy about this subject.

Records showed that most people could express their wishes or had their circle of support to help them do this. For other people who may have needed additional support to express and communicate their wishes the registered person was aware of local lay advocacy services and told us she would not hesitate to help someone obtain the support of an advocate, should this ever be necessary. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

People said they were involved in the planning and delivery of their care. One person told us, "I feel very involved in my care. The staff know what I like because they have got to know my needs." A relative commented that, "I feel I can call the service at any time. The staff go four times a day and the care is personal. The staff keep records up to date and [My family member] knows the carers well. The staff use a daily sheet which they keep updated to show the work completed and we use a communication pad to share information together. It all works very well."

Each person had a written care plan a copy of which was left in their home so they could access it at any time. People said that they had met with the registered person or a senior member of staff to regularly check on the care being provided to make sure that it continued to meet their needs and wishes. Care included support with a wide range of everyday tasks such as personal care, washing and dressing and moving around safely. We looked at records of the tasks three different care staff had completed during their recent visits to four people. We found that the people concerned had been given all the practical assistance they had agreed to receive.

Care staff we spoke with told us they understood the importance of promoting equality and diversity and that they were confident they could support people who had different needs. For example, a staff member told us how the care team had helped motivate one person who experienced mental health difficulties to be more involved in their care. This was achieved through the care staff working with the person to identify additional equipment to help them to shower more easily with confidence. The person was also supported to gain access to a mobile hairdresser so they could get their hair done regularly. The registered person also told us how the care staff had helped arrange for the person's dog to be taken to the groomers. With their consent, in addition to going out shopping with them, care staff had also arranged for the person to attend day care one day a week starting in September 2017.

The registered person described how they worked in further promoting people's independence through the care the staff gave. One example they gave related to a care package which was originally intended to be short term with staff giving the person support in ways to make care tasks easier and more simple so they could care for themselves as much as they wanted to. The registered person told us how calls had been steadily reduced and that now staff visited once a week to undertake specific tasks the person needed additional help with. The registered person also added that the person was also able to call them direct at any time to request additional support should it be needed so staff could respond flexibly to any change in need.

Care staff we spoke with were clear about how they would manage concerns or complaints. They said they would refer any complaints to the registered person. Staff were aware of the complaints procedure and felt confident in reporting any concerns raised with them. The people and a relative we spoke with told us they felt confident to speak to the care staff who visited and the registered person if they had an immediate concern. One person told us, "Oh yes I wouldn't hesitate to raise a worry or concern if I had one." A relative commented, "I find the service and staff are always easy to approach. We get on well and have some good

banter between us which helps us to feel comfortable to raise any issues direct."

The registered person showed us they maintained a record of any concerns they had received. At the time of our inspection they confirmed how they were responding to one concern they had outstanding and the processes they were using to address this. The registered person's complaints policy information was available for people and their relatives to access so they would know what to do if they needed to raise a formal complaint. However, when we looked at the information we saw it did not include the contact details for the health service ombudsman. We raised this with the registered person who undertook immediate action to update the information. This meant that people would know who to escalate their concerns to if it was needed.

## Is the service well-led?

### Our findings

At our inspection on 30 December 2015 we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person had not completed sufficiently robust quality checks to enable them to quickly resolve shortfalls in the way care was delivered.

Each of these shortfalls had previously resulted from the registered person not robustly monitoring and evaluating how the service was running so as to ensure that people reliably received care that met their needs and expectations. After the inspection the registered person told us that they had strengthened the way in which quality checks were completed. This was so that the people could be reassured that they would reliably benefit from receiving safe care. The registered person said that all of these improvements would be fully completed by 31 March 2016.

On 19 October 2016 we carried out a focussed follow up inspection visit to inspect the areas related to 'safe' and 'well-led' which the registered persons had told us they had made improvements with. During the inspection we found that the registered person had introduced new and more robust quality checks. We saw that as a result of this development a number of improvements had been made to the running of the service. These improvements included more regular and better recorded checks being made to ensure that visits were completed at the right times. In addition, we noted that the registered person was completing more detailed enquiries when visits had not been undertaken as planned. This was so that they could identify what had happened so that action could be taken to help reduce the likelihood of it re-occurring.

We also found that the registered person had strengthened the way in which they ensured that suitable recruitment checks were consistently completed for new staff. This involved carefully establishing each applicant's previous employment history so that suitable assurances could be obtained about their previous good conduct.

We noted that the registered person had reviewed the way in which staff were provided with support and the various improvements we have described meant that the relevant legal requirement had been met.

At this inspection we were able to confirm the service continued to be run by the same registered person. The registered person had told us about any significant events that had occurred in the service since our last inspection. In addition, they had correctly displayed the quality ratings we gave at our last inspection.

People we spoke with told us they knew the registered person well. One person said, "I think the service is on the whole is well organised. I think its good that staff wear uniforms and have identity badges because it shows they come from an organisation which gives care and that they are proud of the jobs they do."

Care staff we spoke with told us how the registered person was easy to approach if they needed any support, information or guidance and was regularly available either in person or by telephone whenever they needed to contact them.

The registered person told us that as care staff worked remotely it was particularly important to support and engage with them regularly in developing good team working practices. Team meetings were used to share information about good practice and the registered person told us they and senior staff kept themselves updated through the use of professional journals and websites.

Care staff said the registered person also supported them through spot checks and by carrying out joint visits with them to observe care practice. Care staff told us the checks included ensuring they were consistently maintaining confidentiality, managing infection control practices, carrying out domestic tasks correctly and following the registered person's uniform code.

Care staff told us they felt able to raise concerns and were confident that these would be listened to and responded to appropriately by the registered person. Staff told us that this reassured them that action would be taken if they raised any concerns about poor practice. Staff also said they were clear about the provider's whistle blowing procedure and said they would not hesitate to use it to escalate any concerns they might have to external agencies such as The Care Quality Commission (CQC) if they felt any issues they had identified were not being addressed.

People had been consulted about the development of the service. Records showed that this included them being invited to give feedback by completing a satisfaction survey which was sent out to people every four months with the feedback reviewed and any actions needed taken by the registered person. The last two surveys undertaken in April and August 2017 showed that overall people were happy with the services they received. Suggested changes which the registered person told us they were following up related to adjustments for call times and changes to regular care staff for some people.