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Chenash HomeCare Specialists

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 27 October 2015 and was announced. At the last inspection of the service in April 2014 we found the service was meeting the regulations we looked at.

Chenash HomeCare Specialists is a small domiciliary care agency which provides personal care and support to

people in their own homes. At the time of our inspection there were approximately 45 people receiving personal care from this service, which was funded by their local authority.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

During this inspection we found the provider in breach of their legal requirement to submit notifications to CQC. You can see what action we told the provider to take at the back of the full version of the report. We also identified some inconsistencies in the way the service maintained its records. We found physical records maintained about people and staff were in some cases incomplete.

There were some gaps in the checks the provider undertook to ensure new staff were suitable and fit to work for the service. However there were enough staff available to meet the needs of people using the service. The registered manager matched people with staff who were able to meet their specific needs and preferences. People said they experienced continuity and consistency as they had regular staff that supported them.

Some aspects of the way medicines were managed was not best practice. However, people received their medicines as prescribed. People were supported to stay healthy and well. Staff monitored that they ate and drank sufficient amounts and their overall health and wellbeing. Where they had any issues or concerns about this they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals.

People and their relatives told us they felt safe with the care and support provided by the service. Staff had been trained to know what action to take to ensure people were protected if they suspected they were at risk of abuse. Risks to people's health, safety and wellbeing had been assessed by the registered manager. Staff were given guidance on how to minimise any identified risks to keep people safe from harm or injury.

Staff received training to meet people's needs. The registered manager and provider monitored training to ensure staff skills and knowledge were kept up to date.

Staff were supported by the registered manager through supervision through which they were provided opportunities to discuss any issues or concerns they had about their work.

People's consent to care was sought prior to care and support being provided. Where people were unable to make specific decisions about their care and support because they lacked capacity to do so, people's representatives and other professionals were involved in making these, in their best interests.

People and their relatives told us staff looked after people in a way which was caring and respectful. People's right to privacy and dignity was respected and maintained by staff, particularly when receiving personal care. People were encouraged to do as much as they could and wanted to do for themselves to retain control and independence.

People's support plans were reflective of their specific needs and preferences for how they wished to be cared for and supported. People and their relatives said they felt able to express their views and were listened to. Staff ensured people's care and support needs were reviewed regularly to ensure staff had up to date information about people's current care and support needs.

People and their relatives said they were comfortable raising any issues or concerns they had directly with staff and knew how to make a complaint if needed. People were confident that any complaints they made would be dealt with appropriately. The provider reflected on any learning from complaints and how this could be used to make improvements.

The provider was committed to improving the quality of care people experienced. This was embedded in the vision and values for the service. They used quality assurance mechanisms such as surveys, spot checks and reviews to monitor that expected standards were being delivered by staff. People's views were sought through these checks in order to improve the service. But, the views of others such as external healthcare professionals were not routinely sought so the provider was missing opportunities to identify aspects of the service that could be improved. However they did use learning from investigations to drive continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. There were some gaps in the evidence the provider collected to assure themselves of the suitability and fitness of new staff.

The way medicines were managed needed improvement to ensure the service was carrying out best practice at all times. However, people received their medicines as prescribed.

There were enough staff to meet people's needs. Risks to people of injury or harm had been assessed and plans were in place to minimise any identified risks, to keep people safe. Staff were trained to recognise if people may be at risk of abuse and harm and how to report any concerns they had immediately.

Requires improvement



Is the service effective?

The service was effective. Staff received training and support so that they had the appropriate knowledge and skills to care for people who used the service.

The registered manager and provider were aware of their responsibilities in relation to obtaining people's consent to care and support.

People were supported to stay healthy and well. Staff monitored that they ate and drank sufficient amounts. They also monitored people's general health and wellbeing. They reported any concerns they had about this promptly and sought appropriate support.

Good



Is the service caring?

The service was caring. People and their relatives said staff were caring and respectful. Staff ensured people's right to privacy and dignity were maintained, particularly when receiving care.

The service treated people fairly and in a non-discriminatory way. People and their relatives said they felt able to express their views and were listened to.

Staff supported people to do as much as they could and wanted to do for themselves to retain control and independence over their lives in their home.

Good



Is the service responsive?

The service was responsive. People's needs were discussed with them and this information was used to develop a plan which set out how these should be met by staff. Plans reflected people's individual choices and preferences and focussed on giving people as much independence as possible. These were reviewed regularly by staff.

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way. The provider reflected on any learning from complaints and how this could be used to make improvements.

Good



Summary of findings

Is the service well-led?

Some aspects of the service were not well-led. The provider had not notified the Commission of events and incidents which they were legally required to do. We also found inconsistencies in the way the service maintained its records.

People were asked for their views and suggestions for how the service could be improved. However the provider did not seek the views of others such as external healthcare professionals.

The service's objectives were focussed on providing people with good quality care. The provider checked progress against these objectives through quality assurance mechanisms such as surveys and spot checks. They used learning from investigations to drive continuous improvement.

Requires improvement



Chenash HomeCare Specialists

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 checked 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.

This inspection took place on 27 October 2015 and was announced. We gave the provider 24 hour's notice of the inspection because senior staff are sometimes out of the office supporting care support workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our

inspection. The inspection team consisted of an inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information about the service such as notifications they are required to submit to the Commission. We also spoke with the local authority contracts and commissioning team and asked them for their views.

During the inspection we went to the provider's head office and spoke to the provider and registered manager. We reviewed the care records of four people who used the service, the records of four members of staff and other records relating to the management of the service. After the inspection we contacted by telephone five people and five relatives of people using the service. We asked them for their views and feedback about the care and support people experienced.

Is the service safe?

Our findings

The provider had recruitment procedures in place to check the suitability of newly employed staff before they started work. However we found some inconsistencies in the robustness of the checks they carried out. On four staff records we found the provider had obtained evidence of staff's identity, right to work in the UK, relevant training and experience, a minimum of two references and criminal records checks. However we were concerned about the references taken up for one staff member as these did not reflect their most recent work experience. The reasons for this had not been evaluated and documented by the provider to satisfy themselves that this individual did not pose any risks to people.

We also found staff did not complete a health questionnaire prior to starting work so that the provider could assess their fitness to work. We discussed our concerns with the registered manager and provider who told us they would take immediate action to ensure all staff had a minimum of two references on their files from their most recent employment. They also said they would review and update their procedures for assuring themselves of staff's fitness to work.

People confirmed they received their medicines as prescribed. People's support plans contained information for staff to follow about their prescribed medicines including what, when and how these should be administered. Staff completed a medicines administration record (MAR) for each person each time this was done. We looked at a sample of completed MAR's. The way staff completed these was inconsistent. Some staff members had signed these records whilst others ticked it. We checked the service's medicines policy which advised staff they could tick people's MAR to confirm medicines had been given. This was not good practice as this did not provide for a clear record and accountability for how, when and by whom medicines had been administered. We discussed this with the provider and registered manager who advised they would immediately amend their medicines policy and advise staff of best practice in this area.

People said care and support was provided at the times that had been agreed. Three people told us there had been occasions when a member of staff had been running late to a scheduled call, but all said this was not a regular occurrence and any issues were quickly resolved. This indicated there were sufficient numbers of staff to support people. We noted staffing levels were planned in advance to ensure people's needs could be met. The registered manager used an electronic call monitoring system to plan and manage all scheduled visits to people taking full account of their specific care and support needs.

People told us they felt safe when receiving care and support from staff. One person and their relative said, "We feel very safe and don't know what we'd do without them." The service had taken appropriate steps to safeguard adults at risk. Staff had received training in safeguarding adults at risk of abuse. The registered manager through one to one meetings (supervisions) assessed and reviewed staff's understanding and awareness of safeguarding adults at risk and discussed any concerns staff may have had about people they supported. Staff had been provided information and guidance which set out their responsibilities for reporting their concerns and how they should do this. Records showed where concerns about people were raised the registered manager and provider worked closely with other agencies to ensure people were sufficiently protected.

Prior to people using the service, the registered manager assessed any risks to them of injury or harm at home. People's records showed these assessments were focused on identifying risks based on their specific needs and circumstances for example where people had reduced mobility which could put them at risk of falls. There was guidance for staff on how to minimise identified risks to protect people from the risk of injury or harm. Identified risks were reviewed annually or sooner if there were any changes to people's care and support needs. The service maintained records of accidents and incidents that occurred in people's homes. The registered manager and provider recorded details of the accident or incident and the actions taken to investigate and ensure the on-going safety of the person involved.

Is the service effective?

Our findings

People told us staff had the skills and experience needed to support them. One relative said, “They come and do their job very efficiently and do it well.” Another relative told us, “They follow the instructions and routine well”. Staff received appropriate training. Staff records contained evidence of training attended by staff in topics and subjects which were relevant to their roles. This included training in medicines administration, infection control, moving and handling, fire safety, health and safety and food hygiene and preparation. Where specialised knowledge was required to support people, the registered manager ensured staff received the appropriate training to meet these needs. For example some of the people using the service were living with dementia. Staff that supported them had received training in caring for people with dementia. They received additional support from the registered manager who was a ‘Dementia Friends Champion’. These are volunteers who encourage and support others to raise their awareness and understanding of people living with dementia.

Staff received supervision and support from the registered manager. We noted minutes of supervision meetings held with staff were not available for us to see on all the staff records we reviewed. Where we were able to see these, we noted staff were encouraged to discuss issues or concerns about their work and any learning and development needs they had. We checked other records such as hand written notes kept by the registered manager and emails sent to staff which confirmed all staff had attended supervision meetings with the registered manager, the most recent of which took place in October 2015.

The registered manager and provider had received training in relation to the Mental Capacity Act 2005 (MCA). They were aware of their role and responsibilities in relation to obtaining people's consent to care and assessing whether people had capacity to make decisions about specific aspects of their care and support. Records showed most people using the service had capacity to make decisions or

to consent to the care and support they received. There was evidence of involvement and discussions with people about the care and support they wanted and the decisions people made about this were documented. Where people lacked capacity to make specific decisions about their care and support there was involvement of their representatives and other care professionals to make these decisions in people's best interests.

Where the service was responsible for this people were encouraged to eat and drink sufficient amounts to meet their needs. Before people started using the service the registered manager collected information from them and their representatives about their dietary needs including their specific likes and dislikes and preferences. This information was recorded in their individual support plan so staff knew what people's preferences were for what they ate and drank. We saw an example of this where an individual's support plan prompted staff to ensure they were able to drink their favourite beverage, coffee, every day. Staff documented in people's daily records the meals they prepared and supported people to eat during their visit. They also recorded how much people ate or drank. This provided important information about whether people were eating and drinking sufficient amounts for everyone involved in providing them with care and support at home.

Staff supported people to stay healthy and well. A relative described staff as ‘vigilant’ and told us how a member of staff had identified that their family member needed some extra support. The relative contacted the local authority and additional support was arranged for their family member. Staff documented in people's daily records their observations and notes about people's general health and well-being. They noted any concerns they had about people's current health and contacted the registered manager so that they were made immediately aware of these and could take the appropriate action. We saw good examples where through staff's actions people had received appropriate medical attention and support from their GP when they needed this.

Is the service caring?

Our findings

People told us staff were caring. Comments we received included, “They chat to [family member] and treat [them] as an old friend”; “They are very caring, for example, they will dry between my toes”; “The carer showed me how to make scrambled eggs as I wasn’t able to do it”; and, “They are very, very caring and helpful”.

We observed some positive and caring interactions during the inspection when people contacted the service. For example during the inspection we noted one person called the office on a number of occasions with different queries. Each time, the registered manager dealt with these in a patient and reassuring way. The registered manager told us the individual called the office every day as they had very few friends and family members involved in their life and were quite isolated. They told us they welcomed and encouraged these calls as they knew how important it was to the person to be able to talk to other people each day.

The service provided information to people in a way that they could understand and use to make decisions. One way the registered manager did this was by visiting people in their home to discuss the care and support available to them. People were able to include their family members or other representatives in these discussions to help them make decisions about their care and support needs. People’s records showed their views and preferences for how care and support was provided were listened to and acted on by staff.

People said the service was ‘inclusive’ and treated people fairly and in a non-discriminatory way. People were encouraged to discuss their specific values and beliefs which they wished to be respected. The registered manager used this information to match people with suitable staff. We saw examples where people were supported by staff of the same gender, from a similar cultural background or were sympathetic to their specific religious beliefs because people had requested this. People and their relatives confirmed they had regular carers so they experienced consistency and continuity in the support they received from staff.

People were treated with dignity when being supported with their care and support needs and staff respected their privacy. Comments we received included, “They start off by asking how I am”; “[staff are] kind and caring and we feel respected”; “They are aware that they are in my space and behave accordingly”; and, “They help [family member] get changed upstairs”.

People were encouraged to be as independent as they wanted to be when they received care and support from staff. People’s support plans prompted staff to ensure that people were encouraged to do as much as they could for themselves so that they retained as much control as possible. For example in one support plan we saw the individual was able to state what they were able to do for themselves when getting washed and dressed in the morning and the specific support they needed from staff to finish getting ready.

Is the service responsive?

Our findings

People were supported to contribute to the planning of their care and support. One person told us, “I told them what I wanted help with and they provided it.” A relative said, “We were involved as a family.” Another relative told us a detailed support plan was drawn up for their family member following discussions about the support they required. In most cases people’s care and support packages had been agreed with them by the local authority funding their care. This information was provided to the service prior to people using the service. The registered manager then visited people in their homes to obtain further information from them and their relatives about the care and support they needed and how they wished for this to be provided. The service used this to develop a support plan which reflected what had been agreed.

Each person’s support plan was accompanied by a ‘storyboard’. This contained important information for staff about people’s life histories, relationships that were important to them, their likes and dislikes and their specific preferences for how they wished to receive care and support from the service. In our discussions with the registered manager and provider they demonstrated a good understanding and awareness of the specific needs of people using the service and how these should be met in a way that people wanted. We saw examples where they listened to and acted on people’s requests for flexibility in their call times, where this was appropriate, so that people retained control over their day to day life. For instance when people had health care appointments in the community, the service rearranged call times so that they could attend these.

The provider and registered manager regularly reviewed the care and support provided to people to ensure this continued to meet their needs. People’s records confirmed this. We noted where changes had been identified to people’s needs, their support plan was updated promptly. For example where people had to go into hospital, on discharge their care and support needs were reviewed and reassessed to identify any changes that may be needed to their existing package of care and support. This meant staff had access to up to date information about how to support them in the appropriate way.

People felt confident in raising any issues or concerns they may have with the service and that these would be dealt with appropriately. A relative said, “I feel able to phone them up and discuss anything.” Another relative told us when they had contacted the registered manager they had responded appropriately. People said they knew how to make a complaint if they needed to.

There were suitable arrangements in place to deal with people’s concerns or complaints. People had been provided information and advice in their ‘client information guide’ about what to do if they wished to make a complaint about the service. This set out how their complaint would be dealt with and by whom. The registered manager and provider logged and investigated all complaints received by the service. We noted a detailed response had been provided to complainants and where appropriate an apology was made. We also saw a ‘reflective log’ was completed following the resolution of a complaint for staff to consider what learning, if any, could be used to improve the quality of care and support people experienced.

Is the service well-led?

Our findings

During this inspection we established the provider had not notified the Commission of two incidents that had occurred over the last 12 months, which they are legally required to do. These were with regards to abuse or allegations of abuse in relation to people using the service and incidents reported to, or investigated by the police.

These issues were a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We identified some inconsistencies in the way the service maintained its records. We found physical records maintained about people and staff were in some cases incomplete. Some information which should have been present in these records was stored elsewhere. For example, information about risks to people documented in their personalised 'risk matrix' was not present on every person's file we looked at and could not be easily located during the inspection. This could potentially be a risk to people as the provider had not ensured all the information that was needed about the appropriate support people required was easily accessible in one place.

Some of the evidence obtained through the provider's recruitment checks on new staff were missing from their individual files. For example, for one member of staff, their employment references were stored in different places (one on their physical file and another electronically on the provider's laptop). We also saw that some staff files did not contain a complete record of their individual one to one meetings with the registered manager. This meant there was an incomplete audit trail of the employment checks carried out by the provider and lack of documentary evidence of the support staff received through supervision. We discussed the inconsistencies we found in the way records were maintained with the provider and registered manager, who told us they would take immediate action to rectify these.

People described the service as 'open', 'approachable' and 'welcoming' of people's feedback. A relative said, "They are open and receptive." Another relative told us, "They are very open and we can discuss things if there's anything we're not happy with." People's views about the quality of support they received and how this could be improved

were sought through a 'quality survey'. People were also encouraged to share their views about how the service could be improved through other means such as spot checks and reviews of people's care and support needs.

We looked at a sample of these checks and reviews and noted very few changes or improvements had been suggested which indicated people were generally satisfied with the care and support they received from the service. This was supported by comments we received which included, "We're very pleased with the service so far"; "It's working ok and we couldn't do without them"; "It's a good agency and we're happy with the service"; and "They look after [family member] and I think it's fine. [Family member] is fine and [they're] healthy".

We noted that the views of others such as healthcare professionals that worked closely with the service were not routinely sought. This meant the provider was not maximising all opportunities available to identify improvements that could be made to the quality of support people experienced.

The service had values and objectives which were focussed on providing personalised care and support to people which improved the quality of their lives. These values were communicated to people through information they received when taking up their care and support package, such as their 'client information guide', so that people were aware of what they should expect in terms of service standards. The registered manager and provider used the quality assurance mechanisms to assess that these standards were being met for example through the quality survey and spot checks undertaken to assess staff's performance. Staff were provided opportunities to raise their concerns about any poor practices they observed through their supervision meetings.

The provider used learning from incidents and investigations to make improvements to the service. Following a safeguarding investigation this year, the provider had implemented an electronic call monitoring system to improve the planning and monitoring of visits undertaken to people using the service. The registered manager and provider acknowledged this system was relatively new so was not being maximised to its full potential as yet. However they had seen some benefits already as they now had access to better quality information about calls which enabled them to plan more effectively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The provider had not notified the Commission of two incidents with regards to abuse or allegations of abuse in relation to people using the service and incidents reported to, or investigated by the police.</p> <p>Regulation 18(e) and Regulation18(f)</p>