

Charlesworth 247 Ltd

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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 

Overall summary

This inspection took place on 07 October 2015. Charlesworth 247 Limited is a small domiciliary care service which provides personal care and support to people in their own homes. On the day of our inspection twenty people were receiving personal care from the agency.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of our inspection the registered manager assisted us with the inspection process.

People's safety was protected whilst receiving care from staff. We found staff had received training to ensure they had the knowledge and skills to care for people effectively and to ensure they understood their responsibilities in protecting people from abuse.

Summary of findings

People received the support to safely manage their medicines. They also received the support to maintain a good food and fluid intake.

Risks to people's health and safety were identified and people were supported by qualified staff.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA).

We found the registered provider was aware of this legislation and ensured it would be used correctly to protect people who were not able to make their own decisions about the care they received.

People were treated with kindness by staff and their dignity was respected. People were encouraged to be

involved in the planning and reviewing of their care package to ensure their care was responsive to their changing needs. Staff helped people to maintain any hobbies and interests within their home and the community when requested.

People could make comments on the quality of the service and there were effective systems in place to monitor the quality of the service.

The culture of the service was open and honest and the registered manager encouraged open communication with their staff. People felt able to make a complaint and felt any complaints would be taken seriously.

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?

The service was safe.

People received support to keep them safe in their own home and to manage any risks to their health and safety.

People received the support needed to manage their own medicines.

There were sufficient numbers of staff to meet people's needs.

Good



Is the service effective?

The service was effective.

People were cared for by staff who received appropriate training and supervision.

Whilst all of the people who used the service had the capacity to make their own informed decisions we found the registered manager was fully aware of the Mental Capacity Act (MCA) and appreciated the importance of applying the act when required.

Good



Is the service caring?

The service was caring

People were cared for by staff who had developed positive, caring relationships with them.

People were involved in planning their care and their decisions were sought and respected.

People's privacy and dignity was respected at all times.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs and care plans were regularly reviewed to ensure they remained pertinent to people individual needs and aspirations.

People knew how to make a complaint and felt able to do so.

Good



Is the service well-led?

The service was well led.

The registered manager had developed an open, positive culture in the service.

People were asked for their views about the service and there were effective quality monitoring systems in place to check that people's needs were being met.

Good



Charlesworth 247 Limited

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.

This was an announced inspection. We gave the provider 48 hours' notice of the inspection because the service is small and the registered manager or person in charge is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification contains information about important events which the provider is required to send us by law.

During our inspection we spoke with five people who were using the service, two people's relatives via telephone conversations. Three members of staff and the registered manager. We looked at the care plans of two people and any associated daily records. We looked at two staff files as well as records relating to the running of the agency such as staff training records.

Is the service safe?

Our findings

People told us they felt safe when staff were caring for them. One person told us, “I feel very safe, they [care staff] are marvellous and I don’t think I could ask for anything better.” People’s relatives also said their relations’ safety was promoted. Comments included, “They [staff] do promote safety I would give them ten out of ten.”

People were supported by staff who had received training to ensure they knew how to promote people’s safety and the actions required to report concerns to the local safeguarding team if needed. They were aware of the different types of abuse and felt confident in reporting any issues of concern to the management team or external authorities if required. We also found that when the registered manager had been made aware of a safeguarding concern the concern had been reported to the local authority in a timely manner. This showed they were fully aware of what constituted abuse and understood their roles and responsibilities in protecting people.

Procedures were in place to promote people’s safety within their own home. For example, prior to people receiving services the registered manager had undertaken an environmental risk assessment to ensure any potential risks could be identified. These could be frayed carpets or problems with electrical cabling so remedial strategies could be put in place to minimise the risks to both the person using the agency and staff. It also included whether any equipment, such as mobility equipment, could be used safely.

Staff told us they were made aware of any risks to people’s health and safety within people’s home environment as individualised care plans had been formulated. These provided them with guidance on how to manage the risks, for example when transferring people with the aid of their mobility equipment. A member of staff told us they also performed visual checks on the environment at each appointment and felt confident in reporting any concerns to the management team for additional guidance.

People could be assured they would be supported by staff who had received appropriate training in the use of specialist equipment. The registered manager told us that when specialist equipment such as hoists were needed to aid people to mobilise the required training in the use of the equipment had been provided. We found that the

training was both theoretically and practically based and was delivered within in the agencies premises and with additional training within people’s homes when necessary. This shows that procedures were in place to ensure people’s safety and wellbeing would be promoted when specialist equipment was required.

People told us there were sufficient numbers of suitably qualified staff to meet their individual needs. They also told us that staff were punctual and they had never experienced a missed call. One person said, “They [care staff] always turn up on time and stay for how long they should stay for,” whilst a person’s relative told us, “They [staff] are very reliable.”

We found systems were in place to ensure there were sufficient staff to meet people’s needs and staff rotas were planned for six months in advance to enhance the continuity of the service. We also found systems were in place to ensure any unforeseen absenteeism could also be covered by members of the staff team at short notice. For example, staff could access an online rota which provided them with the opportunity to book additional shifts as overtime when they wished. This showed that systems were in place to ensure there were always enough staff available to meet the aims and objectives of the organisation.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. We looked at the recruitment files of two members of staff. These files had the appropriate records in place which included references, details of previous employment and photographic proof of identity. Criminal record checks had been conducted before staff commenced working at the service which enabled the registered manager to make safer recruitment decisions thus reducing the risk of people receiving support from inappropriate staff.

People told us they received the support they required to safely manage their medicines. One person said, “They [care staff] remind me to take my tablets.” Staff told us, and records showed that training had been provided in the principles of medicines management. Staff were able to describe the different levels of support people required with regard to their medicines. We also found the registered manager undertook staff assessments within people’s homes to assure themselves that staff remained competent in this area. This showed that systems were in place to aid people in taking their prescribed medicines safely.

Is the service effective?

Our findings

People felt that staff were competent and effective in performing their duties. One person told us, “All the staff are more than competent in what they do,” whilst another person said, “I feel all the staff are well trained, in fact I feel they are the best.”

People could be assured that staff would be effective in performing their roles and responsibilities. Staff told us they felt the training provision was sufficient to meet their needs. One staff member said, “I have had training and it has provided me with the knowledge I need.” On commencing employment staff were required to undertake an induction process which allowed them to familiarise themselves with the organisation’s aims and objectives. The induction also provided staff with training relevant to their roles and responsibilities at the agency. These included first aid, health and safety, infection control, food hygiene, safe administration of medicines and safeguarding vulnerable adults. Staff also told us the process allowed staff to gain an insight into the needs of people using the service as inexperienced staff were provided with a period of ‘shadowing’ more experienced staff until they felt ready to work independently.

People could be assured they would be assisted by staff who received regular support from the management team. We found formal and informal staff supervision sessions were undertaken by the registered manager. Staff told us the sessions allowed them to discuss any support they required which could include training opportunities. One member of staff told us, “I have always felt supported, professionally and personally.” Staff also confirmed that the registered manager had undertaken periodic spot checks in people’s homes to observe their practice to ensure people were receiving effective interventions. The registered manager told us that this process also provided people with the opportunity to provide feedback about the competency of staff and this statement was confirmed by a person who used the service, as they told us, “I often have a chat with [manager] and they check if everything is okay.”

People who used the service told us they were asked to provide their consent before any care was provided and staff always asked what they wanted before doing anything. One person told us, “They [care staff] always ask what I want doing and they all respect my decisions.” People who use the service, and their relatives, told us they

felt fully involved in the creation of their individual care plans. One person told us, “I had a long discussion about what was needed when we first started using the agency, feel fully involved.” Another person said, “I am fully involved in my care.” People also told us a copy of their care plan was made available to them in their homes for reference if required. We found that some care plans had not been signed by people to formally record they were in agreement with the content of the plans. We discussed this issue with the registered manager who told us it would be addressed when the next planned reviews were undertaken.

People could be assured that staff would follow the principles of the Mental Capacity Act 2005 (MCA) when providing their care. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. Although the service was not providing care to anyone who lacked capacity at the time of the inspection we found the registered manager was fully aware of her responsibilities in this area.

People could be assured that they would be provided with assistance, when required, to maintain a healthy nutritional intake. The needs of the people who used the service were recorded in their care plans which showed some people needed help with shopping and preparing food. People told they felt sufficiently supported with the preparation of meals and snacks. They also felt that should they request additional support from staff in this area it would be provided to their satisfaction. We found staff were able to discuss the dietary needs of the people they were caring for and confirmed information relating to specialist diets was recorded in people’s care plans.

People who used the service could be assured that staff would support them with their healthcare needs. The registered manager told us that in most instances people’s relatives were able to help people to attend medical appointments, but if needed the care staff could undertake this responsibility. They told us, “On a number of occasions we have escorted people to hospital to support them through their appointments to make sure they can understand and retain any information.” A person’s relative also told us they felt confident that, should the health of their relation deteriorate, the care staff would respond appropriately. They told us, “We have absolute faith in the

Is the service effective?

carers and the manager. If they [care staff] have any concerns about pressure areas they contact our GP and the district nurses come straight away, they are quick off the mark.”

Staff we spoke with told us if someone’s health deteriorated suddenly they would contact the emergency

services. One member of staff told us, “If I had any concern I would assess the situation and seek advice from my line manager straight away. I have called the ambulance for someone in the past.”

Is the service caring?

Our findings

People were highly complementary about the quality of the service they received from the agency and told us all staff were caring and understanding of their individual needs. One person said, “They [staff] are all caring, compassionate and understanding,” whilst another person told us, “All the staff are caring and I don’t know what I would do without them.”

People told us there was always sufficient time made available for the staff to be able to perform their duties in an unrushed manner. They also felt staff understood the importance of developing a good relationship with them. One person told us, “They [staff] are excellent. They don’t make me feel rushed or belittle me in any way. They are always very caring and I really do look forward to them coming.”

We found staff appreciated the importance of providing a caring service. Comments included, “I am a very patient person and always talk to people and ask them if they are okay I ensure they tell me what they want rather than me telling them what they want. We are kind and caring and promote people’s dignity at all times.” The member of staff also told us of a time when they attended people’s appointments in adverse weather conditions and said, “I love it here, at Christmas we covered all the calls and did not let anybody down, we are very proud of that.”

People could be assured that systems were in place for them to express their views and be involved in making decisions about their care. People we spoke with told us they had contributed to their plans of care and told us they had been consulted about their likes and dislikes and how they preferred to be cared for. One person’s relative told us, “I do, and always have been, involved in the care plan.” We found a copy of people’s care plans was made available in their homes and people told us they were updated on a regular basis. People also confirmed the registered manager communicated well with them to ensure any changes in their care needs would be addressed in a timely manner. One person told us, “The manager monitors the care plans and discusses them with us.”

People told us that staff respected their wishes and they were treated with respect and dignity at all times. One person said, “The staff could not be more respectful.” People also told us the staff would always promote their privacy by ensuring bedroom curtains and doors were closed when they helping them to wash and dress.

Staff told us the information in people’s care plans was accurate and helped them to understand the way people wished to be cared for. They were able to describe how they involved people in making decisions relating to their care and how they promoted people’s choices on how their care interventions were performed. One member of staff told us, “The care plans provide all the information we need so we can respect people’s routines and preferences.”

Is the service responsive?

Our findings

The people we spoke with felt they received the support they required in line with their individual needs. One person said, “I am more than satisfied, I feel we have an excellent service.” A person’s relation also expressed a great deal of satisfaction with the service they received and told us, “It’s a brilliant service.”

People confirmed that they had been consulted at the point of initial assessment regarding their care and support preferences and felt the registered manager valued their contribution to the assessment process. Furthermore people also told us they were provided with the opportunity to discuss their care needs with the registered manager on a regular basis to ensure the service remained responsive to their individual needs.

People told us their scheduled calls were undertaken at their preferred time but also felt the service would be flexible to accommodate their needs. One person told us, “I am sure my visit could be changed if I needed it to be.” This was confirmed by the registered manager who told us, “We have changed people’s appointment times to meet their needs and to accommodate their, or their relative’s social plans.”

Staff told us effective communication systems had been established to ensure they were aware of people’s needs before providing care interventions. One member of staff told us they felt the care plans were an integral part of providing responsive interventions as they were a good reference tool when required. Another member of staff said, “They [care plans] are of good quality and everything is in there. They are straight forward and set out very well. We have also signed to show we have read the care plans.” Staff also told us they would always try to adapt the support they provided to be responsive to people’s needs as they told us, “When I was on a call a client asked if I could go with them to the hospital for support. I did go with them and the manager ensured additional staff were made available to cover the rest of my calls.”

The registered manager told us that when possible the care staff would support people to pursue their hobbies and interests within the community. For example walking people’s dogs, ensuring bird feeders were replenished and undertaking jigsaws and crosswords with people within their own homes.

People felt comfortable in highlighting any concerns to the care staff or the registered manager. They told us they believed their concerns would be listened to and responded to in an appropriate way. One person told us, “I am sure that if I had any issues they would be sorted but it’s an excellent service.” Another person said, “I could not ask for anything better but I feel they [staff] would listen to me if I had any concerns.” We found people had been provided with a copy of the organisation’s procedure for making a complaint within a customer information leaflet on commencing services. The leaflet not only provided the organisations contact details but also Nottinghamshire County Council adult social care services and Age UK which is an advocacy service for the older population. This showed that systems had been proactive in ensuring people could highlight concerns or complaints.

We found staff had access to the organisation’s complaints procedure as it was supplied within their staff handbook which they received on commencing employment at the agency. The procedure stated, “Constructive comments, compliments and complaints can be valuable aids to improving services and all staff are responsible for ensuring that people know that compliments, comments and complaints are welcomed.” Staff told us they felt confident that should a concern be raised with them, they could discuss it with the management team. Staff also told us they were aware of their duties to report any concerns to alternative authorities such as the Care Quality Commission and the local authority when needed.

Whilst there had not been any formal complaints made since our previous inspection in July 2013, the registered manager told us they would take any complaints seriously and use them as an opportunity to improve the service provision when needed.

Is the service well-led?

Our findings

People told us they felt very comfortable approaching members of staff and the registered manager and felt the service was well led. One person said, “I see the manager on a regular basis but I only need to pick the phone up and I can have a chat at any time, it’s a marvellous service.” A person’s relative also told us they felt the service was well led. They told us, “The service is of a very high standard and we are grateful for all they have done. I have faith in the manager and all the staff.”

We found the agency was only providing personal care for a small amount of people. People told us the registered manager performed visits to their homes on a regular basis and they felt the registered manager was a significant presence within the agency. They told us the registered manager provided them with the opportunity to discuss the quality of service provision and had ensured effective communication was established. One person told us, “I have a great deal of confidence in the manager, they seem to know who are the right staff to employ which makes it a good service.”

Staff told us they felt valued by the management team and enjoyed working in the service. They told us the registered manager was readily available to them and was a valued leader. One staff member told us, “Our manager is very supportive, it’s an absolutely fantastic company to work for.” They also told us there was an open and honest culture in the service and they felt able to raise issues of concern with the management team and also make suggestions on how to improve the service when needed. For example one member of staff told us, “When I go for my one to one with my manager they asked me if there was anything they could do to improve the service, I feel they respect us, and our opinions.”

We found the management team had established systems to ensure staff had regular communication with them. For example an on-call system had been established to ensure the management team could provide guidance and support to staff when needed. We also found that staff

could access their rotas and annual leave forms electronically. The registered manager said this had enhanced the quality of the service as it had reduced staff absenteeism and aided the continuity of care as annual leave was planned six months in advance.

We found staff were aware of the organisation’s whistleblowing and complaints procedures as they had been incorporated into their staff handbook. We found staff felt confident in initiating these procedures without fear of recrimination as one member of staff told us, “I would go to the manager and speak to them face to face, I really feel confident in doing that.”

We also found the registered manager was aware of their responsibility for reporting significant events to the Care Quality Commission (CQC) and our records showed that CQC had received the required notifications in a timely way.

People were given the opportunity to have a say in what they thought about the quality of the service. This was achieved by sending out annual surveys which asked people a range of questions to determine whether they were satisfied with the service. The registered manager told us this information was utilised to determine if the agency was meeting its aims and objectives and also to identify where improvements could be made. The results of the 2014 quality audit showed that all of the twelve respondents expressed positive comments about the quality of service provision. These included, “I couldn’t be happier and I don’t know how I would manage without you,” and, “All the staff are angels.” We found the registered manager audited people care plans to ensure they were up to date and pertinent to people’s individual needs. We also found the registered manager performed unannounced spot checks to satisfy themselves that the service was meeting its aims and objectives and staff were adhering to people’s planned care package and people remained happy with the quality of service provision. This showed that people could be assured that the provider was proactive in developing the quality of the service and recognising where improvements could be made.