

The Council of St Monica Trust

The Chocolate Quarter Home Care Service

Inspection report

The Chocolate Quarter
Trajectus Way, Keynsham
Bristol
BS31 2GJ

Tel: 01173637136

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31 October 2022

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24 November 2022

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Summary of findings

Overall summary

About the service

The Chocolate Quarter Home Care Service is a domiciliary care service providing personal care to people living in their own homes. The service provides support to adults over and under 65 years, people living with physical disabilities or dementia and people with sensory impairments. At the time of our inspection there were 17 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

This was a targeted inspection to review concerns we received about manual handling, incidents of safeguarding not being reported or investigated, and action not being taken in response to changes in people's needs.

People who needed support to mobilise had detailed moving and handling plans in place with guidance for staff to follow. The provider employed an occupational therapist (OT) who was available to visit people in their own homes to carry out assessments. The service also referred people to the community OT as appropriate. The OT wrote step by step guidance for staff and was on hand to review people if their needs changed.

Staff had training on manual handling and when new equipment was needed for people, staff were shown how to use it safely. The provider also employed a physiotherapist who was also on hand with the OT to provide people and staff with support.

Incidents of safeguarding were investigated and reported. However, we found for one person the service had not reported concerns in a timely way. Whilst they had worked closely with the person's GP, healthcare professionals and relatives, the local authority had not been informed. A referral to the local authority had been made prior to our inspection.

Staff received training on safeguarding and dementia and told us they would report any concerns to senior staff or the registered manager. Staff told us they were confident the management would take appropriate action.

People had care plans which were reviewed regularly by the senior team. We observed guidance for one person from the mental health team was not reflected in their care plan. The registered manager acted immediately to update the record. Staff we spoke with told us they were following the guidance from the mental health team in their approach.

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

Rating at last inspection

The last rating for this service was good (published 3 August 2022).

Why we inspected

We undertook this targeted inspection to check on specific concerns we had received about manual handling, incidents of safeguarding not being reported or investigated, and action not being taken in response to changes in people's needs. The overall rating for the service has not changed following this targeted inspection and remains good.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

The Chocolate Quarter Home Care Service

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. We checked 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 Health and Social Care Act 2008.

This was a targeted inspection to check on concerns we had received about manual handling, incidents of safeguarding not being reported or investigated, and action not being taken in response to changes in people's needs.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the provider

or registered manager would be in the office to support the inspection.

Inspection activity started on 28 October 2022 and ended on 4 November 2022. We visited the location's office on 31 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two relatives of people using the service and five members of staff. We also spoke with the registered manager, head of operations and health and safety manager.

We reviewed care and support records for three people, staff training information, safeguarding records, incident management, complaints, meeting minutes and weekly staff updates.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check on concerns we had received about manual handling, incidents of safeguarding not being reported or investigated, and action not being taken in response to changes in people's needs. We will assess the whole key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding, and all told us they would report any concerns to the management. All were confident appropriate action would be taken.
- Safeguarding concerns were investigated and overall, we found incidents of safeguarding were reported to the local authority. However, for one person a referral had not been made in a timely way. Whilst action had been taken to keep the person safe such as referrals to healthcare professionals and contact with the person's GP, the registered manager had not spoken to the local authority safeguarding team.
- The registered manager told us a referral for this person had been completed and they would work with the local authority to take any action if needed.

Assessing risk, safety monitoring and management

- People's needs in relation to moving and handling had been assessed and there was detailed guidance in place for staff to follow. The provider employed an occupational therapist (OT) who was involved in assessing people's needs if identified as being required. They wrote step by step moving and handling plans which were updated when needed. The service also referred people to the community OT as appropriate.
- Any updates to people's changing needs were shared with staff by a weekly email. Staff also had other opportunities to receive updates on people's needs such as team meetings and supervisions.
- Staff had training on manual handling which included training on how to use specialist equipment. The provider operated a 'key mover' system which meant identified staff had additional training on manual handling so they could carry out risk assessments. 'Key movers' were available to help staff with any concern they had on manual handling and to help assess people's needs.
- The provider employed a physiotherapist to help people with their mobility. Staff could refer people to the physiotherapist or/and OT at any time.
- Incidents and accidents were recorded on the provider's electronic system. This meant the provider had oversight of incident management to make sure required follow up action was taken. Any learning from incidents was shared with the staff on a weekly basis by email.
- Positive behaviour support guidance was in place for one person for staff to follow. The service was working with the local mental health team to monitor the person's needs. The mental health team had provided guidance on the care approach which staff were following. We found however it had not been added to the person's care plan. The registered manager took immediate action to make sure the care plan was updated.

