

Oaklea Care Limited

Churchview Care Services (Taunton)

Inspection report

Unit 7
Smalls Yard, Dellers Wharf
Taunton
TA1 1NU

Date of inspection visit:
30 April 2019

Date of publication:
29 May 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Churchview Care services (Taunton) is a domiciliary care agency which provides support to people living in their own homes. Although the agency provides support to a number of people, at the time of the inspection only six people were receiving support with the regulated activity of personal care.

People's experience of using this service:

People were happy with the service they received. People told us staff were reliable and always turned up on time or informed them if they were running late.

People were supported by staff who were well trained, kind and caring.

People received their care from a small team of staff who they had been able to build trusting relationships with. People told us they always saw the same staff and this enabled them to feel comfortable and relaxed.

People said staff encouraged them to maintain their independence and were respectful when they helped them. One person said, "They have given me the confidence to be independent."

The agency organised social events to protect people from social isolation, help them to maintain contact with friends and family and to meet new people. Social events and outings were very much appreciated by people. One person told us, "The social stuff is great. I've been to the cinema and the pantomime. It's good to meet new people."

People were fully involved in planning their care and staff helped them to fulfil their goals. Staff knew people well which enabled them to provide care and support which was personalised to each person and took account of their wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People only received care with their consent and felt they remained in charge of their lives. Staff knew how to support people if they did not have the capacity to make decisions.

People received care from an agency who monitored quality and sought their views. The management was open and approachable which enabled people and staff to share concerns or make suggestions.

Rating at last inspection: This is the first inspection of the service since it was registered to the current provider in May 2018.

Why we inspected: This was a scheduled/planned inspection based on date of registration

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

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Churchview Care Services (Taunton)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The agency provides care to adults, including people who have a learning disability or mental health issues.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because this is a small service and we needed

to be sure arrangements could be made to meet with key staff and people who use the service.

Inspection site visit activity was carried out on 30 April 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We did not ask the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

During the inspection we visited three people who used the service and spoke with five members of staff.

We looked at a selection of records which included;

Two care and support plans

Three staff files

Records of staff meetings

Results of completed satisfaction surveys.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe with the staff who supported them. One person said, "I feel safe. There's no problems with the staff."
- The provider had systems which helped to keep people safe. These included a robust recruitment process which made sure all new staff were thoroughly checked and had the skills and character required to work with vulnerable people.
- People were protected because the provider ensured all staff knew how to recognise and report abuse. Staff spoken with were clear about how to recognise abuse and felt confident that any concerns raised would be dealt with immediately to make sure people were protected.
- The agency employed sufficient numbers of staff to make sure people received their care from regular staff. People commented how much they valued the small team of staff who supported them.

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

- People were involved in identifying and minimising risks. One person had a risk assessment regarding possible financial abuse and control measures had been put in place. The person had been fully involved in the risk assessment and was able to tell us how staff helped to protect them in this area.
- Specific risk assessments were carried out to make sure staff were safe when visiting people in their own homes. For example, a risk assessment had been carried out regarding access to one person's home.
- Any accidents or incident which occurred were recorded and analysed by the registered manager. This enabled them to learn from events and share the learning with the staff group. Any identified risks were reported to the provider as part of the registered manager's monthly reporting.

Using medicines safely;

- Staff from the agency did not administer medicines. However, one person told us the staff supported them to take their own medicines. They said staff had helped them to make a chart to tick when they had taken prescribed medicines.
- Some people were assisted to apply prescribed creams and lotions as part of their personal care. In these circumstances staff kept records of creams applied to enable their effectiveness to be monitored.

Preventing and controlling infection

- People were protected from the risk of infection because staff had received training and followed good infection control practices.
- Staff told us they had access to personal protective equipment, such as disposable gloves, to promote good practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they began to use the service. From initial assessments, care plans were developed to make sure staff had the information they required to effectively support people.
- People received care in accordance with their needs and choices because assessments were regularly updated to show changes in a person's needs or wishes.
- Initial assessments included not just people's needs, but also what they wished to achieve by using the service. Care plans enabled people to set goals and progress towards meeting the goals which were recorded on monthly summaries. One person said, "They have given me confidence to do a lot more for myself."

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

- Staff monitored people's well-being and supported them to attend appointments when necessary. One person we met with their support worker was being helped to make and attend an appointment with their GP. The person told us, "They [staff] are very good at getting me to things like the nurse or the doctor."
- Staff worked with other healthcare professionals to make sure people had the support and equipment they required to meet their needs. This included referrals to other professionals following assessments such as falls risk assessments.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to training to make sure they were able to carry out their roles safely and effectively.
- Staff were happy with the training provided to them and the support they received. One member of staff said, "Training is good. There's a variety of on-line and face to face training." One person told us, "The staff seem very competent."
- People received their care from staff who felt well supported by the management of the service and their colleagues. One member of staff commented, "There is always someone to ask advice from. There is good communication and teamwork." This meant any changes or adjustments in people's care were effectively communicated with other staff to make sure people received the right support.

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

- People were supported to maintain a balanced diet and this included going out to eat regularly. One person happily told us about their favourite places to eat and how staff supported them to make choices.
- Staff said they advised people on healthy eating options and helped them to shop and prepare meals. One member of staff said, "We promote healthy eating but at the end of the day people can make their own choices." One person told us, "We go shopping together. They try to encourage me to have a healthy diet."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- People had their legal rights protected because staff understood the MCA. One member of staff told us, "We can help people to see what risks might be involved in certain things but ultimately if they have capacity, what they choose to do is their decision."
- Care plans contained information to show that people's capacity to make specific decisions was assessed. Where people lacked capacity then a best interests decision was made.
- Where people had capacity, the staff respected their decisions. For example, one person had chosen not to have some assessments recorded and this was clearly stated in the care plan and signed by the person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were fully involved in planning their care and how their needs should be met. One person told us, "They are flexible to fit around different things that I want to do." Another person said, "I'm still in charge. They do what I want them to."
- Each person had a care plan which had been written with them. Care plans were signed by people to state they understood and agreed with the plan of care. One person said, "The support plan is always up dated with me."
- The team leader for the service regularly met with people to seek their views and ensure they remained happy with the service provided to them. One person told us, "[Team leaders name] is always checking you are ok with everything."

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

- People had built trusting relationships with the staff who supported them. When we visited people in their homes we saw there were kind and caring interactions between staff and the people they supported. People were very relaxed with the staff and management. One person told us, "I like the friendship. I've known them a long time. Feel like family."
- Staff respected people's diverse needs and lifestyle choices and were non-judgemental in their work. One person said, "I have my own ways. They just take me as they find me."
- Where people had specific wishes about who supported them this was respected. One person commented, "I like to have female staff. The three women I have, I'm comfortable with."

Respecting and promoting people's privacy, dignity and independence

- People said they were always treated with respect. We observed staff spoke to people in a friendly and polite way.
- People were helped to develop and maintain their independence. One person said, "They have given me the confidence to be independent." A member of staff spoke affectionately about a person they were supporting to take part in more activities. They said, "It's lovely to see them enjoying new things."

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans and people's comments showed care and support had been personalised to their wishes and preferences. Care plans showed clearly what people needed help with and what their personal routines were. This made sure staff helped them in accordance with their wishes. One person said, "I have my own routines. They make me feel safe."
- People were supported to take part in activities to avoid social isolation. The agency arranged a number of social events each month and helped people to attend. The activities included a monthly meal in different venues. People had formed friendships at the activity sessions which enhanced their social contacts. One person told us, "I like to go to the Friday meal. I've met some nice people." Another person told us, "The social stuff is great. I've been to the cinema and the pantomime. It's good to meet new people."
- Staff helped people to access community facilities and stay in touch with friends and family. One person told us, "Having someone with you that you're comfortable with gives you confidence." On the day of the inspection one member of staff was supporting a person to visit a family member.
- The Service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. One question on the annual satisfaction survey was; "Do you feel we meet your communication needs when giving out information?" 100% of people who responded answered "Yes" to this question.

Improving care quality in response to complaints or concerns

- Everyone received a copy of the complaints procedure when they began to use the service. No formal complaints had been received since the service was registered in May 2018.
- People said they would be comfortable to raise issues or concerns with staff or a member of the management team. One person told us, "I would just have a quiet word with [team leader's name] and it would be sorted." Another person commented, "I'm really happy with everything but if I wasn't I would speak to someone, they'd sort it."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People spoke highly of the service they received from the agency. One person told us, "This is the third agency I have used. Since joining this lot, I haven't looked back." Another person said they were very happy with the support they received. They said, "I have a rota for who is coming. They turn up on time and if for any reason they are delayed they let me know. Great service."
- The registered manager knew all the staff and people who used the service well. Because of their knowledge of people, they were able to promote a culture which respected people as individuals. When staff spoke to us about the people they supported they did so in a way that gave evidence that they treated each person as an individual with their own needs and aspirations.
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The provider had a system in place which meant the registered manager reported to them each month which enabled them to have an overview of how the service was running and any changes which needed to be made.
- People and staff told us the management of the service was very open and approachable and they could talk to them about any issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was supported by a team leader and both took some responsibility for monitoring the quality of care provided. This helped to make sure people received a good quality service which constantly looked at ways to develop and improve.
- The team leader worked with people using the service which enabled them to continually seek feedback. They also carried out monitoring visits to assess quality and individual staff practice. This enabled them to address any issues with staff in a timely way.
- Staff felt well supported which led to a happy work force. One person told us, "I like that they are friendly and smiley." Another person said, "They lift my day when they come in."
- Since the new provider had taken over the service the management team had made changes to how they monitored quality and reported to the provider. There had also been some changes to senior management. The registered manager told us that because of the changes some formal quality assurance systems had not

been fully embedded into practice or kept up to date. However, the registered manager's knowledge and oversight enabled them to assure themselves that standards of care were maintained.

- The registered manager informed the provider of activity and risk within the service and the provider responded appropriately. For example, the registered manager reported that recruiting staff was difficult and the provider had introduced a 'Refer a friend' scheme with financial incentives for staff. This had achieved some success in recruiting.

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

- There was an annual satisfaction survey which enabled the provider to seek people's views and ensure changes and improvements were in accordance with people's wishes. Results of the most recent survey showed a high level of satisfaction.

- Staff had opportunities to share their views and make suggestions at team meetings, one to one supervisions and appraisals.

- People were supported to access local facilities and remain part of their local community.

- Staff worked with other professionals to make sure people's care was monitored and they received the care and support they required.