

# Heheals Pharmaceutical Services Ltd

## Christchurch Care Agency

### Inspection report

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15 September 2016

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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

Christchurch Care Agency is a large Domiciliary Care Service, which provides personal care and support for people in their own homes. At the time of our inspection approximately 160 people were receiving support with personal care. The inspection started on 5 September by carrying out a visit to the agency office. On the 7, 8, 12 and 15 September 2016 we made telephone calls to speak with people using the service, relatives and staff.

The service had a registered manager in post. 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.

Staff knew how to recognise signs of abuse and what they needed to do to protect people from abuse. Risks to individuals and their home environment were identified and managed. Risk assessments were centred on the needs of the individual, to enable people to live at home safely and independently within their capabilities.

The staffing arrangements ensured there were enough staff to meet the needs of people using the service. Contingency plans were in place to provide staff cover for any unforeseen emergencies and short notice staff absences.

Robust staff recruitment processes ensured that staff employed to work at the service had the right mix of skills, knowledge and experience and were suitable to work with people using the service.

Where the service was responsible, people's medicines were managed appropriately. Staff received appropriate training to equip them with the knowledge and skills to meet the range of needs of people using the service. A training academy was in the process of being set up by the provider to be based at the agency office.

The principles of the Mental Capacity Act (MCA) 2005 were followed when assessing people's capacity. Staff were aware of the requirements of the MCA legislation and ensured that consent was obtained from people before providing their care.

Where the service was responsible, people were supported to have a balanced diet that promoted healthy eating. Staff met people's day to day health and welfare needs and took appropriate action in response to changing health conditions requiring medical intervention.

People's needs were assessed and their care plans had sufficient detail to reflect how they wanted to receive their care and support to be provided. People using the service and/or their relatives were involved in the care reviews.

People were treated with kindness and compassion and their privacy was respected. The staff understood and promoted the principles of person centred care.

Complaints were responded to appropriately and were used as an opportunity for learning and improvement. The registered manager understood their responsibilities and they were knowledgeable of the needs of all people using the service. Staff delivered a quality service and understood and promoted the ethos and vision of the service.

Management systems were in place to monitor and review the quality of the service people received and drive continuous improvement.

## 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 recognise signs of abuse and what to do to protect people from abuse.

Risks to individuals within their home environment were identified and managed.

There was enough staff to meet the needs of people using the service. Contingency plans were in place to provide staff cover for any unforeseen emergencies and short notice staff absences.

The recruitment systems ensured that only staff that were suitable worked at the service.

Where the service was responsible, people's medicines were managed appropriately.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training to provide them with the knowledge and skills to meet the range of people's needs.

Staff supervision systems were in place.

The requirements of the Mental Capacity Act (MCA) 2005 were met and people's consent was sought before staff provided their care.

Where the service was responsible, people were supported to have a balanced diet that promoted healthy eating.

People's changing health conditions were monitored and staff worked closely with other healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

Staff ensured people's privacy and dignity was respected.

Staff understood and promoted the principles of promoting independence and person centred care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and care plans had sufficient detail to reflect how people wanted their care to be provided.

People using the service and/or their representatives were involved in care reviews.

Systems were in place to seek people's feedback and respond to appropriately to any complaints about the service.

### **Is the service well-led?**

**Good** ●

The service was well led.

A registered manager was in post.

Staff at all levels understood the vision and values of the service.

Quality assurance systems were used to monitor the care and support people received and drive continuous improvement.

# Christchurch Care Agency

## **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 inspection took place on 5, 7, 8, 12 and 15 September 2016 and it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in the community, and we needed to be sure that someone would be available in the office.

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including statutory notifications that had been submitted to the Care Quality Commission (CQC) by the provider. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with 19 people using the service and one relative. We also spoke with the registered manager, the training manager, 11 care staff, one activity worker and one care co-ordinator.

We reviewed the care records belonging to 11 people using the service to check that they were reflective of their current support needs. We also reviewed records in relation to staff recruitment, training and support and records in relation to the oversight and management of the service.

# Is the service safe?

## Our findings

People described the service they received as consistently good and all people spoken with confirmed they felt safe when staff provided their care. One person said, "Even though I've told the girls just to let themselves in with the key safe, they always insist on ringing the doorbell before they come in so as I'm not worrying about who it is."

Another person said, "The staff are really good at making me feel at ease and safe." Another person said, "I'm not very steady on my feet these days and I have to use a turning aid to get in and out of bed. The staff support me really well; we've never had any mishaps thank goodness."

The staff we spoke with told us they had received training on safeguarding people from the risks of abuse and were aware of the safeguarding reporting procedures. One member of staff said, "I have received training on safeguarding and if I ever suspected or witnessed a person being subject to any form of abuse I would not hesitate to report it immediately to the manager." Another member of staff told us they had previously informed the registered manager of concerns they had regarding the conduct of a member of staff who was no longer working for the care agency. We saw that the staff induction programme had safeguarding as a mandatory element for all staff to complete before providing people with any care.

The feedback we received from people using the service indicated that the staffing arrangements ensured that sufficient staff were available to provide consistent care for people using the service. One person said, "I see the same two staff, Monday to Friday and at the weekends, there are probably another three or four others who I know well, they share the visits between them. I've never had anyone that I haven't at least met before." Another person said, "I have my regular staff, when they are off or ill, one of the other carers' will look after me. On occasions I've even had the Manager to help me." Another person said, "They [staff] always make sure they stay for the full 30 minutes, I never feel rushed. If I need something extra doing, they never mind staying a bit over their time".

One member of staff said, "This is a brilliant care agency, the staff rotas are worked so we always work with the same people, within the same catchment area." Another member of staff said, "Sometimes I do extra shifts, but I never feel pressurised to have to work, if you say you can't do another shift it's fine, there is always someone available to cover the shifts." Another member of staff said, "I have never felt rushed, there is plenty of time allocated to travel from one call to another." The registered manager told us that systems were in place to ensure that additional staff were always available to cover for short notice staff absences or emergency hospital discharge placements. This was achieved through some staff being paid to be available between the hours of 7am to 11pm.

Suitable systems were in place to record accidents and incidents and respond to incidents of abuse. The registered manager of the service was aware of their responsibility to notify the Care Quality Commission (CQC) and others, such as the Local Authority and Police of incidents that placed people at serious harm.

Risk assessments took into account specific risks presented to people using the service and staff within the

home environment. They outlined the key areas of risk, such as falls, medication, and the moving and handling needs of the person. Whilst promoting people's autonomy and independence. They included information on the action staff needed to take to promote people's safety and minimise any potential risk of harm. We saw the risk assessments were reviewed regularly and updated as and when people's needs had changed. Emergency contact details were available within people's care records for staff to access to contact the person's next of kin, GP and other relevant people involved in the care of the person.

The recruitment systems made sure that suitable staff were recruited to keep people safe. The staff we spoke with confirmed that the provider had carried out appropriate checks on their eligibility and suitability to work at the service. We saw that written references were obtained from previous employers and where this was not pertinent personal character references had been obtained. The staff recruitment records evidenced that enhanced Disclosure and Barring Service (DBS) checks were carried out, to ensure that only suitable staff were employed to work with people using the service.

Where the service was responsible, the staff managed people's medicines appropriately. One relative said, "The carer gets the tablets ready for my wife. When they're out of their packet they put them in an egg cup because my wife's fingers don't work very well these days so all she has to do is tip them in her mouth and take a drink. She knows which tablets are which." People confirmed the staff signed the medicines administration records (MAR) documentation held within their homes on administering their medicines. The staff told us they received training from the agency on the administration of medicines. The registered manager told us the spot checks carried out in people's homes included checking that staff had signed the MAR when they had given people their medicines. We looked at the MAR charts for some people for which the provider had taken on the responsibility for administering their medicines and found they had been completed and signed appropriately by the staff.



# Is the service effective?

## Our findings

People using the service thought the staff had the right competencies to provide their care and support. One person said, "We just get on with things, because we know each other really well. When my carer is helping me out of bed, I have to use a rotastand (used for assisted transfer from one seated position to another) and she will always ask me if I feel nice and secure before I am moved." Another person said, "For the help I need help with, I think they're fine".

Some staff told us they had previous care experience before coming to work at the service, whilst for others, this was their first formal care worker position. One member of staff said, "I have done care work before and have done all the mandatory training with my last employer. My training with this company consisted of three days shadowing, then I was out providing hands on care with another carer on double up shifts." Another member of staff said, "I worked alongside [name of staff] for a couple of days, she was a really good mentor, I felt learnt a lot from her, she showed me how to use the hoist and slide sheets, used for transferring [name of the person] and turning them in bed."

One person told us that they had personally shown staff how to care for their stoma site, (which is an opening in the abdominal wall). The person said, "I have a stoma bag and it was vital to me that my carers' all knew how to take care of it. The Manager asked if she and a few of the carers' could come and see how I liked it to be looked after. I was more than happy to do that, they then wrote it all up in my care plan."

The registered manager and the training manager told us that all staff were placed on the Care Certificate training, which is a set of 15 standards that social care and health workers need to work towards in their daily working life. They also told us they were in the process of setting up their own training academy to be based at the agency office. They said that staff completed training through a mix of DVD training packages and training courses such as moving and handling, medicines administration, pressure area care, dementia care and basic first aid were held at a local care home. Some staff told us they had completed the Care Certificate training, whilst others said they had either started to work towards it or waiting to start the training.

We saw records of the staff training that identified when staff had completed various training courses and staff due to complete some of the training. We were told that all staff worked alongside an experienced member of staff for the first three days of employment and they were then assigned to work as a second carer on 'double up' calls. The registered manager said they always worked with another member of staff until they had completed all the necessary health and safety training modules such as, moving and handling, food hygiene and infection control.

Most staff said they felt supported in their work. They told us they had regular opportunities to meet with the registered manager, their supervisors and peers. We saw that minutes were kept of matters discussed and decisions made during the staff meetings.

People using the service and staff confirmed that spot checks were carried out with the aim of seeking

feedback and identifying any areas for improvement. The registered manager told us that during the spot checks, observations were carried out on the staff's competency to care for the person and complete specific tasks, such as administering medicines.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for domiciliary care services is called the Court of Protection.

People using the service told us that staff always sought consent and permission from them before they carried out any task or personal care. We saw that people's capacity to make specific decisions was assessed and where they had been assessed as lacking capacity to make some decisions 'best interest' decisions had been made on their behalf. For example, where a person was unable to safely manage their medicines, the provider had taken on the responsibility.

The service ensured that people received a balanced diet and adequate nutrition and hydration. One person said, "My carer will heat me up a meal for me and she will always make sure I've got my cutlery, salt and pepper to hand. Another person said, "I usually have a sandwich or a bowl of soup, especially in the winter." Another person said, "My carer will cut me a slice of cake to have later with a cup of tea, once it's all ready, I can manage on my own." We saw that people's care records had information contained about their dietary needs and preferences and the level of support they needed to eat and drink sufficient amounts.

People were supported to access health services as required. One person said, "My carer came one morning and thought I looked pale and not quite with it. She insisted on phoning my GP, I can't remember exactly what was wrong with me but my GP gave me some new pills to take." Another person said, "A while ago I was feeling fairly lousy, my carers' were brilliant and nothing was too much trouble for them. They insisted on staying until I felt a little better, I know they wrote it all up in my records."

## Is the service caring?

### Our findings

People received care and support from staff that knew and understood them and were aware of their preferences, likes and dislikes. Overall, the feedback we received from people using the service and their relatives indicated there was a high level of satisfaction with the care people received from the service. People were consistent in their comments and described the staff as being very patient and willing to attend to any tasks that needed doing together with them. There was a willingness for staff to stay with people to make sure they were safe and happy and had everything they needed before ending the visits.

One person said, "My carers are lovely, they always take time to have a bit of a chat with me and always ask if I've got everything I need before they go." Another person said, "My carer will always make sure the shower is nice and warm before I get undressed."

People told us they were asked what time they would like their visits to take place and whether they preferred to have male or female carers attend to their personal care. One person said, "I was asked if I preferred male or female carers', I told them I would rather have a female and I always have had." Another person said, "I only really need my meals making for me, so I don't really mind who I see. I'm not sure whether they have any male carers', because I've never seen one."

Concerns were shown for people's feelings and their wellbeing in a caring and meaningful way. One person said, "My carers' always make time for a chat. It can be such a long day without them being here." Another person said, "I really value being able to have a chat with my carers', they make me laugh, however I'm feeling at the time."

One member of staff said, "I absolutely love my job, it's a great feeling being able to make people's day better. I can't believe I actually get paid to sit and chat with people."

People were consulted and fully involved in planning their care. One person said, "The Manager met with me and my family because I'd never had care before. I really wasn't keen to have strangers in my home, but she was so reassuring and put my mind at rest, she wanted to know from me what I was comfortable with."

## Is the service responsive?

### Our findings

People were involved in planning their care. One person said, "My care plan is in my folder. I remember the manager came and talked to me about putting it together, when I first met with them." Another person said, "I have a care plan in my folder. My carers' will check it if they are concerned about anything." Another person said, "I know my care plan is in my folder, I sometimes get it out to remind myself of what is in it."

We saw that initial assessments had been carried out to identify people's needs and whether the service was able to meet their needs. The finding from the assessments formulated the care plans that were put in place. We found the care plans contained sufficient information about the needs of the person for staff to follow. They had been regularly reviewed and updated as and when needs changed and contemporaneous records evidenced the care and support the staff provided for the person on each visit.

Feedback on the service was sought from people using the service and their relatives. The registered manager told us that during the spot checks, people were asked to provide feedback on the care they received and their comments were recorded in their care notes. One person said, "The manager visits, she's asked me if I need anything changing or adding."

People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. One person said, "I like to be able to go out during the day and my friends take me into town. If my carers' didn't come each morning to help me get ready, I wouldn't be able to go out. I would hate being stuck at home all day on my own." Another person said, "If I didn't have my carer coming to do my food shopping and washing for me each week, I wouldn't be here in my own home any longer, I'm not ready to give it all up just yet."

Complaints about the service had been responded to in line with the provider's complaints procedure. One person said, "At the previous agency I had received care from, no one would ever do anything about my concerns. Here everyone is just so open and willing to listen that I'm sure if I had similar problems again, I would be listened to here." Another person said, "I would phone and ask to speak with the manager, if I had any concerns whatsoever, if it was really serious, I would ask that she visit me urgently."

One person told us that the staff were arriving for their morning visit later than agreed. They said they mentioned this to the registered manager and their comments were taken on board and the staff were now arriving at the right time. One person said, "When I first started with the agency some years ago, I had a lot of different carers and I did say that I really found it difficult and could I just have three or four carers that I saw more regularly. They did listen to me and I have had regular carers ever since." Another person said, "I usually see the manager every few months when she pops in to make sure that everything is alright. Occasionally, one of the senior team will arrive to do my care, usually at weekends or if my regular carer is suddenly taken ill. It gives me the chance to talk to them; they always ask if I have any concerns." The staff confirmed that if any of the people they provided care for wished to make a complaint that they would direct them to contact the registered manager or they would inform them on their behalf.

## Is the service well-led?

### Our findings

People using the service and their relatives confirmed that the provider and the registered manager were approachable and kept in touch with them. The registered manager told us the provider was very supportive of them and the staff and regularly visited the service. They said they had a 'hands on' approach to supporting the service and one way of doing this was to occasionally step in to cover the 'on call' duty system.

One person said, "The manager is very nice, she spent well over an hour with us, asking us all sorts of questions when I first started using the service. They asked how I am, what help I needed and how I would like my care to be provided." Another person said, "I met the manager for the first time when I was looking to move from a previous care agency. She sat down with me and my daughter; we explained why I wanted to change agencies and what my concerns were."

People told us the registered manager listened to their feedback and suggestions and where possible they were always accommodated. They confirmed that the registered manager and supervisors carried out spot checks to observe the care they received. We saw that records of the spot check were kept within people's care files.

The registered manager kept the Care Quality Commission (CQC) informed of events and incidents, as legally required under the registration regulations. Safeguarding procedures were in place and communicated with all staff to ensure they were all aware of their responsibility to protect people using the service from the risks of abuse. They also included information on the 'whistleblowing' procedures for staff to follow if they thought the registered manager or provider did not take appropriate action to protect people from abuse.

The staff told us the registered manager was approachable and that systems were in place to provide supervision and support. We saw that the staff meetings were used as an opportunity for group supervision. We were told that the provider also attended some of the team meetings to meet face to face with staff and communicate information and updates about the service.

The provider kept the Care Quality Commission (CQC) informed of events and incidents, as legally required under the registration regulations and systems were in place to regularly monitor the quality of the service people received. These included audits on people's care plans, risk assessments and medicines records. Any areas identified for action were prioritised with set timeframes for any actions to be completed.