

Churchill Health Care Ltd

Churchill Health Care (Ealing)

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 ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Churchill Health Care (Ealing) is a domiciliary care agency providing personal care and support to people living in their own homes. The branch is also known as Churchill Health Care (Hayes). The service is registered to offer support to older and younger adults, adults with learning disabilities, and people with mental health needs.

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. At the time of the inspection, 27 people were receiving support with personal care. Most were older adults and 3 people had a learning disability.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support: The staff supported people to have the maximum possible choice, control and independence. Staff focused on people's strengths. The service made reasonable adjustments for people so they could be fully involved in decisions about their care. Staff communicated clearly with people. Staff supported people with their medicines.

Right Care: Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse.

Right culture: The values of the organisation, management and staff helped people to feel included and empowered. People and those who were important to them were involved in planning their care. The managers evaluated and monitored the care and support people received to make sure improvements were made when needed.

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

For more information, please read the detailed findings section of this report. If you are reading this as a

separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The service was registered on 25 April 2022 and this was the first inspection.

Why we inspected

The inspection was carried out based on the date the service registered with us.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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?

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.

Churchill Health Care (Ealing)

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and 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 not a registered manager in post. The provider had recruited a manager. They had not yet applied to be registered with CQC but were in the process of doing this.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we were carrying out an inspection using remote technologies and electronic file sharing.

Inspection activity started on 20 June 2023 when we started to make phone calls to stakeholders and ended on 24 July 2023 when we had a video meeting with the manager to discuss our findings.

What we did before the inspection

We looked at all the information we held about the provider including notifications of significant events. 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.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We analysed data from the provider's call monitoring systems. We viewed the care records for 6 people who used the service, the staff records (including training, recruitment and support) for 6 members of staff and other records used by the provider for managing the service.

We held a video meeting with the manager. We spoke with 9 people who used the service and the relatives of 6 other people. We received written feedback from 19 people using the service and their relatives and 7 members of staff.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help protect people from the risk of abuse. The provider had policies and procedures about safeguarding and whistle blowing. Staff undertook training in these areas. The provider discussed safeguarding with staff to make sure they understood their responsibilities.
- People using the service and their relatives told us they felt safe. Some of their comments included, "I have no concerns and we are happy with the care and safety", "I am in safe hands and very happy" and "The carers know us well, do their job to a good standard and keep us safe."
- The provider had responded appropriately to concerns and allegations of abuse. They had worked with other agencies, such as the local authority, to report and investigate abuse and to help protect people from any harm.
- There were appropriate systems for supporting people with shopping to help protect them from financial abuse. Staff kept clear records of any money transactions and the management team checked these.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing were assessed and planned for. The provider had a comprehensive range of assessments that included looking at people's health conditions, moving safely, nutritional risks and the safety of people's home environments and equipment.
- Risk assessments included plans to help manage the risk and to keep people safe from harm. They also focused on how people could be independent and do things for themselves when they wanted. Assessments and plans were regularly reviewed and updated.
- Some people expressed themselves through physical aggression. The staff worked with other professionals to follow care plans designed to deescalate situations. They did not use physical restraint and reported any incidents to social work teams so these could be reviewed and learnt from. People were supported by the same familiar staff to help reduce the risk of them feeling anxious or agitated.
- Staff received training to understand how to care for people in a safe way. This training included using equipment to help people with their mobility, helping people to eat and drink safely and monitoring the condition of their skin.

Staffing and recruitment

- There were enough suitable staff to care for people and keep them safe. People using the service and their relatives told us staff usually arrived on time and kept them informed if they were running late.
- The provider used an electronic call monitoring system to track when care visits took place. This meant they were alerted if a care worker arrived early, late or did not arrive for a care visit. They could then respond and take appropriate action. We viewed a sample of data from the electronic call monitoring system. This

showed that most care visits took place on time and as planned.

- There were systems for recruiting and selecting staff to help make sure they were suitable. These included checks on their identity, references, any criminal records, and suitability for their role. The staff took part in formal interviews, a range of induction training, shadowing experienced workers and their competencies, knowledge and skills were checked by managers.

Using medicines safely

- People received their medicines safely and as prescribed. The people who were supported with medicines confirmed this. One person told us, "[Care worker] is fantastic and takes time to check if I am in pain. [They] always ask about my medicines and make sure I have these." Another person explained how they were happy with the way staff administered a topical medicine. They described the staff being gentle and caring.
- There were procedures for handling medicines and staff had relevant training. The management team checked their knowledge and carried out assessments to make sure staff were following procedures.
- The provider had assessed people's medicines needs and any risks associated with these. They had included the information in people's care plans.
- Staff recorded the administration of medicines on electronic charts. These were audited by the management team and action was taken when any errors were identified.

Preventing and controlling infection

- There were systems to help prevent and control infection. Staff were provided with personal protective equipment (PPE) and people using the service told us staff used this appropriately. People also told us staff washed their hands and followed good hygiene practices. One person commented, "I have never had an issue and am always impressed with their cleanliness."
- There were procedures relating to infection prevention control. These had been updated in line with government guidance about COVID-19. The staff had undertaken relevant training.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The staff recorded all accidents, incidents, complaints and other adverse events. These were responded to appropriately. The provider undertook a lessons learnt exercise where they investigated what could have been done differently.
- Lessons learnt included recommending updated training, better communication with people using the service and improved guidance and support for staff.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant 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's needs and choices were assessed. The assessments looked at different aspects of people's care and associated needs. The provider developed care plans to show how people should be cared for.
- Assessments and plans were regularly reviewed and updated.
- People were able to make choices about their care and were involved in decisions. They confirmed this and told us the service was adjusted to reflect how they wanted to be cared for.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the skills, experience and training. New staff completed an induction. This included a range of training, shadowing experienced workers and assessments of their competencies and skills.
- Staff were offered regular training updates. The staff told us they felt the training was useful.
- The management team met with staff to offer supervision and appraise their work. Staff told us they felt supported and listened to. One staff member commented, "It is a good company to work for, managers and staff are polite, and we are supported."

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

- Some people were supported with their meals. Where this was the case, people told us they were happy with the support. One person commented, "They get my meals, and I am always delighted."
- Care plans included details about specific dietary needs and instructions for staff about how and when to prepare food and drink. People's cultural needs were included within their plans. The staff worked with people, their families and others to make sure people were offered a choice of appropriate food.

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

- People's healthcare needs were recorded in their care plans. The provider had additional guidance about some healthcare needs and provided staff with relevant training.
- Most people maintained their own healthcare appointments and liaised with professionals, or their families did. However, people told us the staff alerted others when their needs changed or when they became unwell.

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 MCA 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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider had acted within the principles of the MCA. They had assessed people's mental capacity relating to specific decisions. They had liaised with their representatives to help make decisions in people's best interests when needed.
- People had consented to their care plans. They explained care workers always offered them choices and obtained their consent before providing care.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported. They had good relationships with their care workers who they knew well. They told us the staff were kind and caring. Some of their comments included, "They care for me brilliantly", "They are very understanding and patient", "They are angels" and "They are always willing to lend a hand."
- People told us the care workers always seemed happy to see them. They said they listened to them and respected them, having conversations about things people were interested in and respecting their wishes and needs.
- Many of the people who gave us feedback named individual care workers who they were very happy with. Their comments included, "[Care worker] has a comforting nature. [They] always explain what is happening and take [their] time", "[Care worker] looks after [my relative] so well. [They are] helpful and diligent" and "[Care worker] is very loving and treats us like family."
- People's relatives explained the agency had matched staff who spoke the same language and had the same religion and culture. This had helped support people who did not speak English as a first language. The manager explained some people were new to the United Kingdom and the staff had helped them to understand about different aspects of social care and their situation.
- People and their relatives told us the care workers respected their families, lifestyles and the home environment.

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

- People were involved in decisions about their care and able to make choices. They had been involved in developing and reviewing their care plans. Their preferences were recorded. The provider carried out telephone and in person reviews and monitoring to make sure people were happy and felt involved and respected.
- People told us the care workers offered them choices during care. Their comments included, "We have got to understand each other and they know what I like" and "I make decisions about whether I want care each time they come."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They confirmed this telling us they were cared for behind closed doors. Their comments included, "They are never rude or unkind. They are respectful and acknowledge my need for privacy", "They are never intrusive and will stand back until they ask my permission to proceed" and "They will give me towel or a blanket to protect my dignity."
- People explained the staff supported them to be independent when they wanted and needed. People's

comments included, "[Care from the agency] is the only way I would survive on my own. Having them helping me means I can remain as independent as I am", "This care means I can stay living here where I want" and "The fact they come makes me feel more independent."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and preferences. People explained they had been involved in planning their care. They were happy with the support they received.
- Some of the comments from people and their families included, "The carers are doing well, they do everything properly", "There is a thorough plan in place, and this is followed" and "They reviewed the care plan when we had a problem with something."
- We saw care plans were detailed and gave good guidance for staff about people's needs and how to care for them. Care plans were regularly reviewed and updated.
- The care workers completed logs of the care they had provided. The management team audited these to make sure care plans were followed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. These needs were considered during their assessment and care plans showed whether people needed any additional support or aids because of communication needs, understanding or language barriers.
- Staff working at the agency spoke a range of different languages and, where possible, staff were matched with people who could not speak English as a first language. The agency had developed some guides and key words to help staff communicate in some languages with people. Some people did not use words to communicate. The staff used pictorial cards and objects of reference to aid communication and to support people to make choices.
- Information about the service was available in different formats and languages when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people were supported with activities and in the community. When this was part of their care plan, the staff supported them to undertake a range of activities. The manager explained they made choices about what they wanted to do and where they wanted to go.

End of life care and support

- No one was receiving end of life care and support at the time of the inspection. However, the staff had received training about how to provide dignified care and work with others.
- The provider discussed any specific wishes people had during their assessments. This enabled the staff to know what would be important to the person when they were cared for at the end of their lives and in death.

Improving care quality in response to complaints or concerns

- There was an appropriate procedure for dealing with complaints. Copies of this were provided to people and their families. People told us they knew who to speak with if they had a complaint.
- The provider investigated complaints and concerns and learnt from these to improve the service.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture with good outcomes for people. People using the service and their relatives told us they would recommend the agency and spoke well about their experiences. The provider had also received a number of compliments directly from stakeholders.
- Comments from people included, "Without a shadow of a doubt I would sing their praises", "They are always helpful, listen and reassure", "They are well-led from the top and always trying to help", "They are amazing staff" and "The care workers are professional and hard working."
- People were involved in planning their own care and received a personalised service. They told us the agency was flexible when they requested changes.
- Staff felt well supported and enjoyed working for the agency. They told us managers were supportive and helpful.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. They investigated adverse events, took action to make improvements and apologised when things went wrong.
- The provider notified CQC and liaised with other organisations when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was suitably experienced. They had previously worked in different roles for the provider and had been promoted to the position of manager. They were undertaking a management in care qualification and had started the process of applying to be registered with CQC.
- People spoke positively about the manager and office staff. They explained they were helpful. Staff said they felt well supported.
- The provider had a range of policies and procedures which reflected good practice, legislation and guidance. These were shared with staff. Staff received training and had opportunities to meet with managers to learn about their roles and responsibilities. Some staff had achieved qualifications in health and social care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service and other stakeholders. They involved them in decisions and asked for their opinions about the care they received. People told us the agency was responsive to changes they requested,
- The staff undertook training in equality and diversity to help them understand about people's different needs and how these should be respected. Care plans included information on people's lifestyle, culture, religion and sexuality to help the staff to understand their needs and provide respectful care.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. These included a range of audits. We saw the provider had taken appropriate action when they identified concerns.
- The management team asked people using the service for feedback through reviews. They also carried out spot checks where they assessed how staff cared for people and whether they followed care plans and guidance.
- The provider investigated complaints, accidents and incidents. They learnt from these to improve the service.

Working in partnership with others

- The provider worked in partnership with other professionals. They alerted health and social care professionals when people's needs changed and when they identified any concerns. They followed their guidance when supporting people.
- Some staff had attended training provided by healthcare teams to help them better understand about one person's needs and the equipment they used.