

Christchurch Care Limited

Christchurch Care

Inspection report

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21 February 2019

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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

About the service:

Christchurch Care is a domiciliary care agency that was providing personal care to 40 older adults living in their own homes at the time of the inspection.

People's experience of using this service:

People described the care as safe and consistently spoke positively about the caring, friendly, kind nature of both the management and staff team. People were supported by enough staff who provided flexible, responsive care. Staff recruitment checks were robust and ensured staff were suitable to work with vulnerable older people. Staff induction, on-going training and support enabled them to carry out their roles effectively.

Risks to people, including health risks, environmental risks and risks of preventable infection were regularly assessed and understood by staff. When actions were in place to minimise avoidable harm they were respectful of people's freedoms and choices.

Staff were responsive to people's changing care needs and pro-active in arranging healthcare or specialist assessments when needed. People had their medicines administered safely by trained staff who regularly had their competencies checked.

Care and support plans were person centred and recognised people's cultural and spiritual needs and lifestyle choices. People were protected from discrimination as staff had completed equality and diversity training and demonstrated a positive, non-judgemental attitude. Care plans were reviewed regularly with people who told us they felt involved in their care decisions. People had an opportunity to be involved in end of life care plans. When people received end of life care the service worked in partnership with other professional agencies to ensure care was responsive and maintained a person's comfort.

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.

Leadership of the service created an open, positive culture which enabled people, their families and the staff to share ideas, concerns and feedback. Audits, quality assurance processes, accidents and incidents were seen as an opportunity for reflective learning and service improvements.

A full description of our findings can be found in the sections below.

Rating at last inspection: The service was rated 'Good' at our last inspection carried out on the 16 August 2016.

Why we inspected:

This was a planned inspection based on previous rating.

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.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Christchurch Care

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 a single adult social care inspector.

Service and service type:

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.

Christchurch Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 18 and finished on 21 February 2019. We visited the office location on 18 February to see the manager, office and care staff and to review care records and policies and procedures.

What we did:

Before the inspection we looked at notifications we had received about the service and we spoke with social care commissioners to get information on their experience of the service. We looked at information on their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people who used the service and five relatives. We spoke with the Registered Manager, deputy manager and five care staff.

We reviewed five peoples care files and including discussions with people and staff to check their accuracy. We checked three staff files, health and safety records, medication records, management audits, staff meeting records and the results of quality assurance surveys.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe as they (staff) are really kind, reliable and they give me time". A relative told us, "We feel very safe; they (staff) will stay for another five or 10 minutes if they need too".
- People were supported by staff who understood their role in recognising and reporting potential abuse.
- People were protected from discrimination as staff had completed equality and diversity training and demonstrated a respect for people's individual lifestyle choices.

Assessing risk, safety monitoring and management

- People had risks to them assessed, monitored and reviewed. Staff understood the actions they needed to take to minimise the risks of avoidable harm.
- People were involved in decisions about the risks they lived with and had their freedoms and choices respected.
- Staff understood how to use specialist pressure relieving equipment correctly and were pro-active in reporting equipment failures ensuring people's skin was protected.
- A policy was in place for the safe management of people's finances and included a balance sheet, retaining receipts and checking balances after each transaction. We found one incident where the policy had not been followed and the registered manager told us they would investigate and take any necessary actions.
- Environmental risks in people's homes were assessed to ensure the safety of both the household and visiting staff. This included checking for slip and trip hazards, smoking and gas safety.

Staffing and recruitment

- People were supported by enough staff to meet their needs. Staff absences were covered by the management team and bank staff. People consistently described the staff as reliable at arriving on time and having enough time to meet their needs.
- Staff had been recruited safely. The process included obtaining and verifying references and carrying out checks criminal checks to ensure they were suitable to work with vulnerable people.

Using medicines safely

- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.
- When medicines had been prescribed for 'as and when required' protocols were in place to ensure they were administered safely.
- Staff explained the actions they would take to ensure a person's safety if a medicine error occurred and

the importance of transparency.

Preventing and controlling infection

- People were protected from preventable infections as staff had completed infection control training. Staff had access to any equipment, such as gloves and aprons, to reduce the risks of infections spreading.
- Infection risks to people and staff had been assessed and care plans detailed actions needed to minimise any identified risks.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the management team and analysed so that actions could be taken where necessary, trends could be identified and learning could be facilitated. Actions had included a referral to an occupational therapist when a person had experienced falls which resulted in a change of equipment to aid mobility.
- Accidents and incidents were seen as an opportunity to reflect on practice and continually improve outcomes for people. An example had been a failure to gain entry to a property following an unexpected death. The incident had been discussed at a team meeting and as a result staff had been issued with new quick reference guidance.

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

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 care needs and choices assessed in line with nationally recognised standards and guidance before they commenced receiving care. Assessments included gathering information about people's cultural, religious and lifestyle choices. The information had been used to create person centred care and support plans.
- Assessments included any equipment needed such as key safes, storage of medicines and telephone emergency alarm systems.

Staff support: induction, training, skills and experience

- Staff received an induction and on-going training and support that enabled them to carry out their roles effectively. A care worker told us about their induction. "It included shadow shifts until you felt comfortable. Even after there is always plenty of support at the end of the telephone".
- Staff had received training specific to the people they supported and included diabetes, dementia and end of life care. A care worker had completed dementia training and told us "I was going to a service user with dementia and prior to training found it frustrating communicating with them. After training I thought I need to evaluate what they expect from me. I now don't think carer but maid. They're really familiar with that and really receptive. I even serve their meal with a napkin over my arm and it's meant they now happily accept nutrition".
- Staff had opportunities for professional development including diplomas in health and social care and opportunities for taking on lead roles in areas such as infection control, medicines and dementia.

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

- People were supported by staff who understood their food and drink needs and preferences. A relative told us "(Name) doesn't do full meals but likes to pick. Once the carers understood (name) habits it's been fine". We spoke with care staff who explained "We leave out lots of snacks".
- Staff worked with the speech and language team and district nurses when people had identified risks associated with eating and drinking. This ensured they effectively received a well-balanced diet and remained hydrated.

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

- Records showed us that collaborative working with other agencies had ensured effective care and improved people's quality of life. A relative shared one example of care staff organising an occupational health assessment so that their (relative) could have a suitable reclining chair.
- Staff recognised and responded to people's changing health needs. A relative described the care staff as

their "eyes and ears" and told us "(Carers) went around and (relative) was confused so they called the ambulance and they kept me up to date".

Adapting service, design, decoration to meet people's needs

- People's home environments were assessed to ensure safe and effective care. Staff were able to signpost people and their families to organisations that provided support and services to people enabling them to retain their independence at home. An example included a lifeline telephone being installed so that the person was able to have the security of calling for help if they had a fall.

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.
- Records demonstrated to us that people were having their rights and freedoms upheld as they were being supported in line with the principles of the MCA. People or their authorised representative had signed consent to care and support plans.
- When best interest decisions had been made for people they had included input from family and other professionals who knew the person and their history ensuring decisions reflected people's life style choices.

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

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their families consistently spoke positively about the care they received describing staff as kind, patient and helpful. One person said "Love all the girls; they are kind and they help me continually". Another told us "Absolutely marvellous; couldn't ask for better care".
- People had their individual communication needs understood. A relative explained how a person was unable to verbalise. They told us "My (relative) looks forward to seeing them. They get (name) laughing; understand how (relative) communicates".
- The staff team were knowledgeable about people's past history which enabled them to have meaningful conversations. A care assistant told us "One (person) has advanced dementia and when (they) start talking you can engage (them) with conversations about their past. We know where (they) lived and (their) work".
- Staff understood and respected people's lifestyle choices. When we discussed with staff the people they supported they demonstrated an open, non-judgemental attitude that respected people's diversity.

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

- People felt involved in decisions about their care. One person told us "The most wonderful people ever; professional and listen to what you want and are reliable". Another explained "The (carers) work with me; we're a team".
- When people needed independent support with making decisions staff were able to signpost to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People consistently told us they had their privacy, dignity and independence respected. One person told us "All the girls are very polite and wear badges". A carer explained "It's important to actively involve people; one (person) we ask them to get the bread out of the bread bin and we make the sandwich".
- Care files contained details of how people liked to be addressed and how people wanted staff to enter their homes.
- Any data held about people was stored securely to ensure confidentiality was maintained.

Is the service responsive?

Our findings

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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

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; and how the provider understands and acts on duty of candour responsibility

- People, families and the staff team described the management style as open, honest and transparent. One care assistant said "It's like a family, we are really open with each other". A relative told us "I have found them very straight forward to deal with. Honest and transparent which is good".
- The management were visible and respected by the people, their families and the care team. A care assistant said "What I find so good is that the management team go out and do the care so they know the clients". A relative told us "The boss (registered manager) gets involved; they are like family, they are brilliant".
- The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- Staff had a clear understanding of their roles and responsibilities and understood the boundaries of their decision making. A senior care assistant told us "The (registered manager) is very good and will listen to you. I feel I have a lot of scope. When you're on call all the information is on hand".
- Staff spoke positively about teamwork. A care assistant told us "Teamwork is good and everybody is always kept in the loop". Another told us "You feel appreciated. The management send you nice emails encouraging you to call into the office for a coffee". The registered manager told us that staff were supported to make links with charities in the local community that provided charitable team building opportunities.
- The Manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

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

- People, their families, staff and the local community had opportunities to be involved with the service. Staff attended monthly team meetings. A care assistant told us "(Registered manager) is really good. If we raise something its always covered at the next team meeting". The registered manager explained that one

initiative had been to involve people and their families in the recruitment of staff.

- A senior care assistant, as part of a professional qualification, had produced a dementia training workshop that had been shared at a team meeting.
- People from the local community had been invited to talk at team meetings and had included the police discussing nuisance calls.

Continuous learning and improving care

- Audits and quality assurance processes were effective in monitoring the quality of service delivery, identifying areas of service development and successfully used to reflect on practice. This had included introducing protocols for 'as and when' medicines and new guidance for 'no answer' to a planned home visit.

Working in partnership with others

- The service had worked in partnership with other agencies in developing best practice guidance. This had included a workshop with the local clinical commissioning group and safeguarding team on contracture prevention.