

Chrome Tree Ltd

# Chrome Tree Ltd

## 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

This inspection took place on 3 and 6 August 2018. This was an announced inspection as Chrome Tree Ltd is a Domiciliary Care Agency (DCA) and we needed to be sure someone would be at the office. A DCA is a provision that offers specific hours of care and support to a person in their own home. The service currently supported 72 people with the regulated activity of personal care, and employed 32 staff on a zero hours contract.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of the inspection a registered manager was 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.

The service remained safe. Sufficient staff were employed to manage people's needs, and enable them to engage in activities of their choice, through appropriate risk management. Staff knew how to safeguard people from abuse and were aware of the protocols to follow should they have concerns. Staff reported that they would not hesitate to whistle-blow if the need arose. Where staff were involved in medicine management, these were managed safely. Staff were competency checked annually and audits were completed to ensure people were kept safe.

The service had improved in the domain of effective. Systems were now in place to ensure records were maintained for any best interest decisions made by the service. Support continued to be delivered by a trained staff team, who were able to respond appropriately to people's changing needs. Staff were supervised and supported by an effective management team, who made certain they were available to staff at all times. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service remained caring. Staff were reported to be polite, respectful and ensured they maintained people's dignity when supporting them. They encouraged open communication and worked on motivating people to increase their independence. Evidence of using systems of communication that reflected the person's choice was evident. Where concerns had been identified of staff proficiency in English, the service considered ways to make improvements.

The service remained responsive. Care plans were individualised, focusing on people's specific needs. The service took necessary action to prevent and minimise the potential of social isolation. People and staff were protected from discrimination. Measures were in place to allow people to be treated equally. Systems

to monitor and investigate complaints were in place, with detailed records maintained.

The service had developed methods of good governance, that provided real time evaluation of practice. A thorough quality assurance audit was completed annually with an action plan being generated, and followed up on. Feedback was encouraged from people, visitors and stakeholders and used to improve and make changes to the service. We found evidence of compliments and complaints that illustrated transparency in management . The service was well-led.

## 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 remained good.

### Is the service effective?

Good ●

The service has improved to good.

The service recorded, where applicable, any best interest decisions that were made.

People were involved in making decisions related to their care.

Staff had the necessary skills and training to effectively carry out their duties.

Staff received regular supervision, appraisals and observational checks to ensure effective support was provided to people.

Where applicable people were supported with nutrition and hydration.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Chrome Tree Ltd

## 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 checked 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 the 3 and 6 August 2018. This was a comprehensive announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available in the office to assist with the inspection. The inspection was completed by one inspector over both days. The first day was based on site and consisted of looking at all paperwork for the service. The second day was allocated to completing telephone interviews with people who use the service, relatives, and professionals.

Prior to the inspection the local authority care commissioners were contacted to obtain feedback from them in relation to the service. The service is predominantly provided to privately funded people therefore we received minimal feedback. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service. As part of the inspection process we also look at the 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. We had received the PIR for Chrome Tree House Ltd and used this to help inform our inspection plan.

During the inspection we spoke with seven members of staff, including four care support workers, two senior managers based in the office and the registered manager. We further sent out surveys to nine care staff, five relatives and six people who use the service. We further spoke with four people who are supported by the DCA staff and two relatives on the second day of the inspection, by telephone.

Care plans, health records, additional documentation relevant to support mechanisms were seen for six people. In addition, a sample of records relating to the management of the service, for example staff records, complaints, quality assurance assessments and audits were viewed. Staff recruitment and supervision records for six of the regular staff team were looked at.

# Is the service safe?

## Our findings

The service remained safe.

Staff were able to describe the protocol for reporting and acting on potential abuse. The procedure was available for senior staff to see within the office and discussed frequently within supervisions and team meetings. We were told by staff that they would "always report abuse" and "not think twice" to whistle-blow if they had concerns. One member of staff said, "Absolutely, it would not cross my mind not to." Staff training in safeguarding was kept up to date and refreshed frequently, with staff attending courses arranged by the company in line with the local authority procedures.

The service continued to protect people from risks where possible. Staff continued to assess and document how to manage these within risk assessments and care plans. Risk assessments sought to minimise the risk whilst allowing people to maintain independence within their own homes. For example, if people were identified to be at risk of falls, staff identified what may heighten the probability of the risk occurring, and suggested ways to mitigate this. We noted that the risk assessments did not always record what action staff needed to take if a risk occurred. However, staff were able to describe what action they would take if the risk occurred. For example, we asked staff what they would do if a person fell whilst they were visiting on a call. Staff were able to respond appropriately. We were told they would ask the person if they had sustained any injuries, if they could see any visible injuries, and then contact the next of kin and seek medical assistance. We sought confirmation that an accident form would be completed, which was confirmed, and seen during the inspection.

People continued to receive support as required with their medicines from well trained and assessed staff. Medicine support was evidenced and signed off on an electronic MAR (medication administration record) sheet. Observations of staff administering medicines were completed annually to ensure staff remained competent to complete this task. Where people did not require support with their medicines, staff did not assist. However, if concerns were identified about people's ability to safely self-administer, this was then raised with the registered manager, and the relevant discussions were had to ensure people remained safe. On some occasions this meant that staff observed medicines being taken, whilst on other occasions staff prompted people. The registered manager completed monthly audits on all medicines staff were involved in administering to ensure no errors had occurred. This involved checking the MAR sheets and details of medicines in house.

Robust recruitment procedures were being used to ensure that the provider was doing all that was necessary to keep people safe, when employing staff. This included character reference checks, information and behaviour checks in last social and health care employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. We found on day one that some information was missing from one staff file. By the next working day, we were sent written confirmation along with evidence that the information had been obtained and that all files were now accurate.

Incident and accidents were monitored. Systems were in place for trends to be noted, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents. The service provided staff with personal protective equipment (PPE) including aprons and gloves to prevent the probability of cross contamination and as a method of infection control.

Sufficient staff were in place to support people. A rolling recruitment drive was also in place, to ensure that the correct staff were recruited and employed to support people.

## Is the service effective?

### Our findings

The service had improved its care since our previous inspection, making it more effective.

At the last inspection we found that evidence was not in place to illustrate where best interest decisions had been made on behalf of people by the service or jointly. In addition the service did not keep copies of documentation where relatives or friends reported they had power of attorney to make decisions on behalf of people. This meant that they could not assure themselves that people did not have the capacity to, or had chosen to give others the power to make decisions for them. At this inspection we found the service now ensured that, where necessary, appropriate measures were taken where people did not have capacity. We found that care plans indicated that people's right to make decisions related to their care, was always respected and sought prior to support being delivered. The care plan reminded staff that this needed to be done at each visit. One person we spoke with reported, "The staff are good, they ask me - always, before they help me." Another person reported, "The girls are very polite, they always check before helping me". Consent was focused on each section of the care plan and reinforced within the communication part of the plan also. Staff had received training in the Mental Capacity Act 2005 (MCA) and were able to explain how they applied this in practice. The 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service had made all the necessary applications to the court of protection where they felt this was not in place already, and best interest decisions made as required. No people currently receiving support required a power of attorney (PoA). Nevertheless, the service were able to show a recent file, where a person was receiving support who had a PoA in place. The service appropriately obtained evidence to confirm the legal standing.

Staff underwent a comprehensive induction process at the beginning of their employment. This included completion of mandatory training and any identified additional training that would be supportive to their role. For example, staff that required training in epilepsy or assistive feeding, had the relevant additional training offered prior to them supporting people with the specific needs. Staff told us, "The training is very good," and "We are reminded when we need to refresh our training". The training matrix showed that 100% of all company mandatory and suggested training had been completed or was booked. Staff were provided with the opportunity to attend continual rolling training offered by the service should they feel the need to refresh a course prior to its due date. Senior management told us that staff competency was checked following training. This was checked through observations, meetings, staff discussions and in 1:1 supervisions. The management reiterated the need to feel "confident that our staff continue to deliver care with the service's principles in mind," referring us to a mural on the wall. This mural illustrated the service ethos, including the need for integrity and support; honesty and open communication; respect; trust; caring and a vision to exceed expectations. Each member of staff went through the same induction irrespective of qualifications or experience. Staff were expected to complete the Care Standards Certificate (a nationally



recognised induction system which ensures staff meet the required standards for care workers).

Staff continued to receive regular supervision and support from the senior management team. This ensured that staff and the relevant line manager had the opportunity to discuss the staff member's job role in relation to areas where extra support was needed, as well as areas where they excel. This was then used positively to improve both personal practice and the practice of the service. Annual appraisals were completed for each staff in addition to supervisions. Staff told us they found both the supervision and appraisal process useful. One said, "They are very good."

Care plans continued to indicate where people needed support with food and drink, and how this support was to be completed. In addition people told us, "She [carer] will leave me a drink, even if I don't want one." Another person said, "...asks me if I need anything before leaving".

Each person had a nutritional profile and health information in place where support was provided in this area. If a person had dietary requirements for medical, cultural or religious reasons, these were catered for, as per need. We saw evidence that multi-agency working was being completed for assistance with food preparation if this was required. For example, where needed guidance provided by the dietitian was followed through. This was written up into a comprehensive care plan that was effective in meeting the person's needs.

The service made certain people were cared for in line with the Equality Diversity and Human Rights Act (EDHR). People were provided care and support that ensured they were not discriminated against. For example, people with protected characteristics such as a physical disability had plans to ensure they were supported appropriately. This meant that equipment to maintain their safety and allow them to receive effective care was in place and used according to need. The service further ensured staff needs were met in line with EDHR. The registered manager told us, "We will take on potential staff based on ability not on their religion, ethnicity or culture... it is important that you can do what we need you to do properly."

## Is the service caring?

### Our findings

The service continued to deliver good caring practice.

People were involved with the development of their care plans as far as possible. Where this was not a possibility the person would choose an appropriate person, for example a family member. Information on how people wished to be supported, their likes, dislikes and information that could enable general communication was sought. People we spoke with reported that the staff were, "Very polite and respectful" and "always kind." However, one issue that was raised repeatedly was staff and their competency in English. We spoke with the registered manager regarding this who advised that they complete written tests, at interview stage which aim to consider competency in English. The registered manager acknowledged that for many staff English was their second language, however advised that fluency was not an issue. We discussed some of the issues that had arisen and established they referred to items of food that staff were not aware of, or did not have names/words in the staff member's native language. The service advised they would liaise with people regarding the issues that had arisen specifically, and develop a quick reference sheet for staff. In addition, they would consider a more specific assessment to test staff competency in English at interview stage. The service had developed a professional relationship with a local course provider and would approach them to assist with staff fluency in English should this be required.

The service ensured that people were visited by a consistent staff team, who had been selected based on their knowledge of the person's needs. In addition, as far as possible, staff were paired based on their general likes and dislikes. This would allow them to develop a relationship with people, and talk to them rather than being task focused. One member of staff reported "I try and have a chat about things that they used to do, and what they like doing now". The registered manager told us that when a person did not build a relationship with a member of staff, this would be resolved in the most applicable way. Where required, a new member of staff would be introduced. However, where possible all attempts would be made to resolve issues prior to changing staff.

People told us that staff respected their privacy and dignity when they attended to them. Staff were able to clearly describe how they maintained this. They told us they addressed people how they wished and always took note of what people wanted. For example, although the staff had uniform some people did not want staff to attend in this, but in normal clothes. This was respected. People told us that staff respected their privacy when they attended their homes. One person said, "They are very good, if I have a visitor, they will be discreet".

The service did not currently provide support to anyone on end of life care. However, the registered manager was able to illustrate and advise of which professionals they would work with to ensure the care provided was the most appropriate.

Confidentiality was promoted within the service, and seen an integral part of the 'trust' company vision. Staff ensured they did not speak about people in front of others, including families where possible. Records were maintained securely in the office and on the IT system operated by the service. The service used an IT

system that ensured information was only available to staff that needed access to it. If people wanted access to information this was provided via the portal in a read only format for at an agreed time for a set period of time. Further paper copies of documents were made available on request.

## Is the service responsive?

### Our findings

The service continued to provide responsive care and support to people.

People continued to have their needs assessed prior to support being offered to them. This involved family members at the request of people, or when the service required additional information the person was unable to provide. The senior management team would then use this information to develop a care plan and risk assessments. This was uploaded to the app used by the service on their personal tablets and smartphones, with all information being available to the relevant key staff appointed to work with the person.

Care plans remained individualised. They contained information such as the person's past history, how they liked things done and how they communicated their everyday care needs. The care plans were presented to the people in the most appropriate format, so to ensure the service was responsive to people's individual communication needs. For example, where required the font was made larger or offered in bold. Any amendments required to care plans were agreed and signed off by the person and representative from the service. Any changes were automatically date stamped on the app, so highlighted when changes were made and by whom. The care plans were written in simple step by step guidance, which allowed staff to do their job effectively. A copy of this was made available to the person, upon request either through access to the IT system (through the electronic portal) or as paper copies. The service met the Accessible Information Standards (2016), which is a new legal framework under the Equality and Diversity Standard. This legislation focuses on the need to provide communication to a person that is within a format that they can understand. During the initial assessment stage and during all reviews, people were asked if they needed information presented in a particular format. Where applicable, these needs were met.

The service had a complaints procedure which was presented in a user-friendly format and provided to people when they commenced using the service. It was recognised that some people may need support to express a complaint or concern. Independent advocates or family members were suggested to act on behalf of people, and promoted by the service. We saw that any complaints received were appropriately logged and responded to as required. Where appropriate an investigation was completed. We saw records of all investigations completed, and how these were used to prevent the potential of reoccurrence in the future. The service had received a number of compliments from people and families, as well as professionals. We saw written compliments that included, "[name] is a brilliant carer, she goes beyond to care for my father," and "[name] is always helpful, always willing to go the extra mile".

The service considered ways to reduce people's isolation, recognising that for some people, the service may be their only contact with the community. The service had recently developed roles within teams to help specialise and focus on this. For example, the dementia champions and quality officers focused on how the service could improve for people including looking at ways to reduce isolation. They also observed their peers in practice and offer additional guidance to staff that would focus on better communication.

# Is the service well-led?

## Our findings

The registered manager had been in post since the service commenced operating. Staff reported positive feedback about the registered manager, who was also the provider. One staff reported, "The office staff are very good, [registered manager] is also very good." Another staff member said, "The registered manager is very supportive, you can speak to the [registered manager name] at any time, she will help you".

The service was reported generally by both people and staff to have the needs of people at the centre of their practice. The registered manager had made a significant amount of investment into improving the service for both staff and people. This included increasing staff pay to include travel time, working with staff to arrange calls that were in close proximity to one another and investment in the IT system, which had led to good practice.

The IT system further provided good governance within the operations of the service, which highlighted accountability, monitoring of practice and mitigated risk, whilst aiming to continually improve the service. The registered manager and the management team had systems in place that allowed them to audit what staff had done at each visit. The service had recently embarked on using electronic methods of retaining and documenting in live time. Apps were downloaded to each staff member's device that provided access to documents related to people they visit (the service provided each staff with company phones). Daily records and feedback is completed and submitted prior to the call ending. Staff are unable to attend the next call until they have completed records for the current call. The on call manager is then alerted when calls are late, longer / shorter than required and if staff have not provided adequate information. The service had set a time of 15 minutes as being a maximum for staff to be late to a call. The appropriate action is then taken by the registered manager, to ensure people are always kept safe. This may be as simple as a welfare call, or request for staff to attend the office for further investigation. By using a live IT system, the service is able to continually monitor the service, and consider measures to improve practice as and when needed. Staff and people reported a significant improvement to practice, time keeping and reduction in stress since the IT system had been introduced.

We were told and saw evidence of management on call systems that meant staff had access to senior managers at all times, should they need them. Systems were in place that meant if they could not get through to one manager, a second was available. All on call staff received a handover prior to being on call therefore were kept abreast of any issues or concerns that may be identifiable, with possible measures in place should these be needed. Staff were confident that they could speak with management about people, and they would know who the people were and what the possible concerns were.

Staff reported that they were kept up to date with any changes that were occurring within the service. Emails and monthly team meetings were arranged for staff to provide information and to advise and seek nominations of staff for recognition of good practice, as well as provide practical information. Staff were supported with supervisions every three months, and annual appraisals. Spot checks and observations were completed in addition to this, so to continually evaluate staff practice and seek methods of improvement.

Quality Assurance Audits were completed annually by the service. This sought feedback from stakeholders, people, and staff. This information was then used to create an action plan. The action plan was completed with evidence of how the feedback had helped to effectively change the service. In addition to the annual quality assurance surveys, monthly calls were completed by the management to five randomly selected people or their relatives to seek feedback. This was then used to specifically look at these files and note any specific trend.

We found there to be continued good management and leadership. The registered manager was supported by a strong management team, who worked well together. The service ratings were appropriately displayed and staff were continually encouraged to think of methods of improvement, with an idea box located in the office entrance.