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# Chenash HomeCare Specialists

## 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 24 November 2016 and was announced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in October 2015. We gave the service an overall rating of 'requires improvement' because we found the provider was in breach of the regulations. This was because they had not sent CQC statutory notifications about events or incidents that had occurred, involving people using the service, which they were legally required to do. We did not identify any further breaches but we found some aspects of the service were inconsistent. There were gaps in employment checks undertaken by the provider, some aspects of medicines management did not reflect best practice and the quality of records maintained by the service was inconsistent. We asked the provider to take action to make improvements in respect of the breach in regulation. We went back to the service in March 2016 to check that improvement had been made and found this regulation was being met.

Chenash Homecare Specialists is a small domiciliary care agency which provides personal care and support to people in their own homes. At the time of our inspection there were 35 people receiving personal care from this service, the majority of whom were funded by their local authority. People using the service were mostly older adults who had a wide range of healthcare needs and conditions. The package of care and support provided to each person varied between a few hours a week to several times a day, depending on their specific needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

At this inspection we found the provider had continued to maintain the improvements made in respect of prompt submission of statutory notifications. Records of events and incidents maintained by the service matched the information we held on our records.

We found improvements had been made to the management and maintenance of records. Staff now had access to all the information they needed to support people, in one central record. Records the provider maintained about staff contained appropriate information. These now contained evidence of the support staff received through supervision (one to one meetings).

The provider had improved their recruitment practices. Appropriate employment and criminal records checks had been carried out all new staff to ensure they were suitable and fit to work for the service.

We also found improvements had been made to the way staff recorded information about medicines. The provider had updated their medicines policy after our last inspection. They had provided training and support to all staff to ensure the service maintained a clear, accountable record for when and by whom medicines had been administered.

People felt safe with the support provided by the service. Staff were supported to take appropriate action to ensure people were protected if they suspected they were at risk of abuse or being harmed by discriminatory behaviour or practices. Risk of injury or harm posed to people by their specific healthcare needs and home environment had been assessed. Plans were put in place which instructed staff on how to minimise identified risks to keep people safe.

The registered manager planned and managed all scheduled visits to people, taking account of their specific care and support needs. This enabled them to ensure appropriately skilled staff were assigned to meet these safely. The majority of people said staff attended scheduled visits on time. This indicated there were sufficient numbers of staff to meet people's needs. Staffing levels and the timeliness of scheduled visits was continuously monitored by the registered manager. The registered manager, wherever possible, scheduled visits so that people received support from the same members of staff, in order to experience consistency and continuity in their care.

People were involved in discussions about their care and support needs. People's support plans set out how their needs should be met by staff and reflected their individual choices and preferences. Plans were regularly reviewed to identify any changes that may be needed to the support people received. People said staff were able to meet their needs. They told us staff were kind, caring and respectful. People's right to privacy and to be treated with dignity was maintained by staff, particularly when receiving personal care. People were encouraged to do as much as they could and wanted to do for themselves to retain control and independence.

Staff received training to meet people's needs. Training was in areas and topics relevant to their work. The provider and registered manager monitored training to ensure staff skills and knowledge were kept up to date. Staff received regular supervision so that they were appropriately supported to care for people.

People were supported by staff to maintain their health and wellbeing. Staff helped people to take their prescribed medicines when they needed these. They monitored people's general health and wellbeing and where they had any issues or concerns about this they took appropriate action so that attention could be sought promptly from the relevant healthcare professionals. Where the service was responsible for this, people were supported to eat and drink sufficient amounts.

The majority of people were satisfied with the care and support they received. People knew how to make a complaint if needed. The provider sought the views and experiences of people and their relatives about the quality of care and support provided and how this could be improved. Since our last inspection the provider had extended this to include the views of health and social care professionals that worked closely with people. The provider used this information along with other checks to assess and review the quality of service people experienced. Where there were any shortfalls or gaps identified through these checks the provider and registered manager took action to address these.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff were fully aware of their responsibilities in relation to the Act.

## 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. Recruitment processes had been improved. Appropriate checks were now made to ensure staff's suitability and fitness to work.

Improvements had been made to the information recorded by staff when supporting people with their medicines. This now reflected best practice. People received their medicines as prescribed.

Staff knew what action to take to protect people from abuse or harm. They followed plans to ensure identified risks to people of injury or harm were minimised.

The registered manager planned visits to ensure there were sufficient numbers of staff to meet people's needs.

Good ●

### Is the service effective?

The service was effective. Staff received training to help them meet people's needs. They were supported in their roles by the registered manager through regular supervision.

Staff were aware of their responsibilities in relation to the MCA. Where people lacked capacity to make specific decisions there was involvement of others to make decisions in people's best interests.

Staff took appropriate action to help people maintain their general health and wellbeing. Where the service was responsible for this, staff monitored that people ate and drank sufficient amounts.

Good ●

### Is the service caring?

The service was caring. People said staff were kind, caring and respectful.

Staff ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

Good ●

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

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

The service was responsive. People were involved in discussions and decisions about their care and support needs.

Support plans reflected people's choices and preferences for how care was provided. These were reviewed regularly by the registered manager.

The majority of people were satisfied with the care and support they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

**Good** ●

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

The service was well led. The provider had maintained improvements in respect of the submission of statutory notifications. These had been sent to CQC without delay.

Improvements had been made to records maintained by the service. These now contained up to date information in one easily accessible place.

The provider sent quality surveys to people for their views about the service. This had now been extended to include health and social care professionals so they could give their feedback on how the service could be improved.

The registered manager used the views of people and others, along with spot checks, to assess and review the quality of service people experienced.

**Good** ●

# Chenash HomeCare Specialists

## **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 24 November 2016 and was announced. We gave the provider 48 hours' notice of the inspection because they and the registered manager are sometimes out of the office supporting staff or people who use the service. We needed to be sure that they would be available to speak with us on the day of our inspection. The inspection was undertaken by a single inspector.

Before the inspection we asked the provider to complete a 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 also reviewed other information such as statutory notifications about events or incidents that have occurred, involving people using the service and which the provider is required to submit to CQC.

During the inspection we spoke to the provider and the registered manager. We reviewed the care records of five people using service, three staff files and other records relating to the management of the service.

After the inspection we undertook telephone calls and spoke to six people using the service. We also spoke to relatives of three other people using the service. We asked people and relatives for their views and experiences of the service.

## Is the service safe?

### Our findings

People told us they felt safe with staff. One person said, "I feel quite safe and [carer] is trustworthy." Another person told us, "I trust them in my home." And a relative said "Oh, I feel we're both quite safe with them."

At our last inspection of the service in October 2015 when answering the key question 'is the service safe?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because we found gaps in the checks the provider undertook to ensure new staff were suitable and fit to work for the service. And, some aspects of medicines administration did not reflect best practice.

At this inspection we found improvements had been made to the process followed by the provider when recruiting new staff to the service. For all new staff, the provider had obtained recent employment and character references to verify staff's skills, experience and suitability for the role. Staff also completed a health questionnaire prior to starting work. The provider continued to ensure they obtained evidence of staff's identity, right to work in the UK, training undertaken and criminal records checks. These measures enabled the provider to assess that staff were suitable and fit to support people.

People said they received their medicines as prescribed. We found improvements had been made to the way staff recorded information about medicines. The provider had updated their medicines policy after our last inspection to ensure this reflected current best practice in how staff should maintain people's medicines administration records (MAR). This change had been discussed with all staff in team meetings and in individual staff supervision (one to one meeting) so that all staff were aware of the required practice. In addition all staff had received refresher training in safe handling of medicines. Their competency to support people with their medicines was checked by the registered manager through quality monitoring visits (spot checks) to people's homes and through feedback obtained from people and their relatives. Our checks of a sample of recently completed MAR's showed these were signed as required when staff had supported people with their medicines. These measures ensured the service maintained a clear, accountable record for when and by whom medicines had been administered.

The majority of people said, on the whole, staff attended scheduled visits on time. This indicated there were sufficient numbers of staff to meet people's needs. Comments we received included; "They come at the time they say they're going to come. They've never been late."; "They're quite prompt. On the odd occasion they've been late but it's not often." And "It doesn't happen a lot but buses and traffic can make people a little late." One person told us some of their recent scheduled visits from staff had run late. They said, "Maybe calls could be better organised to allow the staff to get to places on time."

The registered manager told us timeliness of visits was a priority for the service. They monitored the start and end times of scheduled visits using the service's electronic call monitoring system. When staff arrived late for a scheduled visit, they looked at the reasons why to identify what improvements could be made. They told us one measure they had put in place recently to improve timeliness was to set up an account with a private taxi company. As many staff relied on public transport to get to and from visits, when delays

occurred, staff could now use a taxi, to ensure they could attend their scheduled visit on time. The registered manager told us the service was also actively recruiting new staff to build resilience and capacity. They said the service had experienced difficulty in recruiting staff to work at peak hours e.g. early in the morning, at night and at the weekends. In response to this pay rates during these hours had been increased in the hopes that this would attract more, suitable staff.

The registered manager continued to use the electronic call monitoring system to plan and manage all scheduled visits to people, taking account of their specific care and support needs. This enabled them to ensure appropriately skilled staff were assigned to meet these safely. For example, where people needed help from staff to move and transfer, the registered manager ensured two staff trained in moving and handling procedures attended visits, to ensure the person's safety. The registered manager told us they made sure there was enough capacity to meet the needs of all the people using the service and would not take on new packages of care and support if appropriately qualified staff members were not available to meet this safely.

Staff were supported to protect people from the risk of abuse or harm. All staff had completed training in safeguarding adults at risk. This helped them to understand and recognise signs that a person maybe being abused. They also received training on equality and diversity to help them understand how to protect people from risks associated with discriminatory practices and behaviours. The provider's safeguarding procedure instructed staff how and to whom they should report their concerns about people. The registered manager discussed safeguarding with all staff through team meetings and individual supervision to check their understanding and awareness of their duty and responsibility to protect people. Staff were encouraged at these meetings to share any concerns they had about people they supported. Records showed where concerns about people were raised the registered manager and provider worked closely with other agencies to ensure people were sufficiently protected.

Staff were provided with the information they needed to minimise known risks of injury or harm posed to people and others. The provider and registered manager carried out assessments to identify the risks posed to people and others from people's specific healthcare needs and their home environment. The information from these assessments was used to guide staff on how to manage identified risks to reduce the risk of injury or harm to people. For example where people were dependent on two staff to help them transfer and move from their bed or chair there were clear, written instructions, for staff to follow to ensure staff did this safely using the appropriate equipment.

## Is the service effective?

### Our findings

People said staff were able to meet their needs. One person said, "[I'm] looked after well...they will do what I want them to do." Another person told us, "They [staff] know me so well, so they're able to judge my needs on a day to day basis." And, another person said, "The [staff] have all been very good. They do their jobs well."

Staff had been trained to meet people's needs. Training records showed all staff had attended training in topics and areas relevant to their work. This included training in; health and safety, fire safety, infection control, first aid, moving and handling procedures, challenging behaviour and medicines administration. The registered manager monitored training to identify when refresher updates were required to ensure staff kept their knowledge and skills up to date.

People were cared for by staff who were well supported in their roles. Staff had regular supervision meetings with the registered manager. The registered manager discussed with staff, their current work practice and any learning and development needs they had. Staff were provided an opportunity to discuss and review their progress against agreed work priorities and objectives and how these were contributing to people experiencing positive outcomes.

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training in the MCA. The registered manager demonstrated understanding and awareness of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about their support was considered during assessments of their needs by the registered manager. There was involvement with people's relatives, representatives and healthcare professionals, where people lacked capacity to make specific decisions about their care to ensure these were made in people's best interests.

Where the service was responsible for this, people were supported by staff to eat and drink sufficient amounts to meet their needs. The level of support people required with this varied and was based on people's specific needs and preferences. Staff documented in people's records the meals they prepared and how they supported people to eat and drink. This gave everyone involved in people's care and support, information about whether people were eating and drinking enough to reduce the risks to them of malnutrition and dehydration

People were supported by staff to keep healthy and well. Records showed staff documented their

observations and notes about people's general health and well-being and shared this information with all involved in people's care and support. When staff had concerns about a person's health and wellbeing they reported this immediately to the registered manager. We saw several recent examples of this.

In one instance staff had raised their concerns about one person who they felt was becoming increasingly incontinent. The registered manager contacted the local authority funding the person's care to look at what extra support could be provided. As a result of this intervention the person's package of care and support was increased so that they could have additional support from staff to help them with this aspect of their personal care. In another instance we saw the registered manager, based on feedback from staff, raised concerns about the suitability of equipment being used to move and transfer one person in their home. In response the local authority provided the person with a more suitable hoist to support them to move and transfer safely.

## Is the service caring?

### Our findings

The majority of people spoke positively about the staff that supported them. One person said, "They're lovely. Nice and friendly. Can't say I don't like any of them. We have a laugh." Another person told us, "They're quite nice, friendly and helpful. They help me in all the ways they can when I need help." And another person said, "They're always asking if I'm ok and need anything." However one person told us during a recent visit they had not been happy with a member of staff supporting them with their care needs. We raised this, with their permission, with the registered manager who undertook to investigate this on the person's behalf and provide them with an appropriate response.

The registered manager, wherever possible, scheduled visits so that people received support from the same members of staff, in order to experience consistency and continuity in their care. One person said, "My regular carer knows my routine and I find that very reassuring." Another person told us, "I can get quite confused and so it's important to have continuity and they do try and give this." Once the care and support package was agreed, the registered manager sent confirmation to people about the times and frequency of scheduled visits and the staff members that had been assigned to these so that they knew who to expect. People's choices for a specific carer were respected. One person told us they only wanted female staff members to support them and this need had always been met.

People said staff were respectful when providing support. One person said, "They always ask my permission and they're respectful of what I want." Another person said, "Yes, they always treat me with respect. It's important that they talk to me so they will sit with me and talk to me and they're very good at picking up on that." And another person said, "I like the fact they ask me what I want." People's care records emphasised the need for staff to ensure people were offered choice when being supported and their decisions about what they wanted were respected. There was information for staff on how people communicated and expressed their needs, through speech, signs, gestures and behaviours. This helped staff understand what people wanted or needed in terms of their care and support as well as their day to day needs at home or out in the community.

People told us when being supported with aspects of their personal care, staff maintained their privacy and dignity. One person told us, "I don't feel vulnerable when receiving care from staff." The provider ensured people's privacy was respected. All staff received training in how to keep information about people confidential to ensure their privacy. Records about people were kept secure so that personal information about them was protected. The provider and registered manager were discreet and respectful when discussing personal information about people.

People were encouraged to do as much as they wished and wanted to do, to help promote their independence in the home and community. One person said, "When I'm having a wash they always ask if I want to do this myself." Another person told us, "I won't let [staff] do things I can do myself." And another person said, "If I do things around the house they're [staff] supportive. They're quite intuitive. If I'm not able to do things for myself they pick up on this." People's records prompted staff to encourage people to do as much for themselves as they could to enable them to retain control over their lives. Instructions and

guidance was written in a way that emphasised the need for staff to support and assist people with their care needs and to only step in when people could not undertake or finish tasks without compromising their safety.

## Is the service responsive?

### Our findings

The majority of people were satisfied with the care and support they received from staff. One person said, "I'm very pleased with the support they provide." Another person told us, "For me, they're perfect." And another person said, "They're good. I have no complaints." Recently completed quality surveys from people, relatives and healthcare professionals also supported this. Comments included, "Overall, the service was excellent. I have found Chenash Homecare to be much different to other private care companies primarily due to flexibility and responsiveness of [the provider]"; "Carers were friendly and always happy to chat and laugh as well as provide a professional home help service" and "A wonderful job was done by all carers involved in my late [family member's] care."

People were involved in discussions about their care and support needs. The registered manager visited people and their relatives to discuss what support they needed and how the service could provide this. For people that had their care funded by their local authority, the service was sent information by the local authority about the package of care that people required which included information about the specific support they needed and when. Although the service followed this package, the registered manager also met with people and their family members or representatives to check what had been agreed would meet their needs. People were encouraged to state their views about the support they needed and how they would like this to be provided. For example they could state if they preferred to be supported by a staff member of the same gender or if they preferred a bath or shower when being supported with their personal care.

The registered manager used the information obtained from the local authority and from their own visits to develop an individualised support plan, which set out how people's needs would be met by staff. There was also information about people's life histories including important information about their healthcare needs, their likes and dislikes and specific preferences for how support should be provided. This information was accessible to staff in people's homes. One person said, "If a new one [staff member] comes along they just look [in the records] to check what needs to be done." The provider and registered manager demonstrated a good understanding and awareness of people's needs and preferences and how to meet these, for examples people's preferences for washing and dressing. This ensured people received support that was personalised and reflective of what they wanted.

People's care and support needs were reviewed with them by the registered manager. People were able to discuss and agree any changes they wanted to the support they received. Records showed these were reviewed annually or sooner if there had been a change in people's circumstances. People's records were updated when there had been changes to the care and support they required. This meant staff had access to the latest information about how people should be supported.

People said if they were unhappy or concerned about any aspect of their care or support they could talk to the provider or registered manager. They said they were approachable and listened. One person said, "They're quite receptive and take on board what we have to say. Another person told us, "The manager has always been friendly. I could speak to [them] any time."

People were informed about how they could raise a concern or make a complaint and how this would be dealt with. We looked at complaints received by the service since our last inspection to check that the provider continued to deal with these in an appropriate way. We noted when a complaint had been made, the provider or registered manager carried out an investigation into the circumstances surrounding the complaint and provided the complainant with a detailed response. This included offering people an appropriate apology when the service did not meet their expectations. This meant people could be assured any concerns or issues they had would be dealt with appropriately. The provider continued to complete a 'reflective log' following the resolution of a complaint, which was shared with staff, to consider what learning, if any, could be used to improve the quality of care and support people experienced.

## Is the service well-led?

### Our findings

At our last inspection of the service in October 2015 when answering the key question 'is the service well led?' we gave the service an overall rating of 'requires improvement'. We found the provider in breach of the regulations. This was because they had not sent CQC statutory notifications about events or incidents that had occurred within the service which they were legally required to do. We also found the quality of records maintained by the service was inconsistent but we did not find the provider was in breach of the regulations.

We asked the provider to take action to make improvements in respect of the breach in regulation which we checked had been made during a focused inspection in March 2016. We found the provider was meeting the regulation we looked at, but we did not amend our rating as we wanted to see consistent good practice and improvement over time in respect of the submission of statutory notifications and the management and maintenance of records.

At this inspection we found the provider had continued to maintain the improvements made in respect of submission of statutory notifications. Checks of our records showed that since our last inspection, the provider and registered manager had submitted notifications to us, when required. Records of events and incidents maintained by the service matched the information we held on our records. This indicated the provider continued to meet their legal obligation with regard the submission of statutory notifications.

We also found at this inspection the management and maintenance of records had improved. People's care records contained their support plan and their personalised 'risk matrix' which had previously been kept separately. This helped to reduce the risk of inappropriate or unsafe care as staff had access to all the information they needed to support people in one central record.

Staff records had also been improved. Information obtained by the provider as part of their recruitment checks was now stored in individual staff records. These files also contained records of their supervision meetings with the registered manager. This meant there was now a complete audit trail of the employment checks carried out by the provider and documentary evidence of the support staff received through supervision.

People's views about the quality of support they received and how this could be improved, continued to be sought through 'quality surveys'. We noted since our last inspection the provider had extended surveys out to include health and social care professionals that worked closely with people and the service to seek their views and suggestions. This meant the provider was maximising opportunities to identify improvements that could be made to the quality of support people experienced. We looked at a sample of completed surveys returned in the last three months. We noted very few changes or improvements had been suggested. This indicated people were generally satisfied with the care and support they received from the service.

The provider sought staff's views on how the support provided to people could be improved. Staff team meetings took place monthly, and all staff were encouraged to share their feedback and experiences about

the support provided to people. The registered manager told us they had acted on feedback provided by staff at a recent meeting to adapt the way an aspect of support was provided to one person, which suited their specific preferences better. They said team meetings were an important opportunity for all staff to share and learn from each other so that people experienced a good, consistent standard of care and support for the service.

The registered manager checked the quality of care and support people received through regular spot checks and visits to people's home. We looked at a sample of recent checks and visits and saw the registered manager reviewed the conduct and professionalism of staff, their competency in undertaking their duties and the quality of records they maintained. As part of these checks people were asked to contribute their views about the support they received from staff. The registered manager used this information in individual supervision and team meetings to support staff to improve their work based practice.

Where any gaps or shortfalls were identified through these checks we saw action had been taken to remedy these including supporting and encouraging staff to learn from mistakes. We noted however the action taken was not always documented, which the registered manager and provider acknowledged would be beneficial in allowing them to check that any improvements made had had a positive and meaningful impact on people using the service.