Churchill Health Care Ltd

Churchill Health Care (Luton)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Churchill Healthcare (Luton) is a domiciliary care agency providing personal care to older and younger adults who may be living with dementia, a physical disability or a learning disability living in their own houses or flats. The service was supporting 213 people at the time of this inspection.

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.

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

Risks to people were assessed according to their support needs, however some risk assessments needed to be more detailed. When incidents and accidents happened, there were sometimes missed opportunities to learn lessons and put improvements in place. Staff knowledge around safeguarding and reporting concerns to external authorities needed improving. Audits were not always effective at identifying where improvements could be made. It was not clear when care plans were reviewed and how people and their relatives were involved in these.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Staff training and knowledge around the MCA needed improving and there were also some improvements that could be made regarding the recording of consent in people's care plans. We have made a recommendation about the service updating its practice around the MCA in line with best practice.

People were happy with the care and support they received at the service. One person told us, ''[Staff] look after me well. They are all very nice kind and caring.''

There were enough staff to keep people safe and ensure that people received the support they needed. Staff received training, supervision and observation to ensure that they were performing their job roles well. People were supported safely with their medicines and with regards to infection control. People received support with nutrition and hydration according to their needs and were supported to see health professionals if this was needed.

People received kind and compassionate care from a staff team who knew them well. Staff promoted people's privacy, dignity and independence and gave people everyday choices about their support. People received personalised care based on their preferences, likes and dislikes and where end of life care was required this was provided with dignity and respect.

The provider and manager were committed to improving the quality of the service and were acting in areas where improvements were needed. There was a positive culture at the service and people, relatives and the staff team praised the support that they received from the manager and the provider. Complaints were recorded and responded to promptly. There were good working relationships with external professionals and authorities.

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

Rating at last inspection

This service was registered with us on 20/06/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Churchill Health Care (Luton)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by two inspectors 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.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 May 2021 and ended on 02 June 2021. We visited the office location on 25 May 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with 11 people who used the service and 14 relatives about their experience of the care provided. We spoke with 14 members of staff including the provider, manager, quality and compliance officer, field care supervisor and care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's needs had been assessed to help mitigate risks related to areas such as moving around, eating and drinking and accessing the community. However, risk assessments were not always sufficiently detailed to support staff how best to reduce risks. For example, asking staff to prompt someone to stay safe but not detailing specifically how staff should do this, or stating that equipment to support with moving and handling should be used, but not specifically detailing the steps staff were to take when using it. This meant that there was an increased risk that staff may support people in an unsafe way.
- Incidents and accidents such as falls or unexplained injuries were investigated to identify where lessons could be learned. However, this process did not always take all the steps that could be taken to help mitigate risk. For example, a falls risk assessment not being updated following a fall or actions not being noted down to help stop incidents from reoccurring. This meant that opportunities to learn lessons may be missed.
- The provider and manager provided us with evidence and reassurance that these issues were already being addressed. As people received support from a consistent staff team who knew them well, the risks relating to these issues were also reduced.
- Other risk assessments we reviewed were detailed and gave good guidance with regards to how to support people safely. Staff had read and had a good understanding of risk assessments. One relative said, ''[Staff] are very good. I was really impressed the other day when [Family member did something that may have compromised their safety.] The staff let me know immediately and took action to make sure [Family member] was safe.''

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by staff. People said, ''[Staff] are very nice people. I feel safe and have no fault with them at all.'' and, ''[Staff] help me with my personal care and my medication. It is working well, and I feel very safe with them.''
- Staff were trained in safeguarding and knew the signs to look for that may indicate abuse. Staff were confident to report concerns, however not all staff we spoke to knew who to report concerns to outside of the organisation, for example to the local authority safeguarding team or the CQC. This meant that safeguarding concerns may not always be reported to the right organisations by the staff team.
- The manager took action when we spoke to them about our findings. This included addressing this issue with staff in supervision and ensuring that staff had easy access to contact details for relevant organisations on their name badges.

Staffing and recruitment

● People, relatives and the staff team confirmed that there were enough staff to complete care visits and meet people's needs. One person said, ''[Staff] are good at timekeeping. I get a timetable every week and [staff] always phone me if they are going to be a little late or early.'' A relative told us, ''We are happy with the timing of the visits. We have never been let down.''
● The provider had a system in place to cover any staff absences or late visits. Office staff were trained to provide care and support to people in these situations and this meant that the service did not use any external agency staff. This meant that people received consistent care from staff who knew them well. One person said, ''I get to see the same staff most of the time which is nice. It gives me a chance to get to know them and build a rapport.''
● The provider completed staff recruitment checks in line with legislation to ensure that staff were suitable for the job roles they were applying for.

Using medicines safely
● People were supported to take their medicines safely. Staff received training and competency checks to ensure that they were administering medication for people in line with best practice. If people refused medication, then staff reported this and sought support for people for professionals such as GP's.
● The manager and office staff made sure that staff knew medicines people were taking and how these needed to be administered. Care plans were detailed with regards to this.
● The manager and compliance officer completed audits to identify and investigate any medication errors that occurred. Actions were taken where areas for improvement were found.

Preventing and controlling infection
● Staff told us that they had access to personal protective equipment (PPE) and were also taking part in regular testing with regards to the ongoing COVID-19 pandemic. Staff felt supported by the provider with all manners of infection control.
● People and their relatives confirmed that staff wear the appropriate PPE, kept their homes clean and made them feel safe with regards to infection control.

Requires Improvement

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 for this newly registered service. This key question has been rated requires improvement.This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Some areas around people's consent to care would benefit from a review and improvement. For example, one consent to care form was not signed by a person who had the mental capacity to make this decision because they were physically unable sign at the time. Staff signed the form 'unable to sign' rather than waiting until the person was able to sign the form.
● Staff received training in the MCA and had their knowledge checked regularly. However, staff found it difficult to explain how this impacted on their job role on a day to day basis.

We recommend that the provider review their policies and procedures around the MCA and use this to review current signed consent forms in line with best practice.

● The provider and manager were aware of improvements needed in this area and were already working on these. This included discussions with staff in team meetings and supervisions and a full review of people's consent to care documentation.

Staff support: induction, training, skills and experience
● Staff received training to complete their job roles however in areas such as safeguarding, and the MCA staff knowledge could have been developed further. One relative said, ''I think [staff] would benefit from reviewing training sometimes but overall, they are very respectful.''

● Staff showed good knowledge in other areas of their training and people told us that staff were competent and professional. One person said, ''[Staff] are well trained and very friendly overall.'' A relative told us, ''[Staff] are well trained and go over and above. No complaints at all.''
● The provider ensured that staff had training to meet people's specific care needs such as dementia or catheter care. Staff told us they could request training at any time if they felt that this would benefit the people they were supporting.
● Staff received supervisions and assessments of their competency to help ensure they had the skills and knowledge to perform their jobs safely.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed when they first started using the service and assessments focused on people's personal likes and preferences as well as their physical care and support needs.

Supporting people to eat and drink enough to maintain a balanced diet
● The manager and office staff put detailed care plans in place around people's eating and drinking needs. This included people's preferred foods, drinks and mealtimes. This helped ensure that staff knew how to prepare people's meals based on their support needs and preferences.
● Staff were confident about supporting people with different support needs relating to eating and drinking and had training to do this effectively. One relative said, ''[Staff] follow our instructions when it comes to [Family member's] meals and this is going well so far.
● Staff took action where necessary if people needed more support with eating and drinking. For example, requesting support from a speech and language therapist (SALT).

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff were confident they knew who to contact if people required health support. Care plans directed staff to professionals such as GP's and social workers to contact should there be any concerns.
● Advice put in place by health professionals was followed by the staff team. Staff told us that they were updated if people's care needs had changed by the manager or office staff.
● People and relatives were confident that staff would support them to stay healthy and see health professionals if needed. One person said, ''I feel safe. [Staff] called an ambulance for me when I needed one and stayed with me to help me cope.'' A relative told us, ''[Staff] have called an ambulance for [Family member] when they need it and always phone us immediately to let us know. The staff member stayed with my family member until the ambulance got there which was very reassuring.''

Good

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 for 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 and relatives were positive about their support. People told us, ''[Staff] are nice and very understanding. They make sure I have everything I need.'' and, ''I am very satisfied with the care. [Staff] are nice, kind, friendly and always stay for a chat before they leave for the next visit. They are lovely and we have fun.''
- Staff showed a good understanding of people's likes, dislikes and preferences and explained how they supported people according to these during their care visits.
- The manager and office staff included information about people's preferences including equality and diversity in their care plans. These were then considered when support was provided to people. One relative whose family members preferred language was not English said, ''The staff my Family member has can speak in [Family member's] preferred language so they have formed a bond through this.''

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

- People were able to make choices with regards to how they were supported. One person said, ''I [have specific preferences about how things are done] so I let the manager know and staff respect my choices.''
- Staff told us how they promoted choice whilst they supported people in areas such as food choices or what people chose to wear. Where people found it difficult to make choices, preferred options were noted in care plans for staff to refer to.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of how to promote people's privacy, dignity and independence. People told us that staff were respectful when they supported them. Relatives told us, ''The last time I visited [Family member] the house all looked good and they looked happy.'' and, ''[Staff] are friendly and chatty and encourage my family member to be independent.''

Good

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 for 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 based on their support needs. These were detailed in people's care plans and staff had training and knowledge to support people with their individual support needs such as the use of a catheter or living with dementia. A relative said, ''[Staff] are great. They take full responsibility for my family members care, engage with them and make sure they are comfortable.''

● People's care was personalised, for example, depending on the preferred gender of staff supporting them. One person said, ''I requested [specific gender] when it comes to the staff and that is what I get.''

● People and relatives confirmed that they could speak to the manager or office staff if they had anything they wanted to change about their support. These changes were listened to and respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People were supported according to their communication needs. Information was made available to people in a variety of languages and styles to ensure that people could understand it. People's care plans contained some details for staff to help them communicate with them effectively.

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

● People who required support to access the community received this in line with their preferences.

● Staff supported people to stay in contact with those important to them. One relative told us, ''There are good systems in place which enable me to stay in contact with [Family member] and the staff at the service support this.''

Improving care quality in response to complaints or concerns

● The manager took swift action where any complaints or concerns about the service were received. They fed back their findings and any actions they took to the person who made the complaint. One person said, ''I made a complaint a little while ago as I felt that I needed more time for my care visits. [Manager] sorted this out for me.''

● A complaints procedure was available for people and relatives in a variety of formats, so they knew how to raise a concern. People were also signposted to other organisations such as the CQC if they were dissatisfied with the response to their complaint.

End of life care and support

● People receiving end of life care and support had their preferences and wishes discussed with them so that these could be put in to place by the manager and staff team. People and relatives told us that staff treated them with 'dignity' and 'respect' during this time.

● Staff were trained in supporting people at the end of their life and showed a good understanding of how to care for people during this time.

Requires Improvement

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 for this newly registered service. This key question has been rated requires improvement. his meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- The manager and office staff completed audits to monitor the quality of the service. However, it was unclear in some cases if these were effective in noting improvements. For example, reviews of people's risk assessments and care plans were inconsistent and, in some cases, would have benefitted from more detail. This was not identified in quality audits.
- There were areas for development in areas such as incident analysis or the monitoring of concerns raised to see if trends could be identified. Audits were not effective in identifying where improvements could be made in all these cases.
- The manager and staff team were aware of their roles and responsibilities for the most part. However, there were still some areas where knowledge could be improved such as around safeguarding and the MCA.
- The manager and provider were already aware of areas where improvements could be made and shared action plans with us showing when and how these would be put in to place.
- The provider was open and honest with people when things went wrong and reported events to external authorities where this was necessary.

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

- We received mixed feedback from people and relatives around their involvement in their care planning. One person said, ''I haven't seen my care plan.'' A relative told us, ''I have not seen [Family member's] care plan and have never been invited to comment on it.''
- Other comments we received were more positive. One person said, ''[Manager] came last week to have a review meeting and look at my care plan to make sure everything is going well.'' A relative told us, ''We had a review of the care plan last week. [Manager] came and we discussed the service.''
- It was not clear in people's care plans when reviews took place or whether people and relatives were involved in discussions about their care. We spoke to the manager and provider about our findings and they showed us that improvements were already underway in this area.
- Staff told us that they had the opportunity to feedback about the service in supervisions and team meetings.

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

outcomes for people

● The manager and provider promoted an inclusive and positive culture. Comments from people and relatives included, ''The service is very well run and meets all of my expectations.'', ''I am happy with everything and would definitely recommend the service.'' and, ''It is a well run company and they keep us up to date with everything.''
● People and relatives gave us positive feedback about the friendly and positive nature of the manager, provider and staff team. People and relatives felt that the service was helping to meet their needs, preferences and outcomes.
● Feedback from the staff team was that the manager and the provider were very supportive and encouraged them to achieve good outcomes for people.
● There was a commitment from the manager and the provider to continually improve. They took the feedback from external inspections seriously and used these to put action sin place to improve the service.

Working in partnership with others
● The manager and staff team worked with health professionals such as GP's to ensure that people's needs were met.
● The provider linked with commissioners to help ensure that people received the support that they needed.