Care Quality Commission

Chrome Tree Ltd

Chrome Tree Limited

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Chrome Tree Limited is registered to provide domiciliary care to people who require support and assistance in their homes in the Slough area. On the day of our visit there were 67 people using the service.

The registered manager has been in post since March 2012. 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 and associated Regulations about how the service is run.

People and their relatives felt the service was caring and talked about how staff showed this in the way the care was provided. One relative commented, "When giving X a bath, they (staff) do this is a thoughtful and sensitive way."

Summary of findings

People said staff promoted their independence and supported them to exercise choice. Staff had established good working relationships with the people they supported and had a good understanding of their care needs.

People and their relatives felt staff were experienced and skilled to provide care to them. Comments included, “Yes, X (staff) does all we need”, “They know what they’re doing“, “Basically, they do what is needed” and “Some don’t know what they’re doing but are paired up with experienced staff.”

People and their relatives said the care provided was centred on their wishes. They were able to express their views on the care delivered and were able to give input on the changes that were required. We noted care plans were reviewed and changed to ensure they fully met people’s needs and was provided for in the way that people preferred.

People said they felt safe and knew who to speak with if they felt unsafe. Staff knew how to protect people from abuse, and how to respond if they had concerns. For instance, one staff member commented, “We look for signs of abuse or neglect and report it to the office. We have to take full details from people who report abuse to our manager.” We found this to be in line with the service’s safeguarding policy and procedure.

Safe recruitment processes and checks were in place and being followed. Risk assessments were undertaken and in place to ensure people’s safety. Care records showed where people had identified at risks appropriate measures were put in place.

People who received support from staff with their medicines said their medicines were managed safely. Staff described what they did to ensure medicines were administered safely. This was in line with the service’s medicine policy.

Staff received appropriate induction, training and supervision.

Staff was aware of the implication for their care practice in regards to the Mental Capacity Act 2005 (MCA). Where people did not have capacity to make specific decisions, the service did not carry out mental capacity assessments. Care records did not show who had legal powers to make important decisions on their behalf. We have made a recommendation for the service to seek guidance on undertaking mental capacity assessments and obtaining legal powers of attorney, based upon the Mental Capacity Act 2005.

People said they knew how to make a complaint and were given information on how to do this. Staff knew how to handle complaints and confidently spoke about the procedures they would follow. We found this was in line with the service’s complaints policy.

People were supported to maintain good health and had access to healthcare services.

The service had effective quality assurance monitoring systems in place to improve the quality and safety of people who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People said they felt safe from abuse and knew what to do if they had concerns.

Safe recruitment processes and checks were in place and being followed.

There was sufficient numbers of staff to keep people safe and meet their needs.

Is the service effective?

Requires improvement

The service was not always effective.

People received care from staff that had the knowledge and skills to carry out their job roles.

People were supported to maintain good health and had access to healthcare services.

The service did not always act in accordance with the MCA 2005.

Is the service caring?

Good

The service was caring.

People and their relatives felt the service was caring.

Staff had established good working relationships with the people and had a good understanding of their care needs.

Staff promoted people's independence and supported them to exercise choice.

Is the service responsive?

Good

The service was responsive.

People's care needs and was provided for in the way that they preferred.

Care plans were reviewed and changed to ensure they fully met people's needs.

People said they knew how to make a complaint and were given information on how to do this.

Is the service well-led?

Good

The service was well-led.

The service had effective quality assurance monitoring systems in place.

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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 was an announced inspection which was carried out by one inspector and took place on 30 November, 2 & 3 December 2015. The provider was given 48 hours' that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

The provider did not complete a Provider Information Return (PIR) as this was not requested prior to the inspection. 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 visited two people in their homes. We spoke with three relatives by telephone; three care workers, and the registered manager. We looked at five care records, three staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People said they felt safe and knew who to speak with if they felt unsafe. One relative commented, "Yes, they are no issues. My father knows what to do if there are any." One person spoke about their experiences with care workers in the past who were "a bit rough' however, stated staff who currently provided care to them, treated them with well. Another person commented, "X (staff) makes sure I am safe when I get in and out of the bath." We reviewed the service user guide that was given to people when they joined the service. This provided people with information on how to raise concerns of abuse.

Staff knew how to protect people from abuse, and how to respond if they had concerns. For instance, one staff member commented, "We look for signs of abuse or neglect and report it to the office. We have to take full details from people who report abuse to our manager." Staff gave examples of how they dealt with suspect abuse. We found this to be in line with the service's safeguarding policy and procedure.

People said staff arrived promptly for their calls. We heard comments such as, "Staff comes regularly", "They're (staff) very good. Never late" and "They (staff) mainly come on time." A review of the service's electronic call monitoring system showed calls were responded to within the agreed times.

There were sufficient numbers of staff to keep people safe and meet their care needs. Staff rosters showed there was adequate staff to provide care to people. Most people and their relatives felt there were enough staff to meet their care needs. One person felt there was not enough staff but went on to say the service was trying to employ more care staff. Staff said they felt there was sufficient staff to provide care to people and to provide cover when work colleagues were on holiday or on sick leave.

Safe recruitment processes and checks were in place and being followed. Staff records included evidence of pre-employment checks such as references, employment histories and medical histories. Disclosure and Barring Service (DBS) checks were carried out to ensure staff employed were suitable to provide care and support to people who used the service. This was supported by staff who described what documents they had to submit before they could start working for the service.

Risk assessments showed what arrangements were in place for newly appointed staff who were undergoing their practical induction program whilst awaiting their DBS. For instance, staff were not allowed to be left unsupervised when carrying out any care tasks. These were signed and dated by staff and the registered manager. This ensured people were protected from inappropriate and unsafe care.

Risk assessments were undertaken and in place to ensure people's safety. Care records showed where people had identified at risks appropriate measures were put in place. For instance, one person was identified at risk of tripping or slipping whilst in the bathroom. Another person was at risk of being scalded with hot water. Their risk assessments showed what actions staff took to mitigate the risks. We noted they were regularly reviewed.

People who received support from staff with their medicines said their medicines were managed safely. We heard comments such as, "They (staff) administer them properly" and "There are no problems." This was supported by staff who described what they did to ensure medicines were administered safely. For instance, one staff member commented, "When we visit a person we have to check the name of the medicine; the name on the label is correct and the expiry date. We also have to check if the medicine is to be given before or after food and then complete the medicine administration record (MAR)." This was evidenced in the MARs reviewed in people's homes and care records in the office. We found this to be in line with the service's medicine policy.

People were safe from infection because staff ensured they used the appropriate personal protection equipment (PPE) and followed correct infection control procedures. People and their relatives felt staff carried out their work in a hygienic manner. We heard comments such as, "They (staff) wear gloves and aprons" and "Yes, gloves are worn and changed. They do wash their hands." This was supported by staff who confirmed they washed their hands; wore gloves and changed them in between care tasks. This was in line with the service's infection control policy. One person went on to comment, "When they arrive they wash their hands and when they leave. Some staff do not understand they have to change their gloves in between tasks." This information was feedback to the registered manager.

Requires improvement

Is the service effective?

Our findings

People and their relatives felt staff was experienced and skilled to provide care to them. Comments included, "Yes, X (staff) does all we need", "They know what they're doing", "Basically, they do what is needed" and "Some don't know what they're doing but are paired up with experienced staff."

Staff received appropriate induction, training and supervision. Staff spoke positively about their induction, training and supervision. We heard comments such as, "I had to do theory training and shadowing before I was able to go out on my own", "I had to renew my medicines and safeguarding training. I went to the office and completed them" and "Supervisions are good because I can talk about what need to be improved." A review of staff records showed staff were up to date with their training; personal development plans recorded their training needs and aspirations and supervisions were regularly undertaken.

Care records reflected people's changing needs. For instance, we noted changes to care were updated when care tasks were no longer required or additional care was needed. This ensured people's care plans were regularly reviewed for their effectiveness; changed if found to be ineffective and kept up to date in recognition of people's changing needs.

Staff was aware of the implication for their care practice in regards to the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times. Care staff demonstrated a good understanding of the act and knew whether people had the capacity to make informed decisions and if not, what practices and procedures they should follow. One staff commented, "You need to understand all people have capacity and where they have been assessed as not having capacity, we support and encourage them to try and make their own decisions."

Where people did not have capacity to make specific decisions, the service did not carry out mental capacity assessments. The registered manager explained this was because the Local Authority had undertaken the necessary assessments before people joined the service. Care records reviewed showed there was no indication of mental capacity assessments that had been completed or any outcomes of mental capacity assessments documented on referral forms received by the Local Authority. This meant the service did not always act in accordance with the requirements of the MCA.

Where people were not able to make specific decisions, care records did not show who had legal powers to make important decisions on their behalf. This meant there was a possibility the service obtained consent from people who did not have the legal power to give it.

People and their relatives said staff sought their consent and involved them in decisions. Care records evidenced people gave verbal consent in agreement to care packages delivered. Service user guides were also signed by people or their relatives in agreement to various aspects of the service being delivered.

People said they were supported to have sufficient to eat and drink. Care records contained people's nutritional needs; their food preferences and what support they required. Food and fluid intake charts recorded the amounts of food people consumed and drank. This was supported by the staff we spoke with. For instance one staff member commented, "We have one person who has a health condition and requires support with their meals, as they sometimes forget to eat. We visit the person four times a day; prompt and encourage them to eat and record the amount they have eaten and drank. If we have concerns about their health this is reported immediately to the office."

People were supported to maintain good health and had access to healthcare services. The registered manager said the service worked closely with health professionals such as district nurses and GPs. During our visit to the office we heard office staff speaking to health professionals on the telephone in order to get support for people who used the service.

We recommended the service seek guidance on undertaking mental capacity assessments and obtaining legal powers of attorney, based upon the Mental Capacity Act 2005.

Good

Is the service caring?

Our findings

People and their relatives felt the service was caring and talked about how staff showed this in the way the care was provided. One relative commented, "When giving X a bath, they (staff) do this is a thoughtful and sensitive way." Another relative stated, "They (staff) talk to X (family member) and always ask how they are doing." One person said, "The majority of staff who visit are quite caring."

Staff had established good working relationships with the people they supported and had a good understanding of their care needs. A review of people's care records confirmed what staff had told us about their care needs and how they wished to be supported. For instance, a staff member spoke a about a person's mobility problems and the risks associated with this. This was confirmed by the person when we visited them, who talked to us about their mobility problems and what action had taken to ensure they did not fall.

People and their relatives said they were involved and supported in planning and making decisions about their care. Care records documented 'records of involvement' which captured meetings held with people and their relatives in order to discuss and make decisions in regards to care being delivered.

People said staff promoted their independence and supported them to exercise choice. For instance, one staff told us how they supported someone to prepare their own meals. Another staff member commented, "I give people the choice of what clothes they want to wear or what food they want to eat."

People said staff were respectful to them. Comments included, "They (staff) are very calm and respectful" and "X (staff) speaks to me in respectful way."

People and their relatives said staff respected their need for privacy. One person commented, "They (staff) cover me with a towel when they wash me." A relative commented, "We go out of the room when X is going to be washed. Staff always ensure the door is closed." This was supported by staff we spoke with. Care records instructed staff to ensure they always treated people with dignity and respect when carrying out personal care. This ensured people's privacy and dignity was maintained.

Staff demonstrated a good understanding of how to care for people who required end of life care. One staff member commented, "I have worked with a person who was receiving end of life care. I ensured they were comfortable and spent time listening to them and was sensitive to their needs. It was difficult but I had received training." Another staff member commented, "I made sure I was with one person every day and tried to be happy." Training certificates showed staff had attended the relevant training.

Good

Is the service responsive?

Our findings

People and their relatives said the care provided was centred on their wishes. Reviews of care captured meetings held with people and their relatives. We noted people were able to express their views on the care delivered and what changes that were required. We noted as result of these meetings, plans of care were changed to reflect what people had said they wanted. This meant people's care plans were reviewed and changed to ensure it fully met their needs and was provided for in the way that people preferred.

Care needs and risk assessments were regularly reviewed and were up to date. These recorded the dates the reviews were undertaken and the next scheduled review dates.

Initial assessments captured identified care needs such as people's medical histories; communication needs and preferences. For example, one person required one care worker to support them with personal care; meals and medicines. Daily records evidenced the care delivered was in line with the person's care plan. These were dated; signed by staff and recorded the times care workers arrived and departed from people's homes.

People and their relatives said staff were responsive to their needs and gave various examples such as, "I call the office and they immediately respond" and "I asked for a male carer to visit and that's what I got." Staff told us how they responded to people's needs. For instance, one staff member commented, "One person wanted to change the times we visited in the mornings. I passed this information to the office that was able to amend the staff rota in response to their request."

People and their relatives said they knew how to make a complaint and were given information on how to do this. We noted the complaints policy was in the service user guide given to people when they joined the service. Some people said they did have to raise concerns and said it was either dealt with positively or negatively. A review of the complaints register showed all complaints received were responded to appropriately. Staff knew how to handle complaints and confidently spoke about the procedures they would follow. We found this was in line with the service's complaints policy.

Good

Is the service well-led?

Our findings

The majority of the people felt the service was managed well. Comments included, "I think it is well managed" and "She's (the registered manager) not a bad person. She does her best to ensure X gets the care they need."

Staff spoke positively about the service and said they felt supported by the registered manager. We heard comments such as, "I like working here, the team are hard workers", "I really like the team, we work well together and I feel listened to when I speak to my manager" and "I am supported by my manager."

Staff felt supported in their job roles and said various communication methods were used to keep them up to date with changes within the service. For instance, regular team meetings; emails; text messages and news letters. One staff member commented, "If I am unable to attend a team meeting other carers who have attended will provide me with updates and when I visit the office the manager will also update me.

The service sought the views of people who used the service and acted upon them. This was supported by people and their relatives. Comments included, "We have had calls to check to see if we were happy with the care" and "They (office staff) will phone to ask if we're happy with the carers." A review of the service's 'feedback on care provision' log showed dates and times people were contacted and the feedback recorded. For example, one person's relative responded, "As far as I know X is happy with the carers and the care." Where people had expressed concerns with the provision of care there was evidence to show the service took appropriate action.

The service had effective quality assurance monitoring systems in place to improve the quality and safety of people who used the service. For instance, spot checks were comprehensive and were carried out in people's homes to ensure staff followed the service's policies and procedures. The spot checks also involved audits of care records; audit of medicine and medicine records; whether staff followed correct manual handing and infection procedures. Where areas of concern were identified we found appropriate action was taken.

Quality assurances meetings took place to ensure the relevant monitoring systems were effective. For instance, we reviewed the meeting notes dated 20 October 2015. This reviewed outcomes of spots checks that had been undertaken in July and August 2015. For instance, a review of care records during the period of 27 July 215 to 24 August 2015 showed there were improvements with staff record keeping. Risk assessments were found to be fully completed and up to date. It also noted there were no missed calls during this period.

Accidents/incidents/near misses were captured and recorded, with dates and times events happened; dates they were reported and what action was taken.

The service had used a call monitoring system which captured times staff arrived and departed from people's homes. This ensured calls were not missed and appropriate action was taken if care workers were unable to visit people's homes as planned.

The service provided 24 hour call out service. One staff member commented, "We're always getting support. We can ring the out of hours in the middle of the night if we need to." This meant people and staff could get additional support out of the normal working hours.