Miss Teresa Killick

Charisma Services

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

Overall summary

Charisma Services provides care for people in their own homes. The service can provide care for adults of all ages. It can assist people who live with dementia or who have mental health needs. It can also support people who have a learning disability, special sensory needs or a physical disability. At the time of our inspection the service was providing care for 30 people most of whom were older people. The service covered Caythorpe, Grantham, the Vale of Belvoir, Colsterworth and surrounding villages. The service was provided by a sole trader and who also acted as being the registered manager. We refer to this person as being, 'the registered person'.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person had not always provided staff at the right time to care for people including people

Summary of findings

who needed to use medicines. We also found that quality checks had not been robust. You can see what action we told the registered person to take at the end of the full version of this report.

Background checks had not always been completed before new staff had been appointed. Staff knew how to recognise and report any concerns so that people were kept safe from abuse and people were helped to avoid having accidents.

Although staff knew how to care for people in the right way, they had not received all of the training and support that the registered person said they needed. People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

The registered person and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, promoted people's dignity and respected confidential information.

People had received all of the care they needed including people who had special communication needs and were at risk of becoming distressed. People had been consulted about the care they wanted to receive. Staff had offered people the opportunity to maintain their independence and to pursue their interests. There were arrangements to quickly and fairly resolve complaints.

People not been fully consulted about the development of the service and had not benefited from staff acting upon good practice guidance. However, the service was run in an open and relaxed way, there was good team work and staff were enabled to speak out if they had any concerns about poor practice.

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?

Requires improvement

The service was not consistently safe.

Staff had not always been provided at the right time to care for people including people who needed to be assisted to use medicines.

Background checks had not always been completed before new staff had been employed.

Staff knew how to recognise and report any concerns in order to keep people safe from abuse and people had been helped to stay safe by avoiding accidents.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff had not received all of the training and support the registered person said they needed.

People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

The registered person and staff were following the MCA.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy, promoted their dignity and ensured that confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People had been supported to make choices about their lives including pursuing their interests and hobbies.

There were arrangements to quickly and fairly resolve complaints.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Quality checks had not reliably identified and resolved shortfalls that affected the way in which care was provided.

Summary of findings

The arrangements for obtaining feedback to guide the development of the service were not robust.

People had not fully benefited from staff receiving and acting upon good practice guidance.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

Charisma Services

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 was planned to check whether the registered person was 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.

Before our inspection visit to the service we reviewed notifications of incidents that the registered person had sent us since the last inspection. In addition, we contacted local health and social care agencies who pay for some people to use the service. We did this to obtain their views about how well the service was meeting people's needs.

We visited the administrative office of the service on 30 December 2015 and the inspection team consisted of a single inspector. The inspection was announced. The registered person was given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection. During the inspection visit we spoke with registered person and examined records relating to how the service was run including visit times, staffing, training and health and safety.

After our inspection visit we spoke by telephone with six people who used the service and with four of their relatives. We also spoke by telephone with five members of staff who provided care for people and with the business administrator. In addition, we examined the Provider Information Return that we asked the registered person to complete. This is a form that asks the registered person to give some key information about the service, what the service does well and improvements they plan to make.

Requires improvement

Is the service safe?

Our findings

The registered person said that there were enough staff to reliably complete all of the visits that had been planned. However, a majority of the people who used the service with whom we spoke said that they had reservations about the way in which staff were organised. In particular, they said that too many visits did not take place at the right time. A person said, "When the staff get here they simply couldn't be nicer but I'm never quite sure when they're going to arrive and I don't think that they are either. They can be late, or sometimes very late and then again without any warning they can be early." A relative said, "My only concern about the service is the time keeping. When a member of staff is late which is quite often, it's unsettling for my family member and also for me because we don't know if someone is going to arrive at all."

We looked at records that showed the times when visits had been completed for six people over a period of seven days in November 2015. Out of a total of 33 visits there were 16 occasions when staff were either early or late. In addition, we noted that there had been four occasions when the visit missed its correct start time by more than one hour. Records also showed that in the six months preceding the date of our inspection there had been two occasions when staff had not completed a visit at all. On both of these occasions people had been placed at risk of harm because they had not been supported to take their medicines at the correct time. On the other occasions the mistakes had mainly inconvenienced people by causing them anxiety that they would not receive the assistance they needed to be safe at home.

We noted that the reasons for incorrectly timed and missed visits varied but usually involved a combination of shortage of staff, miscommunication between staff and poorly organised administrative systems. We saw that staff were organised so that they completed a number of 'rounds'. These rounds contained a list of all the people who were planned to receive a visit from the member of staff who was allocated to complete that round. The registered person said that the size of each round was mainly determined by the number of staff who were available in a particular area. They said that shortages of staff had resulted in an increased number of visits being included in each round and that this had resulted in a greater likelihood of visit times becoming unreliable. A member of staff said that they regularly had to 'juggle' visit times so that they could fit in all of the visits which had been given to them. They observed that if more staff were available there would be more opportunity to plan rounds that enabled visit times to be honoured. This was because there would be 'a greater margin of error' to accommodate unexpected events such as people needing more assistance with their visits lasting longer than planned, travel delays and staff sickness.

Records showed that the mistakes with visit times had continued without any significant reduction in their frequency. This was because effective action had not been taken to address most of the problems that were causing them.

Shortfalls in providing staff at the right time had increased the risk that people would not safely receive all of the care they needed including being supported to use medicines in the right way.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff had received training and support to enable them to assist people to use medicines as intended by their doctors. People said and records confirmed that on most occasions staff had provided the assistance people needed to take their medicines at the right time and in the right way. A person said, "Every morning it's the same routine. My care worker pops my tablets out of the dosette box and then gives me them with a glass of water and waits until I've swallowed them."

We looked at the way in which the registered person had recruited two members of staff. Records showed that a number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the people concerned did not have criminal convictions and had not been guilty of professional misconduct. However, we noted that other checks had not always been carried out in the right way including obtaining references from previous employers. Although no concerns had been raised about these members of staff since their appointment, the shortfalls had reduced the registered person's ability to establish their suitability for employment in the service.

People said that they felt safe when in the company of staff. A person said, "I really do feel that the staff are genuinely kind. I know there are real problems with visits not always being on time but when they're here the staff are fine."

Requires improvement

Is the service safe?

Relatives were reassured that their family members were safe. One of them said, "I know that my family member is completely safe with the staff who call because they tell me how the visits brighten their day."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We saw that the registered person had taken appropriate action when there had been concerns that someone might be at risk of harm. For example, the registered person had alerted the local authority when a person who used the service appeared to have fewer savings than had been expected when there was no obvious explanation for how this could have happened.

We examined a selection of records that showed how two people had been invoiced for the care they had received. We found that the invoices were accurate and suitably protected people from the risk of being overcharged. This helped to safeguard them from the risk of financial abuse.

Records showed that staff had identified possible risks to each person's safety and had taken action in consultation with health and social care professionals to promote their wellbeing. For example, people had been helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken action to reduce the risk of people having accidents. For example, staff had helped to ensure that people had been provided with equipment to help prevent them having falls. This included people benefiting from special hoists, walking frames and raised toilet seats. Records showed that when near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, staff had noted that a person had been placed at risk by having a glass enclosure fitted to their bath. The registered person had worked with the person's relatives to install another screen that was less likely to result in injury if someone accidentally knocked against it.

Requires improvement

Is the service effective?

Our findings

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. For example, staff told us how they assisted people who needed to be helped using a hoist and we noted that they correctly described how to safely use the equipment. Other examples involved staff having the knowledge and skills they needed to help people keep their skin healthy, promote their continence and to achieve good standards of hygiene so as to reduce the risk of them acquiring infections. A person said, "The regular staff who come to see me know me well and how I like things done. They're more like family than paid helpers and I'm always happy that they know what they're doing."

The registered person said that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills remained up to date. However, records showed that staff not had met with someone senior as frequently as the registered person said was necessary in order to review their work. In addition, although new staff had received introductory training, established staff had not always been provided with the refresher training that the registered person had planned for them. These oversights included training in how to provide basic first aid and how to achieve good standards of food hygiene. These shortfalls in support and training had reduced the registered person's ability to ensure that staff had all of the up to date knowledge and skills they needed.

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.

The registered person and staff were following the MCA. We found that staff had supported people to make important decisions for themselves. They had consulted with people who used the service, explained information to them and sought their informed consent. For example, people who used the service told us that staff had explained to them why they needed to use particular medicines in order to promote their good health. Another example, involved the way that staff had gently encouraged people to make the right decisions to enable them to keep warm by dressing appropriately and by heating their homes adequately. A relative said, "I'm reassured to know that several times a day a member of staff is going in to see my family member and is checking that the heating is on, the windows are closed and that they're comfortable and safe."

Records showed that on a number of occasions when people lacked mental capacity the registered person had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. For example, these decisions had involved whether it was safe for someone to continue to live at home even with the support they received from the service.

We noted that when necessary people had been provided with extra help to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. This included staff preparing and serving food for people who might otherwise have not been provided with a hot meal. In addition, staff had kept a record of what some people had eaten and drunk during each visit so that they could respond quickly if any significant changes were noted. A relative said, "I know from what my family member says that the staff make a meal for them. I think that's a really important service because it means that they've got something hot inside them and it's something for them to look forward to."

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern. A relative said, "My family member's care worker has kept in touch with me and I really appreciate that. I don't live locally and it's a great reassurance knowing that the staff are keeping an eye on my family member, telling me about it and arranging for the doctor to call. They don't have to as it's not their job, but they do it in any case."

Good

Is the service caring?

Our findings

People and their relatives were positive about the quality of care provided by the service. A person said, "I've got one or two main care workers and we all know each other really well. I look forward to seeing them and they help me with all sorts of things and do more than they have to." Another person said, "I like it being a small service because it's more personal somehow. Most of the staff know each other and my care worker is from around here and we have a good chat about the area."

People said they were treated with respect and with kindness. A person said, "The care workers are genuinely kind and I think that they do the job in the first place because they want to help people. They have to work hard and don't do it for an easy life." Another person said, "My care worker often stays for a bit longer than she's paid for. The other day she did a bit of shopping for me in her own time which I think speaks volumes about the service."

We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. A relative said, "My family member always speaks very highly about their care workers. The care workers sometimes leave me little notes if they notice that my family member is running low on something and I appreciate their concern."

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Staff recognised the importance of not intruding into people's private space. When people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. For example, staff said that they never used social media applications for these conversations because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff.

Good

Is the service responsive?

Our findings

Each person had a written care plan a copy of which was left in their home. People said that they had been invited to meet with a senior member of staff to review the care they received to make sure that it continued to meet their needs and wishes. A person said, "I've seen one of the seniors now and then and they ask me if I'm still pleased with the service which I am in general apart from the problem with visit times."

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive in their care plans. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person said, "I like to be as independent as I can be and my care worker knows that and doesn't try to take over. We have a friendly understanding." We examined records of the tasks three different staff had completed during 10 recent visits to four people. We found that the people concerned had been given all the practical assistance they had agreed to receive.

Staff were confident that they could support people who had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, a member of staff described how a person often pointed to things that had been purchased by their relative to indicate that their family had recently visited them.

In addition, staff knew how to effectively support people who could become distressed. For example, a member of staff described how when a person became upset they reassured them by suggesting that they take a walk in the garden for some fresh air.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they had put this into action. For example, staff were aware that some people wanted to have quiet time to watch religious services on television. In addition, we noted that the registered person knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

Staff had supported people to pursue their interests and hobbies. For example, people had been supported to go shopping. Other examples involved staff rearranging visits so that people could attend events such as social clubs and family gatherings.

People who used the service and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered person aimed to address any issues brought to their attention. In addition, the registered person had an internal management procedure that was intended to ensure that complaints could be resolved quickly and effectively. Records showed that in the 12 months preceding our inspection the registered person had received one complaint. We noted that the registered person had promptly investigated and taken practical action to resolve the concern.

Requires improvement

Is the service well-led?

Our findings

The registered person said that senior staff completed an unannounced spot check at least once every six months. These checks involved calling to a person's home when a care worker was present to see how well they were being assisted. However, this process was not well organised. Records showed that these spot checks were significantly overdue for three of the four people whose care we reviewed. In addition, there was no evidence to show that effective action had been taken when problems had been identified.

The registered person said that she completed a number of additional quality checks which were intended to ensure that people reliably received the care they needed. These checks included examining the records staff completed when they called to someone's home to show the times of the visits and the tasks that had been completed. However, these checks had not been recorded and so we could not be confident about whether they had been comprehensive. In addition, we noted that these quality checks had not been effective. This was because they had not identified and resolved the problem of unreliable visit times that most people who used the service considered to be an important issue.

The registered person said that they also completed quality checks to make sure that staff were receiving all of the guidance and training they needed. However, we found that again these checks had not been recorded and so we could not establish how well they had been done. In addition, we also concluded that they had not been effective given the shortfalls we found in these aspects of the assistance staff were receiving.

People had been invited to give their views on the service by completing an annual quality questionnaire. Although most people who completed a questionnaire were satisfied with the service they received, we noted that they had not been asked to comment in detail about the arrangements made for them to receive visits at the correct time. This oversight had reduced the opportunities people had to give feedback about this important part of their experience of using the service. A person said, "All I want to say really is that I'm pleased with the service and would be more pleased still if all of the visits were on time." A relative said, "I haven't complained as such about visit times because it feels like there are some things you can't change and I don't blame the staff who work so hard. But it's not right that visits are too early or too late."

Shortfalls in completing quality checks and in receiving feedback about the service had increased the risk that people would not reliably receive care that met their needs and expectations.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had not provided the leadership necessary to enable people to benefit from staff receiving and acting upon recognised good practice guidance. For example, the registered person had not engaged with initiatives such as the 'Social Care Commitment' and 'Dementia Champions'. These and other schemes are designed to promote high standards of social care by championing the key features of person-centred care. By not actively engaging in good practice initiatives the registered person had reduced the opportunities staff had to reflect upon and develop their professional practice.

Most people and their relatives said that they knew who the registered person was and were confident about speaking with them if they needed advice. During our inspection visit we saw the registered person speaking by telephone with people who used the service, members of staff and care managers (social workers). We noted that the registered person knew about points of detail such as which visits each member of staff was due to complete. This level of knowledge helped them to manage the service so that people received the care they needed.

We noted that staff had been helped to develop good team working practices that were intended to ensure that people consistently received the right care. For example, there was always a senior member of staff on duty if staff needed advice. Another example was the records that staff kept of the care they had provided during each visit. Staff told us that this information helped to ensure that the next member of staff to call to a person knew about any recent developments in the care the person needed and wanted to receive. In addition, staff said that they often telephoned each other and senior staff if there was a more significant problem that needed to be addressed. Records showed that there were regular staff meetings at which staff could

Requires improvement

Is the service well-led?

discuss their roles and suggest improvements to further develop effective team working. These measures all helped to enable staff to deliver care in a coordinated and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered person. They were confident that they could speak to the registered person if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered person had not ensured that sufficient members of staff were deployed to reliably meet people's needs for care.**

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had not protected people who used the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided.**