

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

This was an announced inspection carried out on 19 October 2016.

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 14 people most of whom were older people. The service covered Caythorpe, Grantham, the Vale of Belvoir, Colsterworth and surrounding villages.

The provider of the service was a sole trader. This meant that the person who was the sole trader acted both as the provider of the service and the registered manager. In this report we refer to this individual as being, 'the registered person'. The registered person has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an announced comprehensive inspection of this service on 30 December 2015 and found that there were two breaches of legal requirements. We found that the registered person had not always ensured that sufficient staff were deployed to reliably meet people's needs for care. We also found that the registered person had not consistently protected people against the risk of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided. This was because shortfalls in the completion of quality checks had led to problems not being quickly resolved. These included people not receiving visits at the right time and full background checks on new staff not always being undertaken. In addition, some staff had not received all of the support and guidance they needed.

After our inspection of 30 December 2015 the registered person prepared an action plan. It said what improvements they intended to make in order to meet the legal requirements in relation to the breaches. They said that all of the problems we noted would be addressed so that people consistently received safe care. The registered person said that all of the necessary improvements would be completed by 31 March 2016.

This report only covers our findings in relation to the action taken by the registered person to meet the breaches of legal requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Miss Teresa Killick on our website at www.cqc.org.uk

At this inspection, we found that the registered person had introduced most of the improvements that were necessary to ensure that people safely and reliably benefited from receiving safe care. This meant that the relevant legal requirements had been met. However, a small number of further improvements still needed to be made to ensure that the service continued to reliably care for people in the right way.

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 registered person had improved the arrangements in place to ensure that people received safe care. This included changing the way staff were deployed so that more visits could be completed at the right time. However, further steps still needed to be taken to address the problem of a small number of visits that were not being completed in the right way.

We have not revised the rating for this key question, to improve the rating to 'Good'. This is because we need to be sure that the registered person will address the remaining shortfalls in the arrangements made to deploy staff in the right way to ensure that people receive care that meets their needs and expectations.

We will review our rating for 'safe' at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The registered person had introduced a number of the quality checks that were necessary to ensure that people reliably received the care they needed. However, further improvements in the completion of quality checks were needed to ensure that some remaining oversights in the running of the service were effectively addressed.

We have not revised the rating for this key question, to improve the rating to 'Good'. This is because we need to be sure that the registered person will fully establish and will maintain the robust quality checks that are needed to underpin the operation of the service.

We will review our rating for 'well led' at the next comprehensive inspection.

Requires Improvement ●

Charisma Services

Detailed findings

Background to this inspection

We undertook a focused inspection of Charisma Services on 19 October 2016 to follow up on two breaches of legal requirements we had identified at our comprehensive inspection on 30 December 2015. This inspection was completed to check that the registered person had made the improvements necessary to ensure that people who used the service reliably benefited from receiving safe care that met their needs and wishes.

We inspected the service against two of the five questions we ask about services: is the service safe and well-led? This was because at our earlier inspection the registered person was not meeting legal requirements in relation to these sections.

Our inspection was announced and the inspection team consisted of a single inspector. 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 the registered person and examined records relating to how the service was run including staffing levels, visit times, recruitment procedures, support and guidance for staff and the completion of quality checks.

After our inspection visit we spoke by telephone with three people who used the service and with two of their relatives. We did this so that they could tell us their views about how well the service was meeting their needs and wishes. We also spoke by telephone with two members of staff who provided care for people so that they could share with us their experience of working in the service.

Is the service safe?

Our findings

At our inspection on 30 December 2015 we found that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not always deployed in an efficient way to enable visits to be completed at the right time. On too many occasions visits were being completed early, or more usually late. In addition, we found that in the preceding six months two visits had not been completed at all. 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. Some of the people who used the service told us that they were concerned about this matter because it was inconvenient and distressing for them to be left waiting and not sure if a member of staff was going to arrive.

After the inspection the registered person told us that they had made improvements to the way in which staff were deployed and had addressed all these problems. They said that the necessary improvements would be fully completed by 31 March 2016.

At this inspection we found that the registered person had more carefully ensured that sufficient staff were employed to complete visits. In addition, we noted that the individual work rosters provided for each member of staff were presented more clearly. Staff told us that these improvements had enabled visits to be planned and completed in a more organised way. This included there being more capacity to respond to unexpected events without the need to delay other visits. Examples of this included a member of staff being more able to call upon colleagues to cover their remaining visits if they needed to spend extra time with someone who was not well. In addition, we found that the registered person had also introduced more robust checks to ensure that visits were not missed. This included making sure that a person's visits were promptly restarted when they came home after being in hospital.

In general, people who used the service commented favourably on the way their visits were completed. A person summarised this when they remarked, "On most days the staff turn up on time and I've no complaints. Their time keeping has improved but it's still annoying when they're late although at least the office will telephone to let me know if they're going to be very delayed."

We looked at records that showed the times when 20 visits had been completed for three people over a period of seven days in October 2016. We found that 19 of the visits had been completed at the right time with the remaining visit having been late by a small amount of time. Records also showed that in the six months preceding the date of our inspection there had not been any occasions when staff had not completed a visit at all. In addition, we found that there were more robust arrangements to ensure that people received a courtesy telephone call as soon as it became clear that a member of staff was going to be delayed reaching them.

The various improvements we have described meant that the relevant legal requirement had been met. However, we found that further improvements still needed to be made to address the problem of the small number of visits that were not being completed at the right time.

Is the service well-led?

Our findings

At our inspection on 30 December 2015 we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person had not completed sufficiently robust quality checks to enable them to quickly resolve shortfalls in the way care was delivered. These included the problems we have already reviewed in our report relating to the deployment of staff. They also involved shortfalls in the way background checks had been completed on new staff. Another problem had been oversights in the provision of support and guidance for staff that the registered person said they needed to receive. This was to ensure that staff had all of the knowledge and skills they needed.

Each of these shortfalls had resulted from the registered person not robustly monitoring and evaluating how the service was running so as to ensure that people reliably received care that met their needs and expectations. After the inspection the registered person told us that they had strengthened the way in which quality checks were completed. This was so that the people could be reassured that they would reliably benefit from receiving safe care. The registered person said that all of these improvements would be fully completed by 31 March 2016.

At the present inspection we found that the registered person had introduced new and more robust quality checks. We saw that as a result of this development a number of improvements had been made to the running of the service. These improvements included more regular and better recorded checks being made to ensure that visits were completed at the right times. In addition, we noted that the registered person was completing more detailed enquiries when visits had not been undertaken as planned. This was so that they could identify what had happened so that action could be taken to help reduce the likelihood of it re-occurring. People told us that they considered the service to be more organised than before with one of them commenting, "I've been given more information about when I can expect my visits to be completed. Staff tell me that's there's more emphasis on keeping things tight and they say that the manager is checking more to make sure things are okay."

We also found that the registered person had strengthened the way in which they ensured that suitable recruitment checks were consistently completed for new staff. This involved carefully establishing each applicant's previous employment history so that suitable assurances could be obtained about their previous good conduct. We examined records of the employment checks completed for two new members of staff. We found that both members of staff had been required to robustly show that they were trustworthy and suitable people to be employed in the service.

We noted that the registered person had reviewed the way in which staff were provided with support. As a result of this improvement staff had met more regularly with the registered person to discuss their work and to resolve any problems. In addition, we found that the registered person had arranged for most staff to receive all of the refresher training they were considered to need. We found that the members of staff with whom we spoke had all the knowledge and skills they needed. This included knowing how to safely assist people who experienced reduced mobility, how to support people to keep their skin healthy and how to

help people to promote their continence. However, we noted that the quality checks completed by the registered person had still not resulted in all staff receiving all of the training they were considered to need to provide care for people.

The various improvements we have described meant that the relevant legal requirement had been met.

However, we noted that further improvements still needed to be made in the way some quality checks were completed. This was because they had not always effectively and quickly resolved problems. An example of this was the further progress that was needed to ensure all visits were completed as planned. Another example was the improvement needed to enable staff to receive all of the training that the registered person considered to be necessary.