Chislehurst Homecare Partnership Limited

68 Oak Avenue

Inspection report

68 Oak Avenue
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Tel: 02089169800

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 12 June 2018 and was announced. We gave the registered manager 48 hours' notice of the inspection visit because the service is small and we needed to be sure the registered manager would be available.

68 Oak Avenue is a domiciliary care agency that provides personal care and support to people living in their own homes, many of whom were older people. Not everyone using 68 Oak Avenue receives the regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. All of the people using the service funded their own care and lived in the London Borough of Bromley.

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

At our last inspection of 68 Oak Avenue in May 2016 we gave the service an overall rating of 'Good'. At this inspection we found the service remained 'Good.'

People continued to feel that their care and support was safely delivered. Staff were trained to safeguard people against neglect and improper treatment. There were enough suitable staff available to meet people's needs safely and to ensure people did not experience missed care visits. People's risks were identified and the risk of them occurring were reduced as a result of care plans put in place by the service.

People and their relatives continued to participate in needs assessments. Trained and experienced staff continued to meet people's assessed needs. Staff met people's nutritional needs and where required supported people to access healthcare services. People's consent was sought and they were treated in accordance with the Mental Capacity Act 2005.

Caring staff continued to deliver care and support in a way that promoted people's dignity and demonstrated respect. A consistent staff team meant that people were supported by staff with whom they were familiar and shared positive, trusting relationships. Staff enabled people to maintain their independence where this was possible.

68 Oak Avenue continued to provided people with individualised care. Care plans were personalised and reflected people's preferences. People chose the times at which they received their care and support and understood the provider's complaints procedure.

The service planned and delivered by 68 Oak Avenue continued to be well-led. The views of people and their

relatives continued to be gathered to shape the service being provided and staff felt listened to. Audits were in place to check the quality of the service and the provider worked collaboratively with other agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remains well-led.	**Good**

68 Oak Avenue

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 a comprehensive inspection. The inspection took place on 12 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small service and the registered manager is often out of the office and we needed to be sure that they would be in. This inspection was carried out by a one inspector and an expert by experience.

Before our inspection we reviewed information we held about the service. This included information from our previous inspection reports. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of this inspection.

During the inspection we spoke with the registered manager and the office manager. We looked at a range of records including four staff files, six people's care plans and other records relating to the management of the service. After our inspection visit we spoke with two people, six relatives and two members of staff.

Good

Is the service safe?

Our findings

At our last inspection we found that people received a safe service and rated the service 'Good' in this domain. At this inspection we found that people continued to receive care and support delivered safely.

People told us they felt safe. We asked people receiving care from Chislehurst Homecare if they felt safe receiving their service. One person told us, "Very much so" and another person said, "Totally." Relatives echoed the opinions of people and told us they felt the service was safely delivered. One relative told us their family member was, "Definitely safe." A second relative told us they were, "Absolutely sure [their family member] is safe." Whilst a third relative said, "I trust them completely with my [family member]"

Staff continued to receive training in safeguarding people from abuse. These training sessions included identifying different types of abuse and possible signs that people may be at risk of abuse. Staff understood how to report a safeguarding concern and how to whistleblow. Whistleblowing is the term used to describe a member of staff reporting concerns to external agencies such as the local authority, the police or CQC should the provider fail to address the staff members concerns about people's safety or the quality of care.

The possibility of people experiencing foreseeable harm were reduced by the actions of the provider. The registered manager undertook a range of risk assessments. Where risks were identified the service took action. For example, to reduce the risk of falls the registered manager advised one person's relatives to install handrails and to raise a toilet seat. Among the risk areas reviewed were the environments of people's homes which included assessments of trip hazards such as trailing wires, carpet conditions and uneven flooring.

People's safety was enhanced by the provider's no response protocols. The method by which staff accessed people's homes was stated in care records. For example, in some instances people or their relatives answered the door to staff. In other cases staff used key code systems to enter people's homes to deliver care. The provider had plans in place should people not open the door as expected for staff at care visits. Care records advised staff on the actions to be taken to ensure people were safe. These included informing the registered manager and, where previously agreed, speaking to neighbours or relatives. If concerns for people's safety persisted the registered manager would contact the police service. Where people had emergency call systems in place to summon help in the event of a fall, this was noted in care records and the service had contact details for the emergency call system provider.

People were protected against possible neglect arising from late and missed care visits. The service confirmed the arrival of staff and had arrangements with people and their relatives to notify the registered manager if staff had not arrived. One person told us, "I have never been missed out." A relative told us, "They are very reliable and have never let me down." A second relative said, "[Care staff] have never missed a visit." A third relative told us, "They have never left us with no one." The registered manager ensured that the provider continuously had a staffing over-capacity to ensure cover was always available for the planned and unplanned absences of staff.

The care and support people received was delivered by staff assessed by the provider to be safe and suitable to do so. Prior to being employed by 68 Oak Avenue, staff were interviewed, subject to criminal records checks and had their identities verified. The provider confirmed the employment histories stated in staff applications by taking up references and ensured staff were eligible to work in the UK.

People received their medicines safely."The support that people required to receive their medicines was noted in care records. This included a medicines information sheet which stated the purpose for which medicines were prescribed. Where people self-administered their medicines the registered manager ensured there were assessments and signed agreements in place. Relatives confirmed that staff prompted their family members to take their medicine as prescribed. One relative told us, "The carers supervise that [family member] has taken their medicine."

Staff protected people against the risk of illness resulting from poor hygiene practices. To prevent the risk of spreading infection whilst delivering personal care staff wore personal protective equipment (PPE). People and their relatives confirmed that staff always wore PPE including single use gloves and aprons. People were also protected by the preparedness of staff to respond to a fire emergency. Care records contained individualised fire evacuation procedures to ensure people left their homes safely in the event of a fire.

Good

Is the service effective?

Our findings

A rating of 'Good' was given to 68 Oak Avenue at our 2016 inspection when we asked the key question, 'Is the service effective?' 'Good' remained our rating for the effectiveness of the service at this inspection.

People's needs were assessed by the registered manager and operations manager. People and their relatives participated in these assessments. One person told us, "I had a thorough assessment and I answered lots of questions and gave my views too." Another person told us, "I had an assessment. I was involved and so was the family." People's needs assessments covered areas including people's medical history, physical and mental health, communication, continence, sleep, pain management, personal care and risks. Prior to people receiving a service from 68 Oak Avenue the registered manager undertook an initial assessment to establish whether the provider had the capacity and capability to meet people's needs effectively.

People received care and support from trained staff. People and their relatives expressed confidence in the skills and knowledge of staff. One person told us, "The staff are very good, competent and have a good attitude." Another person said the staff were. "All very capable." Relatives we spoke with expressed similar comments. These included, "I think they are very experienced and good at the job" and, "The staff seem to have all the skills and experience you could wish for." Staff training included the role of home carers, principles of person centred care, food safety, effective communication and manual handling. Staff also received training designed to meet people's specific needs such as understanding dementia. New staff received five days of induction training and then shadowed experienced colleagues.

The registered manager delivered supervision sessions to staff in one to one meetings and in group supervision meetings. Supervision sessions included updates in relation to each person and any changes to their needs. Supervision meetings were also used to discuss staff performance in the standard agenda item, "Anything you require to improve performance." Staff told us they benefited from supervision sessions.

People told us that whilst they did not require any physical assistance to eat or drink staff prepared meals, snacks and drinks in line with their preferences. Care records noted people's food preferences. For example, one person's care records stated, "Make a sandwich for [person's name] to have at lunchtime, cut into eight, crusts off." Another person's care records noted, "No onions", whilst a third person's remained staff to, "Make a fresh pot of tea."

Staff were available to support people to access healthcare services. Whilst relatives generally supported people when they met with healthcare professionals staff had escorted people to hospital and GP appointments. People's care records noted the roles and contact details of involved health and social care professionals. These included dentists, opticians, chiropodists and GPs. Where staff noted changes in people's health needs such as in their behaviour, appetite or mobility this was reported to the registered manager. He in turn liaised with people's GPs to ensure that appropriate referrals were made. For example, where people's mobility needs had increased resulting in risks to their skin integrity the registered manager liaised with community nurses following GP referral. This meant that areas which were vulnerable to

pressure sores were monitored and managed. Where people presented with increased health needs, monitoring was correspondingly increased to support them. For example, staff maintained detailed care records for people as they recovered from urinary tract infections.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a separate process for services such as Chislehurst Homecare which support people in their own homes.

We checked whether the service was working within the principles of the MCA and found people were supported in line with legislation. People and the relatives confirmed that staff sought and obtained people's consent prior to delivering care and support. One person told us, "We chat and staff check with me before going ahead." A relative told us, "Staff engage with my family member] and the check with them every step of the way." A second relative told us, "[Staff] check as they go and it seems to work."

Good

Is the service caring?

Our findings

At our last inspection we found that 68 Oak Avenue were delivering a caring service. As a result the service received a rating of 'Good'. At this inspection we found the quality of care remained 'Good'.

People and their relatives told us the staff were caring and possessed positive attitudes. One person told us, "I have nothing but admiration for them, wonderful." Another person said staff were, "Very kind, it is their general attitude really." Relatives expressed similar comments. One relative told us staff were, "Incredibly kind and seem to genuinely care. They offer useful suggestions and always go the extra mile." A second relative said, "They are lovely and really kind."

People and staff knew each other well. The staff team was stable, with a very low turnover. This meant people received their care from the same staff for many years. People told us they received their care and support from regular staff which they found to be positive. One person told us, "I have my regulars and it makes all the difference." A relative told us, "They are a great bunch and I hope we keep them a long time."

People and staff shared meaningful relationships. One person told us staff took the time to, "Listen to my stories." A relative said staff were, "Amazing, so kind, they go and get [family member] fish and chips if that is what they want. On their birthday staff made a little party for [family member] and all the carers were there." Another relative said, "Staff always greet [family member] and have a chat about what [family member] has been doing"

People were treated with dignity. Staff delivered personal care in line with people's preferences and respected their privacy. One person told us, "Staff help. They respect my privacy." Another person said, "The personal care is carried out behind closed curtains and doors." Relatives told us that staff took steps to protect people's dignity. One relative told us, "Staff are careful that [family member] has their dressing gown for the journey between the bed and bath rooms." Another relative said, "[Family member] has a bath several times a week, doors closed, and nothing to cause them embarrassment." A third relative told us, "Privacy is given great importance by all staff."

People received information about their care. The service provided people with service user guides. These contained information about the service including how to make a complaint. Service user guides also contained information which people and their relatives might need including the details of local trades people such as plumbers and electricians.

People were supported to maintain their level of independence. Care records noted people's strengths and the support they required. For example, one person's care records stated that staff were, "To be present while [person's name] has a shower in the morning in case they slip or has an accident. [Person's name] will wash themselves as they are very independent." In another person's care records we read they preferred to clean their own dentures. Records from staff meetings with the registered manager showed discussions about strategies to support people wo were losing their independence. Discussions focused on the need to be person centred, obtaining people's consent and maintaining people's dignity.

Good

Is the service responsive?

Our findings

At our last inspection we found that 68 Oak Avenue delivered personalised care which was responsive to people's individual needs. Accordingly, we gave a rating of 'Good' in relation to this key question. We found that the service continued to be person centred at this inspection.

People had care plans in place into which they and their relatives had input. People's care plans provided staff with guidance on meeting people's assessed needs. Care plans also detailed people's preferences for how they wanted to receive their care and support. Where staff were required to support people with domestic tasks these were detailed in care records too. For example, one person's care records directed staff to, "Put washing on and hangout on airer." In another person's it stated, "Open all curtains and blinds and small windows."

People received their care and support at a time of their choosing and for the duration agreed. One person told us that care visits took place at, "The time we chose." One relative told us, "The times are reasonable." A second relative said the timing of care visits, "Suits my [family member]." People felt the length of care visits were appropriate to meet their assessed needs and in line with the preferences stated in care records.

People's care plans were reviewed and updated annually or when people's needs changed. Staff had clear advice in care records to inform the registered manager or operations manager if people's needs changed. In one person's care records staff were directed to inform the registered manager of specific changes to their communication or mobility which could indicate a change in health need. In another person's care records it stated, "Anything out of the ordinary please inform the office immediately."

The provider continued to ensure that people were clear about the role of staff in meeting their needs. Where care and support tasks were undertaken by relatives or friends this was noted in care records. For example, where relatives managed people's finances, delivered personal care tasks or undertook activities such as housework or shopping, this was detailed in care records. This meant that people, relatives and staff were clear about what their responsibilities were.

People and their relatives told us they understood how to make a complaint if they felt they needed to. One person told us they were aware of the complaints process but had never needed to use it. Another person said they knew how to initiate a complaint but said they, "Have never needed to." Similarly, relatives told us they knew how to raise concerns. One relative said, "I haven't needed to make a complaint but I know what to do if I am not happy." The provider had a complaints policy in place. Records of complaints were kept in a complaints file and included investigations undertaken and the resulting management action. No complaints had been received since our last inspection.

None of the people receiving care at home from 68 Oak Avenue had been identified by healthcare professionals as being on the end of life pathway. Staff told us they would deliver care to people in line with their preferences and in collaboration with palliative care specialists to ensure people retained their dignity and were pain free.

Good

Is the service well-led?

Our findings

68 Oak Avenue was given a rating of 'Good' when we reviewed the management and leadership of the service at our last inspection. At this inspection we found that Good Governance remained in evidence.

People, relatives and staff told us the service was well-led. One person told us, "I know that all the administration is done properly and the service they provide is very, very good." One relative told us, "They [the service] are small but they seem to have got it right." A member of staff told us, "[The registered manager] and the office team are clear about what they want from us and the standards they expect."

People received their care and support from staff who felt supported by the registered manager. One member of staff told us "The registered manager and the office team are supportive and encouraging." Supervisions were structured so that the support staff required from the registered manager was always discussed. The registered manager met with teams of staff to discuss organisational developments. These included staff support, communication and training.

The registered manager promoted good practice by highlighting positive feedback from people. The registered manager kept the compliments made by people about specific staff within individual staff files. Complimentary letters were shown to staff and were described by the registered manager as encouraging continued good practice and strengthening the positive relationships between people and staff. We read one compliment in which a person informed the registered manager, "I am not sure that I would have come through the illness without [named staff member's] help and care."

The quality of care delivered to people was subject to on-going checks and audits. The registered manager and operations manager undertook spot checks of staff. These were visits to people's homes where the delivery of care by staff was observed. For example, the registered manager confirmed that staff arrived on time, wore personal protective equipment appropriately and made correct entries into care records. Spot checks were also used to get feedback from people and their relatives about care and support. Where spot checks identified issues, these were recorded and the registered manager addressed them with staff.

People's care records were accurate and up to date. Staff updated care records following each visit to people's homes to deliver care and support. The registered manager reviewed entries into people's care records to confirm their accuracy and to ensure they continued to reflect people's needs. Care records were discreetly stored at the office in people's homes. This meant that visitors to either location could not readily see personal information about people.

The provider continued to work closely with other agencies in people's interests. The registered manager, office team and staff delivering care and support to people continued to liaise with healthcare professionals, other providers and the local authority. The registered manager understood their legal responsibility to notify the CQC of important events at the service.