

# Heheals Pharmaceutical Services Ltd

## Christchurch Cares

### Inspection report

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15 May 2019  
16 May 2019

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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

About the service:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection, it was providing care to 100 people.

People's experience of using this service:

People experienced a good reliable service, with personal care delivered by compassionate, kind and well-trained staff. One person said, "I really look forward to the carers coming every day. It's the little things they do that really count. I can't fault any of them." Another person said, "They treat me with the upmost respect I never have any concerns. They know what they are doing they are good at their job."

Staff had a good understanding of people's needs and provided person-centred care which enabled people to have a good quality of life.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported by consistent staff. Robust recruitment processes were in place.

Staff were provided with an induction and had been trained to ensure they could meet people's needs.

Positive relationships had developed between people and the staff that supported them. People and their families were involved with care planning and staff knew people well and could explain their histories and personal preferences.

Systems were in place to seek the views of people who used the service and monitor the quality of the service people received. Spot checks, care planning review meetings and audits were carried out on a regular basis.

Rating at last inspection:

Good (date of the last report published was 14 October 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service in line with our re-inspection schedule for those services rated as Good.

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led

# Christchurch Cares

## **Detailed findings**

### Background to this inspection

The 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.

Inspection team:

The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of this type of service.

Service and service type: The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit, because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection activity started on 14 May 2019. We visited the office location on this date to see the registered manager and office staff; and to review care records and policies and procedures. We made telephone calls to people on the 15 and 16 May 2019.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and

professionals who work with the service. We assessed the information we require providers to send us as least once annually to give some key information about the service what the service does well and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the registered manager, deputy manager and three staff. We telephoned 19 people to ask for feedback about the service they received.

Following the inspection, we received information from one health professional. Where possible their feedback has been included in the report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from risk of abuse:

- The provider had processes in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused.
  - We saw examples where concerns had been raised, and investigations took place in line with the providers safeguarding policy and procedure. The registered manager took appropriate action and investigated the concern keeping all parties updated.
  - People were safe and protected from avoidable harm. People's needs were assessed, and plans were in place and followed to promote their safety.
- One person told us, "Yes, I feel safe the staff know me they look after me. I usually have the same staff. They let themselves in with the key code and always lock it afterwards."

Assessing risk, safety monitoring and management:

- Risks to people continued to be assessed and were managed safely. Care plans contained clear risk assessments for staff to follow.
- Risk assessments included information about the risk of falls, dehydration, malnutrition and the risk of pressure sores.

Staffing and recruitment:

- People told us they received care from a consistent staff team and had never had any missed calls. One person told us, "I am able to pick the time of day I want my visit and I have to say that well over 90% of the time my carers are on time. They will occasionally get stuck in traffic, or will have had an emergency at the previous call, in which case someone always calls me from the office to let me know what is going on."
- Staff told us they felt they had enough time to carry out their care calls and to get to another person's house in the time allocated.
- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely:

- People received their medicines safely. Staff had received training on how to manage and administer medicines.

- The provider had systems in place to ensure that medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed.

Systems were also in place regarding the storage and safe disposal of medicines.

- One person told us, "The carer helps me take my tablets they come from the pharmacy ready for me to take. They put it in my hand and pass me a glass of water and once I have taken the tablet, it all gets entered in the records which they do electronically now."

Preventing and controlling infection:

- People were protected from the risk of infection. Staff completed training in infection control. One person told us, "I have never once had to remind a carer to either wash their hands or put clothes on or change them between tasks they are very vigilant."
- Staff told us they have access to adequate personal protective equipment (PPE) for example, gloves and aprons.

Learning lessons when things go wrong:

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's care, treatment and support achieved good outcomes, promoting a good quality of life.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had been trained in the principles of the Mental Capacity Act 2005 (MCA)
- People's consent had been obtained when care had commenced and was recorded within people's care plans.
- When people held either Enduring or Lasting power of attorney (EPA or LPA) documents were retained within the care plan. An enduring or lasting power of attorney (EPA or LPA) are a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity.
- People were presumed to have the mental capacity to consent or refuse treatment. When people lacked capacity, appropriate assessments had been carried out, with decisions made prioritising the person's best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence based guidance that achieved effective outcomes.
- Care plans were detailed and offered staff practical advice. Where staff needed to support people in more complex tasks, such as with specialist equipment there was detailed step by step guidance. Care plans were regularly reviewed and updated to ensure people's changing needs were met.

Staff skills, knowledge and experience:

- People were confident that the staff were skilled and well trained. One person told us, "My husband has quite high needs, and I am very impressed by the carers knowledge and professionalism they know exactly what to do."
- Staff told us they had regular supervision meetings with the manager to support their development. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.

Supporting people to eat and drink enough with choice in a balanced diet:

- Care plans contained information regarding people's eating and drinking. This included their likes and preferences regarding food and drink.
- Staff knew how to support people to eat and drink safely. One relative told us, "My [name of person] has been told they need to drink more by the GP, the staff are very good at encouraging this."
- One person told us, "I have cereal for breakfast. The staff help me with this then I have a microwave meal for lunch, they usually make me a sandwich for tea or I may have a piece of cake."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support:

- The service had clear systems in place for referring people to external agencies. Any input from health professionals was clearly documented in people's care plans with any outcomes or actions to be taken.
- Staff recorded daily how people's health and well-being was and made referral's if they had any concerns. For example, referrals to a GP or district nurse.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

The service involved people in their care and treats people with compassion, kindness and respect.

Ensuring people are well treated and supported; equality and diversity:

- People received care from staff who treated them with respect and upheld their dignity. One person told us, "The staff are so kind and caring, they take their time and never rush me when helping me have a shower I never feel embarrassed or uncomfortable." Another person told us, "The staff have so much patience they explain everything every day to make sure I am okay."

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

- People told us they were fully consulted about their care. Everyone spoken with knew what a care plan was and told us it was regularly reviewed with their involvement.
- One relative told us, "We have regular meetings, I like this because we are able to sit down and just have a good chat about what is working and about any changes that are needed going forwards."
- Care plans contained information regarding people's likes, dislikes, hobbies and interests including their cultural needs. One person told us, "I enjoy the staff sitting and chatting with me they always have time for a chat. I look forward to them coming every day."

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us they felt listened to and that staff respected their wishes. One person told us, "The staff will do anything I ask them to, they always check I am happy and if I want them to do anything else before they leave." Another person told us, "The staff help me have a shower but sometimes I choose not to, it is no trouble they will then help me have a good wash."
- People told us they felt the staff respected them, their home and belongings. One person told us, "They let themselves in with a key code and always make sure they put everything back in its place."
- People told us they felt staff encouraged their independence enabling them to stay living in their own home. One person told us, "The staff come in three times a day. Without them I would have to live in a care home. They encourage me to do things for myself."
- Records were kept securely, and computers were password protected. Staff knew how to keep people's information confidential.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans were detailed and contained clear information about people's specific needs, their personal preferences and how they wished to be supported. Each care plan was regularly reviewed and updated to reflect any changes.
- The service identified people's information and communication needs by assessing them, and staff understood the Accessible Information Standard (AIS). The AIS aims to make sure people with a disability or sensory loss are given information they can understand and the communication support they need.
- Care plans contained detailed information regarding people's communication needs.

Improving care quality in response to complaints or concerns:

- Staff involved relatives as appropriate in ongoing discussions and formal reviews which gave them the opportunity to speak on behalf of people and voice any concerns.
- There had recently been some concerns raised about the inappropriate use of social media by some of the care staff. The registered manager had dealt with this appropriately through the company's disciplinary process and everyone involved had been fully informed and updated throughout the process.

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. The registered manager told us they worked closely with a local hospice.
- Care plans did not contain detailed information around end of life. We discussed this with the registered manager who told us they had difficulty in obtaining information as people were reluctant to talk about this during the assessment stage. They told us they would approach the subject once relationships had been built up between themselves and the person or family

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The service had a well-defined management structure, which provided clear lines of responsibility and accountability.
- Spot checks on staff's performance took place on a regular basis so the provider could identify any areas for improvement in staff practice.
- A quality assurance system was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required following the service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The provider was working in accordance with this regulation within their practice.
- The registered manager was committed to ensuring all staff promoted a person-centred high quality of care. The management team all wanted to achieve the highest possible outcomes for people.
- Staff told us they felt fully supported by the management team who were approachable. One staff member told us, "We work as a team, the manager is really approachable and supportive."

Engaging and involving people using the service, the public and staff:

- Staff meetings and family meetings were held on a regular basis and minutes taken which were signed by staff who were not able to be present.
- A newsletter was emailed to staff and people that used the service to keep them informed on any new changes or events.
- The agency recognised the hard work the staff do by giving bonuses for example, employee of the month or completing training and 100% attendance. Staff told us morale was good and staff felt valued and appreciated.
- Satisfaction surveys were undertaken annually for people who used the service and their relatives.

Continuous learning and improving care: Working in partnership with others:

- Staff worked in partnership with other professionals to meet the needs of people. For example, the local authority and hospital discharge teams.
- The service was in the process of transferring to electronic records. The registered manager told us there had been a few teething problems and had been in discussion with the rest of the staff team on how best to address these.
- The agency had links with the local community and held dementia friendly sessions at the local church.