

Chameleon Care Limited

Chameleon Care (Dover)

Inspection report

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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

Chameleon Care is a domiciliary care agency which provides personal care to people in their own homes. At the time of the inspection 28 people were receiving a personal care service. Some people had physical disabilities and a variety of health needs.

People's experience of using this service and what we found

Some people fed back their calls were sometimes later than expected but where possible they were contacted by the service to keep them informed. Nobody told us their calls were missed. New staff were recruited safely. We did note some small gaps in two staff members employment history had not been recorded. The senior manager took action during the inspection to resolve this. People did not raise any concerns about their safety and were supported to remain safe. Staff understood how to raise any safeguarding concerns. Medicines were managed safely, and people were assessed to determine the support they required to take their medicines.

The service maintained good contact with other health care professionals and peoples care plans contained information, so carers could support health needs. People were supported by carers who were trained to have the right skills and knowledge. Carers told us they received enough training and support to carry out their roles. Where needed, people were supported by carers with their food and drink. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Before people received a service, their needs were assessed, and any risks were identified. People were assessed so any changes could be made to their care package as required

People and their relatives fed back positively about the carers and how they were treated. They told us they were treated with dignity and respect. People received the care and support needed, in the way they wanted. Care plans were detailed and person specific. Complaints were managed appropriately,

Staff understood their roles and the values of the organisation. Managers continued to keep their skills and knowledge up to date and understood relevant legislation and guidance. People, staff and other individuals were asked for feedback, so the service could improve,

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating inspection for this service was good.

Why we inspected

This was a planned scheduled inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Chameleon Care (Dover)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Chameleon Care (Dover) receives 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.

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. A senior manager was in day to day charge of the service and assisted us throughout this inspection.

Notice of inspection

We gave a short period notice of the inspection because we wanted to gather feedback from people. We asked the provider to seek permission from people using the service to share their contact details with us, so we could make telephone calls before we visited the office.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about

the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We spoke to five people and four relatives who used the service by telephone before we visited the office. We used all of this information to plan our inspection.

During the inspection

We visited the office location on the 5 December 2019. We spoke to the senior manager, assistant manager, administrator and two carers. We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and information around making complaints. We spoke with two carers, one person and one relative. We received feedback from three healthcare professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to remain safe. Carers had received training about how to recognise abuse and raise safeguarding concerns. A carer said, "I know how to raise safeguarding's, one of my ladies would stop showering. I spoke to her and said I would need to take action (because I was concerned)." A healthcare professional said, "No concerns regarding safety. I am confident that if carers have any safety concerns they will report it appropriately."
- The senior manager was aware of their safeguarding responsibilities and had made referrals to the local authority when required. They told us, "There was a safeguarding raised by me about how a client was treated by their relative and this was reported to the CQC."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Before people received a service their needs were assessed, and any risks were identified. The senior manager said, "Sometimes we would have to assess the environment on the first visit, but we always assess. We have had in the past people that have hoarded. We explained at the assessment that we need to have clear pathways to get into their room for the safety of the staff and for the person."
- Risks to people continued to be assessed and monitored. Care plans contained risk assessments around peoples care such as health needs, moving and handling and risks around falls.
- Accidents and incidents were recorded, analysed, and further measures were implemented if necessary to reduce the risk of repeated incidents.
- Lessons were learnt when things went wrong. For example, there had been one occasion when a person had not received their call because their usual carers were unavailable. The person refused to accept care from unknown carers. The senior manager told us they had learned from this and increased the pool of carers for this person to ensure this did not happen again.
- Reviews were conducted of areas such as medicines and accidents, so any errors, patterns or trends could be identified.

Staffing and recruitment

- Some people fed back their calls were sometimes later than expected but where possible they were contacted by the service to keep them informed. Nobody told us their calls were missed. Office staff and managers covered calls if required. People said, "They (managers) sometimes do visits if carers are off on holiday. They are lovely, they would go above and beyond."; "Very good, no problems, turn up on time. Sometimes they get caught up in traffic around Dover, its busy." and "Some carers do call me when running late, it depends who it is."

- An on-call system was in place, so carers always had a point of contact for support and advice. Carers said, "If I've got any problems I can always drop into the office there's always someone to speak to. I feel supported, generally there is enough time in between calls."; "I have enough time between calls. I like it here, I get a lot of support and help" and "I have enough time between calls. I don't have many late running calls, but you never know what you're walking into and you might run late. If I know I'm going to be late I phone the office to ask if they can call the client to explain and apologise."
- Staff were recruited safely, and checks were made before new staff commenced employment. Relevant Disclosure and Barring Service (DBS) checks were completed (DBS checks help employers make safer recruitment decisions. Employers can check if new staff have any criminal convictions or cautions), and references obtained from previous employers. We did note some small gaps in two staff members employment history had not been recorded. The senior manager took action during the inspection to resolve this.

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely, and people were assessed to determine the support they required to take their medicines. The senior manager said, "We always assess, we would re-assess if carers said there was an issue with any aspect of care. Some people do their own medicines, or their family do, some people we do medicines for."
- Medicines were audited by managers to check for any errors. Carers were removed from administering medicines if they made any mistakes. They were retrained, and competency checked before being permitted to administer medicines again.
- People were protected from the risk of infection. Carers received training in infection control and were provided with enough personal protective equipment such as gloves, arm guards and aprons to complete their roles.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples care plans contained information, so carers could support their health needs. We noted that information around the management of constipation for one person was not person specific although there had been no impact on the person. Carers told us they recorded any concerns and reported this straight away. The senior manager updated the documentation during the inspection to contain more detail regarding the signs and symptoms specific to the person around constipation that carers should be aware of.
- A carer said, "We try to assess people before they start using the service. We match staff to people." People were assessed for changing needs and their care plan updated immediately. For example, one person had recently returned from hospital. During the inspection a carer brought the persons care plan into the office so changes could be made around their health needs. The senior manager said, "Sometimes when people are in hospital they come home, and we are not told. We don't normally go into the hospital to assess but (managers) would generally be on the first call to make sure their needs had not changed a lot and carers could still support."
- Where possible the service supported people to attend healthcare appointments and arranged transportation for people who did not have other support to call on.
- The service maintained good contact with other health care professionals such as occupational therapists, doctors, district nurses, mental health teams, the intermediate care team and pharmacists.

Staff support: induction, training, skills and experience

- People were supported by carers who were trained to have the right skills and knowledge. Training was a mixture of eLearning and face to face training and was flexible to the carer's individual needs. Carers said, "(Senior manager) trained me in moving and handling, we have a hoist here to practice. It's really weird, we've been in the hoist for the training, you feel really vulnerable, everything taken away from you"; "We get any training here, you can request, its online, I can come up here and they will sit with me and do it" and "My training is all done, I have moving and handling, medication, I get trained to support people."
- New carers spent time reading policies and procedures in the office as part of their induction as well as completing the Care Certificate. The Care Certificate has been introduced nationally to help new carers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. New carers spent the first two weeks shadowing other

carers and did not lone work until confident and their competency checked.

- Carers were competency checked by managers, received reviews, formal supervision, appraisals and observations of their practice. Carers received mandatory training in areas such as first aid, health and safety, and infection control. They also received specialised training in areas such as catheter care (a urinary catheter tube drains urine from the bladder) and PEG if people had hydration or medicines via a percutaneous endoscopic gastrostomy (PEG). (This is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.)

Supporting people to eat and drink enough to maintain a balanced diet

- Where needed people were supported by carers with their food and drink. A carer said, "We go through the cupboards and make a list together, we prepare all (persons) meals. (Person) likes to eat meals with me, they used to go to the Italian restaurant, so we try to cook the dish (person) likes at home. (Persons) a good eater, they get fresh veg each day rather than a microwave meal." Where referrals had been made to the Speech and Language Therapist (SALT) recommendations were followed so people ate and drank safely.
- People who made their own decision about what they ate and drank were advised by carers of potential risks. For example, if people chose to have large amount of sugar in their tea. Peoples preference around how they preferred their food to be prepared was listened to. For example, the senior manager said, "We have a client whose family have asked we blend the food because he doesn't like the texture not because it's a risk."

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Peoples capacity was continually assessed and documented within their care plans. If carers had concerns over any restrictions people were subjected to in their own homes, they reported this to the senior manager who referred concerns immediately to the local authority.
- Carers understood the importance of people having choice and having the right to make their own decisions even if deemed 'unwise'.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us, "I do feel they maintain my dignity throughout, washing me and helping me with my commode", "We have no complaints and are happy. I think the carers do treat my husband with respect, kindness and dignity, he likes them", "They treat me with respect and try to maintain my dignity as much as possible" and "They are all wonderful and do whatever I need."
- Carers spoke kindly and fondly about the people they supported. They told us they had enough time to build a rapport with people as well as care for their physical needs. Staff had a good understanding and knowledge of people's specific individual needs and how they preferred to be supported. A carer said, "Definitely get time to chat to people and get to know them. For some people we are the only people they will see. I care for a lady and she reminds me of my nan." Another carer said, "If I retired completely I would still visit (person) if the company let me. We enjoy each other's company."
- Several compliments had been received about the service. For example; 'Thank you for attending my mother's funeral. You treated her with endless cheerfulness, friendliness and respect and made her situation more bearable than it might have been whilst protecting her dignity'; 'The family would like to say a big thank you to all the lovely people involved in looking after her. We feel everyone who met our mum was caring and compassionate not only to her but to us as a family at a very difficult time' and 'Thank you to all your staff for the care and kindness given to my mother. She also enjoyed the visits and talking to her carers.'
- People were supported to follow their religious and cultural beliefs, any protected characteristics such as race was respected. The service had matched staff with people who shared a language and all staff were trained in the importance of promoting equality and diversity. The senior manager described a situation where the protected characteristics of staff had been impacted on by people, which they responded to and supported in a sensitive way.

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

- People were asked for their feedback so improvements to their care could be made. One relative said, "Every so often someone will come from the office to go through any queries we have, and I can raise concerns."
- One person only accepted certain carers to provide any support and this was respected and recorded in their care plan. When new carers were introduced the person had been asked for their feedback and views to ensure they were happy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received the care and support needed, in the way they wanted. Care plans were detailed and person specific. A healthcare professional said, "The experiences I have had with the staff at Chameleon Care have been good. They work extremely well with us as a team, ensuring the patients have all that they need. The staff members communicate with us well. I can't speak for all staff members as I don't have contact with them all, however the ones I do speak to are very caring about their patients and will go above and beyond."
- Each person had a care plan which included information about the support they required and what carers were responsible for. Information included daily routines, health needs, identified risks, and other important information such as how people preferred to be supported and what they did not like. The carers we spoke to had a good knowledge of the people they supported.
- Care plans were reviewed regularly and updated immediately when there were any changes. A healthcare professional said, "Overall I am pleased with the service that Chameleon Care provide. I have always been treated with respect by the manager and supervisors. They are very proactive in raising concerns regarding their clients and will always endeavour to attend joint visits with us. Care staff appear well trained and very friendly."
- We noted information about one person's communication needs were not detailed enough to inform any new staff of the individual way the person communicated. The senior manager took action during the inspection to improve this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in the format that helped them understand, for example large print or in a different language. Some people had specific ways of communicating using equipment such as communication boards.
- Some people preferred to receive their weekly call times list by post and others preferred this by email.

Improving care quality in response to complaints or concerns

- Complaints were managed appropriately; one complaint had been made which had been investigated

and resolved. A relative said, "We've had many dealings with the manager and have been told how to complain."

- A complaints policy and procedure were available for people, staff and other individuals should they wish to make a complaint. We noted that some of the details of who could be contacted if complainants were not satisfied with outcomes were incorrect. The provider took action and sent us the updated complaints policy after the inspection.

End of life care and support

- People were supported at the end of their life. The senior manager said, "A lot of people are cared for at the end of their life at home. We do tell staff if they can't do calls for end of life that's fine, me and (other manager) can do the calls. At any stage if carers say they can't do it any more we support staff. We have an employment assistance programme that staff can phone confidentially if they need support."

- Most people had family to help advocate their wishes at the end of their lives. The senior manager said, "If someone doesn't have anyone, we would talk to Continuing Care and Social Services. We would advocate for people who need more input at their end of life."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers continued to keep their skills and knowledge up to date and understood relevant legislation and guidance. The senior and assistant manager participated in a variety of events and forums including the Kent registered managers networks, Kent integrated care alliance (KICA) and other registered managers forums. The service had signed up to be a member of Skills for Care, community support @ Kent, and Stroke, Parkinson and Alzheimer's associations to keep up to date with current guidance and information.
- The senior manager understood their responsibility to notify the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating in the registered office and on their website.
- The senior manager described a recent incident where concerns were raised about the care one person had received. An apology was made, and changes were made to the care package, agreed by the person.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others;

- Staff understood their roles and the values of the organisation. They fed back positively about the support and leadership they received. A carer said, "There's an on call, we all have the numbers in our phones and even in the client's folders there is the on-call number. The managers are good even if your problem isn't about work you know you can talk to them in confidence."
- There was mutual respect between staff and management and staff freely came to the office to seek advice or share information. A carer said, "Nothing phases me, with the support it doesn't matter what your going through you can pick up the phone to (managers). We have got such a good team, there are times you are alone, but you're not alone if that makes sense. We pull together."
- The service worked in a collaborative way with other health care professionals. A healthcare professional said, "Yes, I have multiple excellent experiences with all the managers and staff, responding to recommendations and advice. Very quick to respond to queries. Helpful on the phone. Management are happy to arrange and fully participate in joint visits if requested. I have always found staff to be respectful to

professionals, clients and their families etc."

- The service had worked with the Kent Police. New police recruits had spent time in the office working alongside staff to have an increased knowledge of people living within the community.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There was good engagement from other healthcare professionals who were kept up to date with changing needs so continuity of care could continue. People, staff and other individuals were asked for feedback, so the service could improve, and quality assurance questionnaires were distributed annually. The senior manager said, "We are called Chameleon Care because we are adaptable to people's needs."
- The service used various methods to communicate with staff, people and the community. The senior manager said, "We have a (social media) page, I put nice things, things the staff have done well, and events. Messages like "Crisp morning, drive safely" are put on, the staff are encouraged to post things, some of the family have 'liked' the page."
- Regular audits and checks were made to identify where improvement could be made. A relative said, "Yes I think the staff are well trained and know what they're doing. Managers come to do visits sometimes to cover sickness or holidays. We usually have a review every few months, so we can raise any concerns then."
- Regular staff meetings were held which was an opportunity for the team to discuss and share important information to drive improvement. At the meeting in October 2019 the team had discussed that two carers were going to raise money for the Alzheimer's society in December 2019 by dressing up like elves. During our inspection we viewed a board which gave information about this event as well as other fundraising the service had participated in. This included raising money for Macmillan's by having a tea and cake morning and carers wearing red for the day for another charity.