

Charterville Care at Home Limited

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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

We inspected Charterville Care at Home on 20 November 2018 and the inspection was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in Witney and the surrounding areas. It provides a service to older adults some living with dementia, disabilities, sensory impairments and mental health needs. Not everyone using Charterville 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. On the day of the inspection the service was supporting 100 people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

The service continued to provide safe care to people. People told us they felt safe receiving care from Charterville. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place, these included completing checks to make sure new staff were safe to work with vulnerable adults.

Staff demonstrated they understood how to keep people safe and records showed that risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely and people received their medicines as prescribed.

People continued to receive effective care from staff who had the skills and knowledge to support them. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health. People were supported to meet their nutritional needs.

The service continued to provide support in a caring way. People benefited from caring relationships with staff who treated them with dignity and respect. People were involved in their care and supported to remain independent. The provider had processes in place to maintain confidentiality.

The service continued to be responsive. People received personalised care by staff who understood people's individual needs and preferences. People's changing needs were responded to appropriately. The service was flexible and supported people to attend social events and prevent social isolation. People knew how to complain and complaints were dealt with in line with the provider's complaints policy.

At our last inspection of Charterville on 16 May 2016, we rated the service as requires improvement in well-led. At this inspection we found the service had improved to good in well-led because, people told us the service was well managed. People knew the management team and spoke positively about them. The service sought people's views and opinions and acted upon them. The registered manager and management team promoted a positive, transparent and open culture. Staff told us they worked well as a team.

The service had effective systems to assess the quality of care the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service had improved from requires improvement to good.

The service was well led.

Communication between people and office staff had improved.

The leadership created a culture of openness that made people and staff feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Charterville Care At Home Limited

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 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 inspection took place on 20 November 2018 and was announced. 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.

We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in.

Before the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We also reviewed the provider's previous inspection report.

We spoke with nine people and 11 relatives. We looked at four people's care records and four medicine administration records (MAR). We spoke with the registered manager, two assistant managers, the office coordinator and seven care staff. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, staff communication letters, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

Charterville continued to provide safe care to people. People told us they felt safe. One person we spoke with told us, "I would speak to somebody from the agency if I didn't feel safe to be here on my own". One person's relative said, "The carers are very good and always make sure that she is happy before they start lifting her".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "I would report to the office, also write incident form and record. If nothing was done by the office can call safeguarding team or head office".

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at high risk of developing pressure sores. The person had a risk assessment and a risk management plan which included the use of pressure relieving equipment. People had environmental risk assessments to identify and minimise any potential risks in people's homes.

Staffing rotas confirmed and staff told us there were sufficient staff. One member of staff said, "We have recruited a lot of staff. We can cover all the calls". People told us they always had their visits completed on time. One person commented, "I've never experienced a totally missed call, nor do the carers rush me".

The provider had safe recruitment and selection processes in place. These included completing checks to make sure new staff were safe to work with vulnerable adults. Staff were not able to work alone until references and disclosure and barring service checks (DBS) had been received.

Medicines were managed safely and people received the medicines as prescribed. Medicine administration records (MAR) were completed fully and accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines. One person said, "My carers help me with my tablets four times a day. Once I've had my tablets, it all gets written up in the charts. I don't think I've missed a single dose of my tablets in all the time that these carers have been looking after me".

People told us they were protected from the risk of infection. One person told us, "I never have to remind my carers to wash their hands and they always change their gloves between jobs". The provider had infection control policies and procedures in place. Staff we spoke with told us they followed safe infection control practices.

The provider had a clear procedure for recording accidents and incidents. These were audited and analysed to look for patterns and allow learning from them. For example, three separate incidents relating to medicine administration had been reported. This had resulted in retraining of all staff on how to administer medicines from monitored dosage systems. Staff knew how to report accidents and incidents.

Is the service effective?

Our findings

Charterville continued to provide effective care. People's needs were assessed before they received support from the service. This formed the base of the care planning process and ensured the service could meet people's needs and expectations.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, food safety, safeguarding, medicines as well as passport training. Passport training is person specific integrated training, for example, application of stockings, which allowed staff training to cover different people's needs. Staff were also offered training in dementia, end of life and diabetes. Staff we spoke with told us they felt supported. One member of staff told us, "Recently done a lot of training, more booked for next month, more refreshers. Training is a good quality, brilliant training. I can request extra training. Already done level 2 diploma, eventually would like to do level 3, they're aware of".

Staff told us they sought verbal consent whenever they offered care interventions. Staff sought permission and explained care to be given. For example, when people were supported with personal care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. People were supported in line with the principles of the MCA. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "Treat everyone as individual. Don't judge people and treat everyone as able to make own decisions".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care records. The service was flexible enough to ensure people attended hospital appointments when required. People told us they were supported to attend health appointments. One person's relative said, "My husband has quite a few appointments, whether it is at the hospital or his GP practice, so we do have to phone up and change his visit times quite often. I must admit, the office never makes any trouble about our requests and as far as I can recall, we've never had to change an appointment because the agency couldn't swap around his timings of calls".

People's nutritional and hydration needs continued to be met. Care plans gave detailed guidance on people's needs, including their preferences and any allergies. One person told us, "My appetite isn't great these days, but my carers are very encouraging and will try and persuade me to eat at least something hot every day. They are also very good at encouraging me to drink and it's usually the kettle that gets put on, first thing as they come through the door to make me a hot drink and they make me another one just before they leave".

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. One person told us, "I am much happier now because I have a couple of regular carers who come to me most of the time. I see them all the time and I've got to know them and they know me and know how I like things to be done. I look forward to them coming each day because it's nice to be able to chat with them". Another person said, "Sometimes, one of my carers will bring me in a magazine or some chocolates or just something unexpected which is really nice because I don't get to see my family often these days as they all live away". One person's relative commented, "They [carers] always seem extremely kind and patient with mum. Also, when mum has been taken ill or things have taken longer than the allotted time, the carers have stayed and helped her, even though it messed up their timetables".

People were treated with dignity and respect. When staff spoke about people to us they were respectful and they displayed genuine affection. Language used in care plans and daily records was respectful. One member of staff explained, "We always got to make sure we respect people's wishes and privacy".

People told us they were treated with dignity and respect. One person told us, "My carers always make sure that they run the water in the shower so it's nice and warm while I'm undressing and they also make sure that they put my bath towel on the radiator so it's warming up while we're showering. At this time of year, it really makes a difference to me, being nice and warm". A person's relative commented, "I have always found the carers to be extremely sensitive in such matters, particularly as mum wants to be independent and is reluctant to accept help".

People were involved in their care. Care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. One person said, "Yes, my husband was asked at what times he would like the carers to come, which days of the week he would like to have a proper shower and also whether he preferred male or female carers. I think we felt as involved as we could be in planning how his care was organised".

People's needs were respected. Discussion with staff demonstrated that the service respected people's individual needs. One staff member told us, "We've got one lady that due to her religion we need to be extra vigilant about her dignity when you do personal care". The provider's equality policy covered all aspects of diversity including ethnic background, language, culture, faith, gender, age, sexual orientation or any other aspect that could result in people being discriminated against.

People were supported to remain independent. One staff member described how they had recently supported a person to maintain their independence in carrying out personal care tasks for themselves. The staff member told us, "Always encourage people to wash the areas they can, when providing personal care, not taking over".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were

stored securely. Staff knew how to maintain confidentiality.

Is the service responsive?

Our findings

Charterville continued to be responsive. People's care records contained information about their health and social care needs. The care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to have their visits. The service did all it could to accommodate people's preferences. People's abilities and hobbies were considered. One person's relative told us, "We asked if her carer could come nice and early in the morning so that she's able to go out to the day centre a couple of times a week. It's nice for her to have a change of four walls and she meets up with some old friends so she can have a bit of a chat and a catch up with them".

Staff were knowledgeable about the person-centred information in people's care records. For example, one member of staff we spoke with told us about a person's care needs in detail and the family involvement. The information shared with us by the staff member matched the information within the person's care plan. People's care records were current and reflected people's needs in detail. We saw daily communication logs were maintained to monitor people's progress on each visit.

The service was responsive to people's changing needs. For example, we saw evidence of how the service had responded to changing needs in relation to a person who had been admitted to hospital and required more visits. Records showed the person's visit schedule had been adjusted to meet the person's changed needs.

People were encouraged and supported to maintain links with the community to reduce the risk of social isolation. For example, people who enjoyed attending coffee mornings and community centres. The service planned people's care visit times flexible enough to accommodate their interests as well as any other social commitments.

People knew how to raise concerns and were confident action would be taken. One person we spoke with told us, "We do know how to complain because there was a leaflet included in the folder when we first started with the agency. Although we've had small issues to do with individual carers, and a few problems around the timings of visits, we've never actually had to put in a full complaint about anything, although I'm sure if we did, we would be taken seriously". Charterville had systems in place to record, investigate and resolve complaints. The service's complaints policy was available to all people, and a copy was kept within people's care records in their homes. No formal complaints had been received since our last inspection.

Staff told us they had received training and knew how to support people during end of life care (EOLC). They talked about how they would maintain people's dignity and support families during such difficult times. At the time of our inspection no one was receiving end of life care.

Is the service well-led?

Our findings

The rating has improved from requires improvement to good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in The Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had been in post for just under two years. They had direct support from the provider and two assistant managers. They were passionate about their role and had a clear vision to keep improving the quality of the service. The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family relationships. They often worked alongside staff. They told us, "I had a bumpy start and some staff left. I have now built rapport with staff over time".

There was a clear management structure in place, with staff being aware of their roles and responsibilities. One member of staff commented, "We have a structure in the office and we have designated team leaders for each area". Staff felt that they could approach the registered manager and senior staff with any concerns and told us that management were supportive and made themselves available.

People were positive about the service, the registered manager and the changes the registered manager had put in place. They praised their practical and positive attitude to customer service and responding to issues in a positive way. People commented, "We have met a lady from the office, who I think is the manager and they have some senior carers who come and visit to check the care plan and records" and "The manager is good. They have made a lot of good changes".

Staff were complimentary of the support they received from the registered manager and management team. They were appreciative of their availability any time of the day. Staff told us, "[Manager] is a good manager, very good, she always listens", "Manager leads by example, office staff are not just office staff, they'll do hands on if needed too" and "Manager is very good at her job, she understands the care side of things as she had worked as a carer before".

Staff told us the provider often visited and Charterville was a good provider to work for. One member of staff said, "Overall a good supportive company to work for with very good communication". Another member of staff said, "The company is very supportive. The CEO often pops in".

People and their relatives were complimentary on the positive communication they had with the service. People said, "There's one particular lady in the office who I speak to if we need to change the visit times, but I can't remember her name unfortunately. If they promise to phone back, they always do" and "Oh yes, they do always answer the phone. If they can't give you an answer then and there, they will usually say they will phone us back and probably nine times out of 10 they actually do. We've never had any problems getting in

touch with the office".

The provider checked the service was meeting people's needs through regular reviews, staff spot checks and surveys. Records showed people were happy with the care and support received from Charterville.

The service encouraged open communication among the staff team. Staff described a culture that was open with good communication systems in place. Although there was no evidence of any meetings organised for staff, we found information was shared through people's communication books as well as weekly staff newsletters.

The provider had effective quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, CM2000 (visit log system) and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, the provider's audits had identified shortfalls in staff logging visits. This had been discussed with staff and spot checked. Records showed visit logging had improved.

Records showed the service worked closely in partnership with the local authority and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The service was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered manager and the provider to act in an open way when people came to harm.