Chinite Resourcing Limited

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Inspection report

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Date of inspection visit:
20 April 2016

Date of publication:
17 June 2016

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 Chinite Resourcing Limited on the 20th April 2016. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

The service provides care and support, including personal care to adults living in their own homes. The service currently provides 'long-term' care to people, for example to people who require 24 hour care or support at night. At present, out of the 12 people receiving support, six are in receipt of personal care.

There was a registered manager at the service at the time of our inspection. 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.

Systems were in place to ensure people were safe. Staff had undertaken training in safeguarding adults and were aware of what action to take if any concerns became apparent. Risk assessments were in place and detailed in accordance to people's personalised needs. Staff were aware of what to do if people's needs changed and how to update risk assessments. Accidents are incidents were reported in accordance with the corresponding policy. There were sufficient levels of staffing and efficient cover arrangements in place and people's medicines were managed safely and audited on a regular basis.

Care staff received relevant training to their role as well as a robust induction programme and we saw records of safe recruitment. Relevant checks had been carried out before staff commenced employment.

Staff received regular supervision to support them in their role. The coordinator for the service and registered manager supported staff so they were effective in their role to care for people and deliver a high standard of care.

People had access to health care services in order to meet their needs and records reflected this.

Care plans were person centred and detailed. People were involved in their care planning and decision making. Staff knew people well and were aware of their personal histories and understood their likes and dislikes. Caring and positive relationships were developed with people using the service and their carers.

The registered manager for the service had a good relationship with staff and the people using the service. There was open communications between all parties and people regularly provided feedback. The service had quality assurance methods in place.

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. People using the service were protected from harm.

People using the service had risk assessments in place and these were updated regularly.

The service had sufficient staffing levels to meet the needs of the people using the service.

People were supported with their medicines safely.

Is the service effective?

Good

The service was effective. People received care from staff who received relevant training to their role.

Consent to care was sought and documented in care plans.

People were supported to eat and drink and this was in line with their dietary and cultural needs.

People were supported to maintain good health and have access to healthcare services when needed.

Is the service caring?

Good

The service was caring. Caring and positive relationships were developed with people using the service and their carers.

People were involved in their own decision making and their views were respected and listened to.

Staff were respectful of people's privacy.

Is the service responsive?

Good

The service was responsive. People received personalised care in accordance to their needs.

People were actively involved in the planning of their care.

Care needs were reviewed regularly and reviews were recorded.

Concerns and complaints were encouraged and responded to. There was a complaints procedure in place.

Is the service well-led?

Good

The service was well led. The registered manager had quality assurance practices in place to ensure that high quality care was being delivered.

People spoke positively about the management structure and leadership within the service.

People using the service and their families were encouraged to give feedback on the service.

Chinite Resourcing 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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team.

The inspection was carried out by one inspector. On the day of the inspection we spoke with the registered manager, the coordinator for the service, the nominated individual, three care workers, two people using the service and two relatives of people using the service. We looked at four care files, four daily records of care, five staff recruitment files, training records and policies and procedures for the service.

Good

Is the service safe?

Our findings

People using the service told us they felt said. One person said, "I feel safe with the carers".

Staff told us that they had attended training courses in safeguarding and were able to identify different types of abuse. They were aware of their responsibility to report any allegations of abuse. One member of staff stated, "Safeguarding means protecting people from harm., If there is harm I will try and minimise it and report it". Another member of staff said, "I know the different types of abuse. I have had training. If I had any concerns I would tell my manager". Another member of staff we spoke to said, "If I suspect something I can discuss it with my manager. If the suspicions are about the manager I will do whistleblowing".

We saw an example of a safeguarding concern regarding a carer who had forgotten their identification when going to a person's home. The actions that had been taken were documented and included a meeting with that carer and also the person using the service, as well as liaising with the local authority and safeguarding team. This meant that the service was aware of their responsibilities in reporting any potential safeguarding's or incidents so that CQC was able to monitor safeguarding issues effectively.

We saw that policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. Accident and incident policies were shown to us and how to raise alerts were clearly documented in the relevant policies. We also looked at policies such as moving and handling, food and nutrition, falls management, infection control and the choice of carer gender. The service had an accident and incident policy in place and we saw examples of incidents that had been recorded and the relevant actions that were taken. For example one incident that was recorded was in relation to a person breaking off a shower head during personal care. It was recorded that nobody was injured but that the staff providing care at the time had been scheduled for supervision to discuss the incident and we saw that this was recorded in supervision notes.

The service had risk assessments in place for people and plans were in place to mitigate the assessed risks. We saw examples of this in people's care plans. One person's care plan highlighted there was a risk of wandering around the house at night due to their specific medical condition. The risk was identified, as well as a brief account of the last time the risk occurred and what was currently in place to stop the risk from materialising and how the risk could be reduced. Another person had risk assessments in place in relation to a specific medical need. The risk assessments were detailed and thorough and included detail about what to do in an emergency situation. One person had a risk assessment in place for when they access the community and go swimming. The risk assessment had specific instructions for carers, for example, "Will go [swimming] with three carers. Avoid busy hours. Let lifeguard know that they support a person with challenging behaviour and might need help. Before leaving house take special equipment for condition. If carers notice [person] is anxious and agitated they will not take the risk of taking [person] into the swimming pool, they will take a break and will try again". One member of staff told us, "If I discover any new risks I will discuss it with my manager. This can happen frequently because people can change quickly. My manager is good at responding to this and an updated risk assessment is carried out". This meant that the service

supported people and protected them from harm.

People's care plans had information for care staff on what to do in an emergency, for example "Call 999". When we spoke to care staff, they told us that they had received first aid training and that they would know what to do in an emergency situation. One carer told us, "I have a duty to make sure people are safe. I will call 999 in an emergency or the person's GP and family". A relative of a person using the service told us, "I feel confident that they would know what to do in an emergency".

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

The registered manager told us that there were a sufficient amount of staff. He said, "We provide 'long term care' which means people receive round the clock support, such as 24 hour support. We don't permit staff to stay longer than three weeks at a time. Because of this, we don't have any unexpected absences or people calling in sick. We do have a bank system that we use and we try to familiarise these bank workers with service users and families. Bank staff are all trained and have the essential skills". This meant that the service had a system in place to ensure there were sufficient levels of staff and appropriate cover arrangements.

The service supported people with their medicines. Care plans contained details about how people were supported with their medicines. One person's care plan stated, "[Person] needs prompting to take his medication and support taking his medicines". The registered manager told us and we saw examples of medication audits that were carried out on a monthly basis during spot checks. The service had a medication policy that we looked at. It contained details about what to do if any medication errors were to occur and how to deal with such situations. The registered manager told us, "A lot of our service users self-medicate and their families support them". One family member said, "The carer gives [person] one tablet. It's only one tablet at night. They write it all down in his book". Another relative of a person using the service told us about the way medicines were administered. They said, "I've got a safe with the medicines in. He puts his own tablet in his mouth". One member of staff spoke to us about how they administer medicines to people that require support. They told us they had received medicines training and we saw this on the training matrix. They said, "First I check the care plan, then I check the blister pack, date and time the medication should be taken then I give it and record it on the MAR (Medication Administration Record) sheet. We record the date, time and sign it. If they refuse we record and report it. We report refusals to the manager and family". This meant that the service was supporting people with their medicines in a safe way.

The coordinator at the service told us that they were on call in case of emergency but said that there have not been any calls recently.

Good

Is the service effective?

Our findings

Staff we spoke with told us they were well supported by management. They said they received training that equipped them to carry out their work effectively. Training records showed staff had completed a range of training sessions, both e-learning and practical. Training completed included Safeguarding Adults, First Aid, Medication, Fire Awareness, Autism and Care Planning. Staff told us that they thought the training provided was "Thorough".

Staff told us and we saw records of their induction programme at the commencement of their employment. The induction was for one week and staff were given activities to complete such as look through care plans, manage electronic call monitoring, complete risk assessments, incident reporting and shadowing a more experienced member of staff. One staff member told us, "The induction was detailed and I started when an old staff member left so there was a handover as well as shadowing which was very helpful". Another member of staff told us, "During the induction I shadowed someone every time I went somewhere new. We would spend the whole day there so to get to know the person. Every service user has their own lifestyle to become familiar with". They said that the induction was, "Good, you get to know people, for example how they like their cup of tea, we adapt".

Staff received supervision on a monthly basis and we saw records to confirm this. Discussions that took place during supervision were in relation to punctuality, ability to carry out care, knowledge and skills as well as whether staff had the correct equipment to carry out care and the need for any additional training or development. The coordinator who carried out supervision told us that supervision was regularly carried out "Over the phone due to staff being on long calls". We spoke with a carer who told us that they received regular telephone supervision and that this method was, "Useful and effective", due to not working in close proximity to the office. One member of staff told us that supervision was "Good", and that their relationship with the registered manager was a positive one stating, "He's very helpful and supportive as well as understanding".

The registered manager told us they received regular supervision from their superior and when asked whether they felt supported in their role, they said, "Yes".

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.

We found that the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. The registered manager and staff had an understanding of the MCA.

People's care plans contained consent forms that were signed either by the person using the service or their

next of kin. One person using the service told us, "They ask my consent by talking to me. They communicate with me". Another person said, "They always ask permission". This meant that the service obtained consent from people using the service and that staff were putting the principles of the MCA into practice.

People's care plans also contained detail on how to communicate with them if there were any communication barriers. For example, one person's care plan stated, "He is able to demonstrate when happy, sad, feeling unwell etc. He can make his own choices clear by going to what he wants and picking it up". The relative of this person told us that the carers knew how to communicate effectively with their relative and that they had an "understanding".

We saw that care plans included details about people's dietary needs as well as their preferences. For example one person's care plan stated, "[Person] will prefer to eat [cultural] food. No fizzy drinks, no sugar, no pineapple juice, no oranges or orange juice. [Person] has an organic based diet to maintain health and wellbeing. Enjoys food. Good eater. Likes a heavy meal before bed so will rest better during the night". People were involved in choosing their food. One member of staff we spoke to said, "I am currently making [person] lunch. I always ask what they want, or what they fancy. I'd never force [person] to eat something they didn't want".

One carer told us that they were currently providing long term care to a vegetarian. They said "I am a good cook. I have introduced [person] to lots of new foods and vegetables". In addition, they told us about culturally relevant foods she had been making for the person and said, "I'll make [cultural] dishes. I will look them up on the internet. [Person] enjoys them. I make cakes and traditional dishes, for example I made a vegetable curry and they loved it. It makes me feel so good I can make a difference".

The registered manager told us that because the nature of the service was to provide 'long calls', (for example 24 hour care), "There was plenty of time to prompt people with eating and drinking. There are no time restrictions. Staff take the time to make food more appetising and presentable on the plate. This is especially useful for people with dementia. Portion size can have an effect on appetite".

People's care plans had details about their health needs and any healthcare professional's involvement. For example we saw information in care plans that contained the details of health care appointments such as the GP or district nurse and what actions were taken if any. One care worker told us, "I know the district nurse, any problems I call her. She's very kind". This meant that people were supported to maintain good health and had access to healthcare services. Another member of staff told us, "In every care plan we have GP and nurses details, we call them when necessary".

Good

Is the service caring?

Our findings

People using the service and their relatives told us they were "Happy" with their carers.

One relative said, "They're marvellous, they're the best people we've got those two girls. They are always punctual, in the mornings they make us both a cup of tea". Another person told us that the carers, "Are nice, I wouldn't' have anyone else".

Feedback from people using the service and their relatives were responded to. For example a relative sent the service a written suggestion in February 2016 stating that they wanted their family member to be encouraged to participate in more activities. In March 2016 we saw that this relative gave subsequent feedback stating, "Our life has changed so much because of the care, help, trust and support of [carer]. She has given [person] a new way to spend his days. She has taken [person] swimming, to the gym and for haircuts, lunch out and fun times. I love the support [carer] gives us". This meant that the service was responsive to the needs of people and people felt listened to.

We saw records of feedback from a range of people using the service and their relatives. One person said, "We have been very pleased with the care mum has received. Overall we feel it's working as good as it possibly can. Thank you".

One relative of a person using the service told us, "We are very happy with the care and support the carers are giving us". Another person said of a carer, "Honestly, I can't fault him. He put our minds at rest. He made us feel at ease. Always asked me if I needed anything. We had a very good experience. I'd definitely recommend [the service]". The relative of a person with communication difficulties told us, "[person] will point at things, they all understand him. I think they are great". Care plans contained information about people's emotional needs. For example one person's care plan highlighted that they were "Calm under pressure with unpredictable mood changes", but that this was kept under control with, "Routine". This meant that the service had developed positive and caring relationships with people and their families and they felt supported and respected in a way relevant to them.

Staff told us that they were mindful of people's privacy and observed their dignity and respect. One of the carers told us, "For example if giving a shower I close the door and also when dressing the person. If someone wants privacy I will respect that". Another member of care staff said, "Treat people well, like you'd want to be treated".

Staff told us they promoted the independence of the people they were supporting. One member of staff said, "I try and support people to be independent, you need to be there just in case to support".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We saw examples of this in care plans. Each care plan we looked at had an 'About You' section which detailed the person's emergency contact details, their medical conditions, next of kin and details about the person's care needs. For instance, people's care plan's meticulously described the steps and tasks that were required to meet the person's needs in a concise 'one-page' document called, "Daily Routine". Daily tasks were set out, as well as timings and the person's preferences, for example one person's routine stated, "Turn off light and reassure [person] so they can relax and go to sleep. [Person] will wake up around 5am. After breakfast will play with toys". We saw other examples of people's "Daily Routine's" in their care plans and they were consistently detailed. For example, "During his bath, [person] enjoys playing with toys (cars, balls, teddy bear)". This meant that the service was providing personalised care.

Another person's care plan included detail about the importance of a routine to their daily life and their specific medical condition. The care plan said, "Responds well to an established routine. Takes some time to become comfortable with new workers, however once [person] feels secure, is happy to work with anyone". We saw that this was put into practice when we spoke to this person's relative who told us that the carers they had were "Always the same", and "Very consistent". This meant that the care being provided was responsive to people's needs.

One person's relative told us, "[Person] doesn't like male carers so they provide female carers". This meant that the service was providing care in response to people's preferences.

The registered manager told us about the way in which they carry out initial assessments, stating, "We get an assessment from the local authority and then we go on and do our own assessment on the individual. We make it very detailed. The care coordinator will carry out these assessments or I will. If the person is already receiving a service from another provider we will get together with that provider and ask if we can shadow them so that we can get to know the individual, especially people with learning disabilities who don't like change. It is important to get everyone familiar with each other". In addition, the registered manager told us that in order to get to know the people they will be caring for they, "Speak to the family and the service user. We ask them how they would like to be supported and we look at making a care plan together". This meant that the service supported people to contribute to their assessment and planning of care.

Care staff told us that reading through people's care plans was important in getting to know the people they were looking after. One person said, "I look at their care plan then I talk to them and introduce myself".

Care plans included personalised information in relation to people's histories and lives. For example, one care plan had details of the person's profession, how many children and grandchildren they had as well as information about their spouse and any significant details about them. This meant that the service had developed person centred care plans.

We saw that care plans were reviewed approximately every three months. Once a care plan had been

reviewed it was signed by the reviewer and the person using the service.

People's daily logs in their care plans were filled in with detail, for example information on what they had eaten and what personal care had been carried out, however entries were sometimes repetitive and were often the same as previous days. We made a recommendation that daily logs were more detailed and personalised for each day and task.

The service had a complaints policy and people said they would raise any issues with the manager or "Call the office". We saw a record of a complaint that was raised in January 2016 which was in relation to the lateness of a carer. The complaint was responded to and the issue of lateness was discussed with the carer in their supervision, which we saw a record of. A system was also put in place for carers to send a text message to the office to inform them of their arrival at their place of work. This meant that complaints and concerns were encouraged and responded to. The relative of a person using the service told us that they knew how to make a complaint and said, "If I wasn't happy I would tell the girls [carers]".

Good

Is the service well-led?

Our findings

The registered manager explained they made sure they were delivering a high standard of care. They told us they did this by carrying out, "Unannounced spot checks. We will tell the service user we will be going to their home and we watch to see how things are done. This is to be able to pick up on any issues, for example which might lead to planning training. This is a useful tool. We also speak to the service user and their family". We saw records of spot-checks that were carried out on a monthly basis.

The service encouraged people using the service and their families to fill in feedback forms and we saw examples of these. One person using the service stated in their feedback, "I am 100% satisfied with the service". Another person wrote, "Very nice people you can have a laugh with and good conversation".

The registered manager told us that they telephone people using the service to obtain feedback. One person using the service told us, "The manager calls us to make sure everything is going alright".

We saw that team meetings were taking place on a monthly basis and included discussions such as new staff joining the service, recruitment plans as well as training and staff allocation. Staff told us that team meetings were "Good".

The registered manager explained that he had an, "Open door policy". He said, "They can pick up the phone and call me, they can email me or raise a grievance. I have an open relationship with them. They call me a lot". The coordinator at the service told us, "I have a very good manager. Communication is good". One member of care staff told us, "[The registered manager] always calls us and asks how things are going. There are no problems at the moment". Another staff member stated, "I feel I am supported. I haven't had any issues. If running low on stock, gloves, aprons etc., they will deliver them to me".

The registered manager told us that they had arranged a meeting with people using the service and their relatives in a local town hall but that "no one was able to turn up". He said, "The aim was to get everyone to meet and see if it could be a practice to repeat for networking but it didn't work". He advised that instead of this he sends out an annual "Client satisfaction survey", for people to complete and that he carried out regular spot checks "To ensure that quality care is being delivered".

We looked at some of the responses the service had received from the client satisfaction survey'. One person rated the service as excellent overall and said that carers were "Very caring, competent and proactive". Another person also rated the service as excellent and said that the carers were "approachable and always happy to help out with anything required". The registered manager told us that annual surveys were an "Effective way of monitoring the service and delivering high quality care".