Charlesworth 247 Ltd

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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 carried out an announced inspection of the service on 2 November 2017. Charlesworth 247 Limited is a domiciliary care agency. It provides personal care to adults living in their own houses and flats. Not everyone using Charlesworth 247 Limited 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 there were 20 people using the service who received 'personal care' and there was a registered manager in place.

At the last inspection, in October 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to feel safe and staff ensured that risks to their health and safety were reduced. There were systems in place to ensure that lessons were learned when things went wrong. There were sufficient staff to meet people's needs in a timely manner and systems were in place to support people to take their medicines.

People were asked for their consent. However we found that where people lacked the capacity to make decisions appropriate steps were not taken to ensure their rights under the Mental Capacity Act were protected. We have made a recommendation about improving policies and procedures relating to the Mental Capacity Act.

Staff received relevant training and felt well supported. People were supported to eat and drink enough to maintain good health. People's day to day health needs were met, some further improvements were required to ensure people received appropriate support with specific health conditions.

People continued to receive good care from staff that they had developed positive relationships with. Staff were caring and treated people with respect, kindness and dignity. Staff supported people to maximise their independence. People were involved in discussions and decisions as fully as possible in relation to how they were cared for and supported.

People received person-centred, responsive and flexible care from staff who had a good understanding of their current support needs. Care plans were in place which provided detailed information about the care people required. People knew how to make a complaint and there was a complaints procedure in place. People received compassionate, dignified care when they were coming toward the end of their lives.

The management team were committed to a vision of providing personalised care to local people and valued and supported staff to achieve this vision. There were robust quality monitoring procedures in place.

Further information is in the detailed findings below.

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

Charlesworth 247 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 2 November 2017 and was announced. The provider was given 48 hours' notice because the location was a small domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector and an 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.
Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about. We used this information to plan our inspection.

During the inspection we spoke with seven people who used the service, three relatives, three members of care staff, the general manager and the registered manager. We looked at all or part of the care records of six people who used the service as well as the medicine records of three people. We reviewed other records relevant to the running of the service such as, staff recruitment records, quality assurance audits, training information for care staff, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People felt safe when being supported by the staff employed by the service. All of the people we spoke with told us they felt safe. People described feeling secure in the company of the staff and told us that the caring and professional approach of staff led to their feelings of safety. People also told us about practical things which made them feel safe including the appropriate use equipment and security measures such as key safes.

Processes were in place to minimise the risk of people experiencing avoidable harm or abuse. Staff and managers were clear about their responsibilities to protect people from the potential risk of abuse, they had a good knowledge of safeguarding processes and felt confident any issues they reported would be acted on appropriately. The registered manager had taken action to protect people from abuse, for example they had identified a person posing as a health professional who posed a potential risk to people who used the service, they reported the person to the police and shared information with staff, people who used the service and families to ensure vigilance.

Some improvements were required to ensure that people were protected from risks associated with their care and support. Formal risk assessments were in place for some areas such as pressure ulcers and moving and handling. However, in other areas we found there was not always a risk assessment in place as required. For example, one person had a health condition which put them at risk of sudden deteriorations in their health, there was no risk assessment in place in relation to this and limited information in their care plan. Despite this we found that all of the staff we spoke with had a good knowledge of the risks and how to safely support the person. We discussed this with the registered manager who told us improvements would be made to ensure staff had access to clear guidance about risks associated with people's care and support. Following our inspection visit the registered manager provided us with evidence this work was underway.

People could be assured equipment was used safely by staff who had received appropriate training. Records showed that staff competency to support people to move and transfer using equipment was observed and assessed annually by the registered manager. Risks associated with each person's home environment had been assessed to ensure their care and support could be provided safely. There was a contingency plan in place, which detailed how the service would continue to provide support in the event of emergency situations. This covered potential risks such as adverse weather conditions and staff sickness.

There were systems in place to review and learn from adverse incidents. Staff used an electronic system which enabled them to record safety incidents and raise concerns directly to the management team. Records showed the registered manager reviewed and responded to each incident to try to prevent the same from happening again. For example, staff had reported that one person who used the service had unintentionally placed themselves at risk of harm through improper use of a household appliance. The registered manager had taken action to ensure that safety measures were put in place to prevent this from happening again.

People were supported by sufficient numbers of staff who had the right mix of skills, experience and

knowledge. People told us there were always enough staff to meet their needs. The staff we spoke with also felt that there were enough staff. They told us if there were any shortages, for instance if a member of staff was unwell, they would ensure people had their visits by working additional hours. They also told us that the management team helped out by covering shifts where necessary. The registered manager explained they recruited additional staff before making a commitment to supporting new people to ensure they had enough staff available to provide support.

Safe recruitment practices were followed. On the whole we found that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment and were retained by the provider. We found some minor gaps in two members of staffs' employment histories. We discussed this with the registered manager who told us that they would ensure that this information was updated.

People received their prescribed medicines safely. One person explained how staff promoted their independence in this area and told us, "I like them (staff) to check I have taken my tablets from the dosset. Sometimes they get stuck and I can't see them. I don't need them to actually give me the tablets though." The majority of medicines records were completed accurately to demonstrate that people had been given their medicines as prescribed. Where there were gaps in medicines records the registered manager had identified this and taken action to prevent it happening again. Staff received training in the safe administration of medicines and had regular assessments to ensure their ongoing competency. The registered manager completed regular audits to ensure the safe management of medicines.

Staff had training in the prevention and control of infection and during our inspection visit we observed that staff had access to plentiful supplies of personal protective equipment, such as gloves and aprons, to ensure good infection control practices. Records also showed that all staff had up to date training in food hygiene which equipped them with the knowledge to support people with food preparation and storage.

Good

Is the service effective?

Our findings

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 checked whether the service was working within the principles of the MCA.

There was a risk that people's rights under the MCA may not be protected as the principles of the act were not correctly applied. MCA assessments and best interest decisions were not in place as required. For example, staff told us about a number of people who lacked the mental capacity to manage their medicines safely; however we found there were no mental capacity assessments in place and no recorded best interest decisions. Staff had not had formal training in the MCA and the registered manager advised that this training was not routinely provided to staff at present. We viewed the provider's mental capacity policy and found this was basic and did not clearly specify how the service would meet the requirements of the MCA. We discussed this with the registered manager who acknowledged that although the majority of the people staff supported were able to make decisions for themselves there were some who were not. Although some staff we spoke with were able to describe how to respect the rights of people who lacked capacity to make decisions this was down to the skills and competency of individual staff members rather than being guided by effective training, guidance and policy.

Although we did not find any evidence the failure to implement the MCA had impacted negatively upon people, the lack of training, guidance and policy posed a risk that people's rights may not be respected. We recommend that the provider develops its policies and procedures in relation to the MCA to ensure people's rights are protected.

Where people had capacity to make decisions they were supported to make choices and were involved in decision making about their care. Staff we spoke with described consulting people about their care and support and understood the importance of gaining consent. We saw that where they had capacity some people had signed their care plans to indicate their consent to them and the people we spoke with told us that staff asked for their consent before providing any care and support

Other than the above we found that people were supported by staff that had the skills and knowledge to provide good quality care and support. People told us they felt staff knew what they were doing. One person told us, "They all seem to know what they are doing. Well they look after me alright." Records showed staff had received the relevant training to equip them with the knowledge and skills they needed to support people who used the service. The provider had an in-house training facility comprising of equipment for moving and handling such as slings and hoists, this enabled them to provide 'hands on' training and conduct observations of staff competency. New staff received an induction when they started work at the service, this involved training and shadowing more experienced staff. One person told us, "They (provider) will always send new ones (staff) with someone who has been coming a while. I think they call it shadowing. They get to know what I like." Staff were positive about the induction, ongoing training and support they

received. One member of staff told us, "I went out and shadowed for three days and I did feel confident after that." Staff told us they felt supported and records showed they had regular formal and informal opportunities to discuss and review their work, training and development needs.

People who used the service and their relatives told us they felt staff understood their healthcare needs and were quick to act when someone's health changed. One relative described a situation where their relation's health had deteriorated. They told us that staff were calm and compassionate and stayed with their relation when they were admitted to hospital. They told us, "I have no worries." During our inspection we found that some improvements were required to ensure that people received effective support with their health needs. Although we found that staff had a good knowledge of people's health related needs, people needs were not always clearly reflected in people's care plans. For example, some people who used the service had diabetes but staff had not had training in this area and there was no information in people's care plans about how staff should recognise changes in the health condition. This posed a risk that staff may not identify changes in people's health conditions. We discussed this with the registered manager and following our inspection visit they provided us with evidence that they were making improvements in this area.

There were clear systems and processes in place for referring people to external services when required. Staff used an electronic system to record and share information with the management of the service and records showed that this information was shared with external agencies as needed. For example, staff had identified a person needed the support of a specialist health professional to ensure their skin integrity. This had been escalated to the registered manager who had made the appropriate referrals. This meant people could be assured that action would be taken by the service to share information with external services to get them the support they required.

People were provided with the support they needed to ensure they had enough to eat and drink. People told us staff helped them prepare food and respected their choices. One person told us, "I tell them what I want, which is generally in the fridge and they will make it for me. They always leave a drink for me on the table so I know where it is." Staff we spoke with were clear about their role in supporting people to access adequate food and drink and shared examples with us of times when they had gone over and above their role to ensure people had enough to eat and drink. One member of staff described how they prepared home cooked food for one person to encourage them to eat more. The registered manager told us about another member of staff who regularly stopped off to collect the person's favourite food and drinks for them. Staff had identified when people were at risk of weight loss or poor nutrition and had reported their concerns. Records showed that action, such as referrals to specialist health professionals, had been taken to try to prevent further weight loss.

Good

Is the service caring?

Our findings

Without exception everyone we spoke to told us the service was very good and commented that staff were polite and respectful. One person told us, "The staff treat me well. It's a first class service. I couldn't manage without them." Relatives were complimentary about the approach of staff. One relative told us, "The staff are very good with [relation] very patient. I have no issues." Another relative commented, "They are very good. They give [relation] something to live for."

Staff were knowledgeable about people's needs, preferences, routines and what was important to them. People using the service felt that they had developed good relationships with staff and were usually supported by consistent members of staff. One person told us, "The staff know me very well, what I like and how I like it. We have got to know each other." The relative of another person told us, "[Relation] loves to see all the different carers, they love to talk with them and listen to their stories. It gives us something to talk about too." Staff spoke about people with warmth and compassion and told us they cared deeply about the people they supported. The registered manager explained that because the staff team was very small people supported by the service got to know all the staff members well. One member of staff commented, "People become an extension of the family. It's a pleasure. We build up relationships with people, this means we notice changes in people." Another staff member told us, "We treat [person] like they are our own, if they needed anything we would be there for them."

Staff had time to provide care and support in a compassionate and personal way. Staff told us and records confirmed that staff had adequate time to travel to calls and they were able to stay for the full duration of the visit. One member of staff described how they had been involved in supporting a person's family who were finding it difficult to cope with changes in the person's condition. On one recent visit they decided to stay a bit longer at the visit to offer support, they went on to say "When I left the family gave me a hug." Another member of staff described how they danced with a person who frequently declined care. They told us this approach put the person at ease and resulted in them being more willing to accept care and support.

Staff cared about people's wellbeing and took action to relieve their upset and distress. For example one member of staff told us about a person who had recently become distressed as their relative was unwell. Staff had identified this and had supported the person to make contact with their relative. Staff told us that this significantly reduced the person's distress and put their mind at ease. Another member of staff described how the staff team pulled together to help people celebrate special occasions such as birthdays and Christmas. This was reflected in a compliment from one relative which read; 'Thank you for making [relation's] birthday so special and giving them a wonderful day. [Relation] loves the carers to bits and nothing is too much trouble, you certainly go the extra mile.'

The service recognised and accommodated people's diverse needs. The registered manger told us that they tailored their service to the needs of people using it and would adapt and change to accommodate people's diverse needs as required. The team had identified that some people who used the service were not able to take delivery of personal care items due to physical disability. The service had responded to this by taking

delivery of these items on behalf of people and then distributing them. Another person who used the service had a visual impairment and we spoke with their relative, who told us staff had a good understanding of the support their relation required, for example, always calling out their name when entering their home.

Where possible, people were involved in decisions about their support. People told us that they were consulted with by staff and felt in control of their support. The care plans we looked at confirmed that people and their relatives were involved in deciding what care they wanted and at what time. Staff we spoke with described offering people choices about food, drink and what they wore and told us they consulted with people about their preferences for support. Staff told us the information in people's care plans was accurate and helped them to understand the way people wished to be cared for.

We observed that information was not currently offered in different formats to ensure accessibility, however the registered manager explained that they would develop alternative formats as needed, and as a general rule, they went out to visit people to talk things through with them to ensure their understanding. People had access to independent advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager was aware of local advocacy services and told us that they would signpost people if needed.

People were supported to be as independent as possible. People's care plans described what each person could do themselves and areas where they required support and staff we spoke with had a good understanding of this. For example, a member of staff explained how they had supported a person to get involved in making sure their medicines were stored safely. The staff member told us that this had resulted in the person feeling a sense of achievement and satisfaction.

People's rights to privacy and dignity were respected. People we spoke with told us that staff respected their right to privacy. One person commented, "They are all respectful with me." A relative told us that staff always respected the person's dignity when supporting them with personal care. Staff were aware of how to respect and promote people's privacy and dignity. One member of staff described the actions they took to ensure people's privacy including, covering people when supporting them with personal care. Another member of staff described how they had promoted a person's dignity. They explained the person was discharged from hospital with very few adequate items of clothing, staff swiftly identified this and bought clothes for them to preserve their dignity.

Good

Is the service responsive?

Our findings

People experienced care and support that met their needs and preferences. This was reflected in the comments from people who used the service and their families. A relative told us, "They (staff) know [relative's] little ways, like how they have to have something sweet after a meal." Before people started using the service an assessment of their needs was completed to ensure they could be met. Support plans were then developed to give staff information to understand what was important to the person and what their routines, needs and preferences were. Staff felt they had the necessary information to provide a responsive and individualised service. One member of staff told us "We get full information when we first meet the person and then we spend time getting to know them. I always stay a bit longer on my first visit to a new person so that I can get to know them." People and their relatives were involved in planning their own care and support. One person's relative told us, "Originally it (care plan) was set up with me and each year a copy is sent out, so we can check it and see if it needs changing." Another relative told us, "I am involved in all the decisions about [relative's] care." Records showed that care plans were reviewed regularly to ensure they accurately reflected people's needs.

There were systems in place to ensure that staff were provided with timely updates about changes to people's support needs. Every member of staff was provided with a phone and access to email. The registered manager sent out regular emails to advise staff of changes to people's support and staff told us this was an effective way of ensuring they had the most up to date information. We found that some of these updates had not been included in people's care plans and this posed a risk that new staff may not have access to all the information they needed. We discussed this with the registered manager who told us that they would update all care plans to ensure that the email updates were also clearly reflected in care plans.

The service was flexible and responsive to people's changing needs. People and their relatives told us that the staff and managers were normally able to accommodate their requirements and were responsive to their requests for changes to their care and support. One person told us "I rarely need to change but they are pretty good if I need them to you just need to give them a bit of notice. I have cancelled a visit on Sunday as my relative is taking me out to lunch." A relative told us, "The staff are very good, they sort things out. They are a very flexible service for example as long as I give a bit of notice they will pick up the slack for me if I am tied up with something or just if I am tired." Calls were scheduled at the time the person had requested whilst also giving staff a realistic timetable. An electronic system was in place to ensure that staff attendance and punctuality was monitored and action was taken to inform the person if a member of staff was running late.

People were also able to use their support hours flexibly. For example, one person who used the service regularly cancelled their visits, the registered manager had taken a creative approach to this and had enabled them to 'save up' some of these hours towards a Christmas shopping trip.

People were supported by staff who understood their role in supporting people to maintain relationships and to reduce social isolation. The registered manager told us that staff only covered a small geographic area which enabled them to get to know people and the community.

As well as ensuring that people were supported by consistent staff this also meant that staff built connections with people using the service. The registered manager told us that this meant that staff "looked out" for people and offered informal support.

People who used the service told us they would speak to staff if they had any concerns or complaints. One person told us, "If I had any worries I would speak to my [family member] or I would ring the office, it depends on what it is. I don't have any problems though they do everything I want, they are very organised. I have nothing to complain about." Where a complaint or concern had been made this had been documented and responded to in accordance with the complaints policy. This showed us people could be assured any concerns or complaints were taken seriously and acted upon.

Although the service was not supporting anyone who was coming toward the end of their life at the time of our inspection visit, the provider's commitment to providing compassionate end of life care was clear. The registered manager described how staff had previously provided caring, dignified support to someone who was coming to the end of their life. Staff had provided round the clock support to the person and their family and when the time came the registered manager drove to the person's house in the early hours of the morning to be with the family to offer emotional support and comfort. The registered manager described their approach to end of life care planning as responsive and said that a dedicated end of life care plan was developed to ensure that staff had clear guidance. Electronic systems were used to ensure that staff were provided with information about changes to the person's condition or support needs in a timely way. Staff attended the funeral of each person who had been supported by the service and stayed in touch with, and offered support to bereaved families.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us the service was well led and said they would recommend Charlesworth 247 limited to others. The relative of one person commented, "[Relation] gets excellent care. It's really personal." The registered manager had a clear vision for the service which was based upon providing high quality, caring and personalised support. They told us, "We (management team) are involved in everything; we know all the staff, customers and families. It's personal here, not like a job." This vision was understood and shared by staff. One member of staff told us, "I couldn't work anywhere else. I love the small company, it's like a family. I find it is smaller and more intimate." The general manager explained that they had a culture of transparency and honesty with staff and people who used the service which helped ensure that everyone had clear expectations of the service provided by Charlesworth 247.

People and their families were positive about the management of the service. One person told us, "I can't speak highly enough of them." A relative told us, "[Registered manager] is very approachable and calls in to see [person's name] sometimes. We can talk to her at any time and I have her phone number." The registered manager prided themselves on supporting the staff and told us they believed this helped them provide a good service to people. They told us, "We look after staff, we make shifts work for them. Retention is good, most staff have been here over two years." Working schedules were planned in advance so that staff could plan around their shifts and to enable a good work life balance. It was clear that the provider valued the staff team and found ways of recognising and rewarding their hard work. For example, the registered manager told us they had held a recent summer BBQ for staff and they also supported staff with financial incentives. Staff told us that the managers were always available and went out of their way to support them. One member of staff told us, "We get really well supported." We found that this resulted in motivated staff who were committed to providing high quality support to people.

Staff had the opportunity to influence the running of the service in regular team meetings and informally through day to day contact with the management team. Staff told us they felt able to raise suggestions and ideas for improvements and shared examples of where their suggestions had improved support for people who used the service. For example, one member of staff had raised concerns about a lack of variety in a person's diet and had suggested ways they could improve their support to the person, this had been communicated to the registered manager and they were looking into making changes to their support. Regular staff meetings were held and records showed these were used to discuss the care and support of people using the service, training and improvements to the service.

Systems were in place for people to share their views about the service. People who used the service and their families were able to provide feedback in a regular satisfaction survey. We reviewed the results of a recent survey and found these were overwhelming positive. For example, one hundred percent of people stated that staff always treated them with care and respect. Comments on surveys were also positive, for instance one person commented, "The caring team are a delightful breath of fresh air, very friendly, very thoughtful."

There were systems and processes in place to ensure the safe running of the service. The registered

manager told us that they monitored staff performance in a number of ways including auditing of records, spot checks of staff performance and by working shifts alongside staff to observe their practice. For example, the registered manager audited every medication chart and identified any errors or omissions. Records showed they took action to manage the performance of staff and ensure their competency if any concerns were found. The provider also used an electronic system to monitor the time staff arrived at visits and how long they stayed. The management team conducted regular checks to ensure that staff arrived on time and stayed for the required duration. We reviewed records which showed any concerns were identified and addressed. Accidents, incidents and adverse events were recorded and reviewed and we saw evidence that action was taken to improve the service as a result.

The registered manager demonstrated a good understanding of the legal requirements placed upon them, including conditions of their registration with CQC. The registered manager had informed CQC of notifiable events and were displaying their current rating on their website as required.