

Chase Care and Support Services Limited

Chase Care and Support Services Hednesford

Inspection report

Block 1, Unit 16 Cannock Chase Enterprise Centre
Walker's Rise, Rugeley Road, Hednesford
Cannock
Staffordshire
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Tel: 01543877197

Date of inspection visit:
24 August 2017
25 August 2017

Date of publication:
27 September 2017

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 this service on 24 and 25 August 2017. This was an announced inspection, and we telephoned the provider two days prior to our visit in order to arrange home visits with people. This inspection was the first since the provider had registered with us in January 2017. The service was registered to provide personal care support to people living in the Cannock and Rugeley areas of Staffordshire. At the time of our inspection visit, 30 people were using the service.

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.

People were safe receiving support from staff who understood how to protect people from harm and abuse. Risks to individuals were assessed, monitored and reviewed. Staff knew how to support people to minimise possible risks. There were enough staff to meet people's needs and keep them safe. People were not rushed receiving their care, and staff were recruited safely. Staff received training to ensure they administered medicines safely and protected people from any harm associated with them.

Staff had the knowledge needed to carry out their roles. They received training to ensure they had the skills to meet people's needs. People made decisions about their care and staff gained people's consent before assisting them. When needed, staff knew how to support people to ensure their care was in their best interests. People were supported to have a balanced diet and maintain their health.

Positive caring relationships had been developed with people who used the service. Staff knew people well and the provider ensured that people received continuity of care. People's independence was promoted, and their privacy and dignity respected. People were in control of their lives.

People were involved in the assessment and planning of their care and they received support that was individual to them. Their support was provided in a way that considered their personal and social needs. People were encouraged to give feedback about the support they received, and the provider responded to complaints in a timely manner.

The provider encouraged an open, positive culture within the service. Staff were supported in their roles and people were positive about the management and leadership in place. The registered manager had systems in place to assess, monitor and improve the quality of care people received. They understood their responsibilities as a registered person.

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 were safe receiving support from staff who understood how to protect them from harm and abuse. Risks to individuals were assessed, monitored and reviewed. Staff knew how to support people to minimise possible risks. There were enough staff to meet people's needs and keep them safe. People were not rushed receiving their care, and staff were recruited safely. Staff received training to ensure they administered medicines safely and protected people from any harm associated with them.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge needed to carry out their roles. They received training to ensure they had the skills to meet people's needs. People made decisions about their care and staff gained people's consent before assisting them. When needed, staff knew how to support people to ensure their care was in their best interests. People were supported to have a balanced diet and maintain their health.

Is the service caring?

Good ●

The service was caring.

Positive caring relationships had been developed with people who used the service. Staff knew people well and the provider ensured that people received continuity of care. People's independence was promoted, and their privacy and dignity respected. People were in control of their lives.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment and planning of their care and they received support that was individual to them. Their support was provided in a way that considered their personal and social needs. People were encouraged to give feedback

about the support they received, and the provider responded to complaints in a timely manner.

Is the service well-led?

The service was well led.

The provider encouraged an open, positive culture within the service. Staff were supported in their roles and people were positive about the management and leadership in place. The registered manager had systems in place to assess, monitor and improve the quality of care people received. They understood their responsibilities as a registered person.

Good ●

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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 visit took place on 24 August 2017 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service, and we needed to arrange to speak with people. The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan. We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We used a range of methods to help us understand people's experience of using the service. We visited four people in their home, and spoke with three people by telephone. We spoke with two relatives and four members of care staff. When we visited the office, we spoke with the field care manager, service delivery manager, operations director and the registered manager. We received feedback from two community professionals and reviewed the responses to the questionnaires we had sent out.

We looked at the care plans of three people to see if they were accurate and up to date. We reviewed three staff files to see how staff were recruited. We checked records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. To ensure the service was continuously monitored and reviewed we looked at records that related to the management of the service including quality checks.

Is the service safe?

Our findings

People were safe receiving support. One person told us, "The carers all make me feel safe at home. They look after me well." Another person commented, "I've not met one carer who makes me feel at risk." One relative said, "I didn't know if I would be able to trust having support again, but it's so much better now." People were supported by staff who understood their responsibilities to protect them from harm and abuse. One staff member commented, "We wouldn't only report things like bruising we noticed, but also if people had no food, clothing or heating. Any concerns at all we let the office know, and I'm confident they would respond to any concerns we raised." They added, "It doesn't matter if the concern may just be small, I tell people that I have a duty to report any concerns no matter what." Staff were aware of the whistle blowing policy that was in place. This ensures that staff would be protected if they raised concerns about poor practice, anonymously if they preferred. One staff member told us, "The manager has explained this to us and said that we must always report things, and we can ring up CQC as well. I've not had to, but know what to do if the situation arose."

Risks to individual were assessed, monitored and reviewed. Some people needed two staff to support them. And one relative said, "They always send two carers as that is what my relation needs. They will use the equipment needed in the right way and are very good at how they do things." One person told us, "All the carers are careful and cautious. They know how to do things right." One staff member said, "If we have any concerns about people's mobility, then the occupational therapist (OT) will visit and have a look to see if things could be done differently." Another staff member commented, "Different people use different equipment, and we can't use this until the OT has been out and showed us how to use it properly." We saw that people's home environments were assessed to see if there were any potential risks that staff would come across. If there were any hazards identified, then staff were given advice about minimising these risks. We saw that people's care plans contained information that guided staff to work safely. One staff member told us, "If there are any changes about people's support, we are told straight away and the care plans are updated. I never find any surprises at people's homes, I always know what to expect and what I should be doing."

There were enough staff to meet people's needs and keep them safe. One person told us, "They have enough time when they visit, and never make me feel rushed." One relative said, "If they finish the tasks ten minutes early, they will always make sure they spend that extra time to have a chat with my relation." One staff member commented, "We have enough time in the calls and are given travel time to get from one customer to the next. If there are any problems as far as times are concerned, we let the office know and then they will make adjustments so we are not rushed." They gave us an example of one person's care calls being increased in time after they had given their feedback to the office and we saw this had happened. They added, "I know that the office listen to us about the care people need." Another staff member told us, "We don't get phone calls to ask us to 'fit someone in'; we are only asked to cover calls if we have a gap on our rota." We saw that staff worked in certain areas so they did not have to travel too far between calls. The provider had an effective system in place to plan people's care calls to ensure that none were missed and that staff had the availability to cover the visits.

We checked to see how staff were recruited. One staff member said, "Even though they knew me from the previous agency, the manager told me that everything had to be done properly; as if they didn't know me at all. The application, interview, references and checks were all done as they should have been." The records we looked at confirmed that the necessary pre employment checks had been completed. This included confirmation from the disclosure and barring service (DBS) that staff were suitable to work with people. The DBS is a national agency that helps employers make safe recruitment decisions and keeps records of any criminal convictions.

We checked to see how people's medicines were managed. One person told us, "All the carers are very good with my tablets. They make sure I've had them and will bring me a drink. Then they write it down on the sheet to confirm what I've had. But before they do that they will check on the sheet that there haven't been any changes. They really know what they are doing." One relative said, "They have to apply various different creams each day, and they are all named and labelled with where they should go. So I know they do it right." We saw the medicines administration record contained information to support the staff to administer medicines safely. For example, when people's medicines were dispensed in blister packs, staff had clear guidance as to how many tablets were given, and a description of the medicines that were there. When people needed to have creams applied, a body map was completed so staff knew where to apply the cream. We saw that staff received training before they could administer medicines, and that their competencies were checked. Staff we spoke with were knowledgeable about potential risks involved with medicines. This meant that people were supported to have their medicines safely.

Is the service effective?

Our findings

People were supported by staff who had the skills needed to meet their needs effectively. One person told us, "They all know what to do." Another person commented, "I've met all the carers in the team, so if someone goes off then I know that any cover is given by carers that know me and understand what I need. The manager has been out to do my care calls; so they understand my needs first hand. They all take a real interest." One community professional commented, "In my experience, the carers understand people's needs and use their initiative. They seek advice when needed and take that on board."

Staff received an induction when they began working for the service to prepare them for their role. One staff member told us, "When I started I completed an induction. Part of this was shadowing other carers on double up calls. I was able to get the feel of things and get to know people well before I went out on my own." Another staff member said, "The induction wasn't just about me getting to know people's needs, but also about them as a person. It gave them the chance to know me better so they would then be more comfortable with the support I gave them." Staff spoke positively about the ongoing training and support they had. One member of staff said, "There are certain aspects that are mandatory like moving and handling training, as well as first aid and safeguarding. The office make sure we are up to date with this and get refreshers when needed. We discuss further training and development within our supervisions and team meetings." Staffs' competencies were also assessed, and one staff member commented, "We will have spot checks regularly and our practice is observed. We get feedback from this, and if there are any issues, we are given training to refresh our learning."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. People we spoke with were able to make decisions about their care and support. One person told us, "Nothing happens without my say so; the staff know that and respect that." We saw that people had signed their care plans to show their agreement to accept support. Some people were not able to make decisions about their care. The registered manager had then confirmed if there was another person who had the legal authority to do this on their behalf. For example, one person's relative had the authority to make decisions about their relations health and welfare and the registered manager had checked that this was correct. Staff were aware of the principles of the MCA, and one staff member said, "Even if people may find it hard to understand certain things, it is really important that we involve them in their decisions; sometimes we may have to speak to others to find out what is the best thing for them." Another staff member told us, "As a team we will share scenarios and then discuss how we would support the person if there have been changes. It maybe that they are just unwell,

and in a few days they are able to make decisions again. Sometimes we may have to involve the family and other professionals to then agree what would be in their best interests." This demonstrated that staff understood people's rights and worked according to best practice guidance.

Some people were supported with their meals and drinks. One person told us, "The carers will prepare what I want, when I want it. They know how I like things done and do it that way." Another person said, "They will make sure that I can reach any drinks and snacks when they leave, and keep an eye that I have had enough." Staff were aware of people who had specific dietary needs, and the records we looked at confirmed what staff told us. Some people were at risk of not having enough to eat and drink, and we saw that staff monitored their diet. Any concerns were then reported to the dietician or community teams. This meant that people were enabled to maintain a balanced diet.

Staff supported people to maintain their health. One person told us, "The carers are very good and if they notice any changes in my health, they will encourage me to get in touch with the doctor or nurse. They don't miss things." One relative said, "The office phoned up the doctor for me. They were so helpful and got things sorted for me and my relation." Another relative commented, "Since my relation has been getting support from Chase, their skin has improved, and they are so much better in themselves. I put it down to the efficiency of the carers and the office. I can rely on them."

Is the service caring?

Our findings

People were happy with the care they received. One person told us, "My care is of a high standard. You feel like you are valued. They all listen to my opinion and respect that." Another person said, "I feel totally comfortable with the carers that come; they take a real interest in me. I'm really impressed with the support I get." One relative commented, "They are all brilliant. Now we have support from them I can relax; I can smile now with these carers. They not only look after my relation wonderfully, but they care about me as well. They will always make a point of talking to me and ask if I'm okay and if I need anything. It's not just the carers; the office will also give me a ring during the week to see if everything is okay." Another relative told us, "The carers will have a laugh and a joke with my relation; so often I hear the banter going on, and it is so lovely." This demonstrated that positive, caring relationships had been developed with people who used the service.

People were supported by staff who knew them well. One person told us, "They know me better than I know myself." Another person said, "I know all the carers that come to visit. They all understand me and will do things in the way they know suits me." One relative said, "We get a sheet every week to let us know who is coming and I know that it will be those carers. They are reliable in that way." This demonstrated that people received continuity with their care.

People were in control of their lives and made choices about their care. One person told us, "I like to get up early, and so the call in the morning is the time that suits me." Another person said, "Things have got to be done my way, and it is." People's independence was promoted. One person told us, "The carers will leave things out for me so I can then do things myself. They don't take over and respect what I can and want to do." Another person said, "I am an independent person and try to do as much as I can for myself; but I know the carers are there to assist me with the things I struggle with." This demonstrated that people were actively involved in their care.

Staff respected people's privacy. One relative told us, "All the carers will ensure that my relation is cared for in a dignified manner. They speak in a respectful way, involve them at all times, and ensure they are comfortable with the care they receive. I couldn't ask for anything better." One staff member said, "I always make sure that the doors and curtains are closed before helping people with their personal care." This demonstrated that people's dignity was promoted.

Is the service responsive?

Our findings

People were involved in the planning of their care. One person told us, "I first made contact on the phone; I was asked to tell them what I thought my needs were. They listened and wanted to find out about my condition so they could understand better. Then they arranged to visit me at home and we went through everything." Another person said, "The manager came out to visit me and we had a good chat about my help. My relation had arranged it as they were worried, and they listened to what we both had to say." People received care that was personal to them. One person commented, "All the care I get is individual to me; they have risen to the challenge and excelled in things." We saw that people were involved with the development of the care plans. We saw that the provider conducted quality reviews after the first six weeks of receiving care, and then reviewed people's support on a three monthly basis.

People's support needs were recorded within their care plans. One person told us, "I am happy with the information that is in my care plan; the daily notes are good and detailed. The carers check on what's been written from the previous call. When [the registered manager] calls in, they have a good look at the book to make sure things are recorded properly." We saw that people's care records contained information about their backgrounds, needs, communication, and other personal details that were important to them. One staff member told us, "I know that I can refer to the care plan at any time if I need to. It has everything in it I need to know. And if there are any changes, the updates happen straight away."

The provider emphasised to staff how they should uphold people's rights to privacy, dignity, independence and consider individuals cultural or spiritual needs. One staff member said, "Each person is different, and it's not just about their personal care. They have their own histories and experiences. It's important that we understand people as a whole, rather than just someone who needs help with their bath or shower." People's care records reflected their lifestyle preferences. And we saw that people's care calls were arranged so that they were ready to attend their religious services that were important to them. This demonstrated that staff had a compassionate and non-discriminatory approach to supporting people.

People were encouraged to share their experience of receiving support. One person told us, "I know that they will all listen to anything I tell them; it could just be a minor little thing, but as it's dealt with straight away, it stops it from getting anything bigger." One relative said, "The manager told me that if there was any problems at all to ring straight through. The way they are makes me confident now to raise anything." We saw the provider had a complaints policy in place, and any issues were dealt with in a timely and open manner. People had been given a copy of the complaints leaflet and this gave them information about how they could raise any concerns. The provider encouraged people to complete a customer satisfaction survey and was introducing an anonymous staff survey. The registered manager said, "We want people to be open and honest with us, and as these are anonymous; I'm hoping that if some people were reluctant to raise things directly, this will help."

Is the service well-led?

Our findings

People consistently told us how happy they were with the support that they or their relation received. One person said, "I couldn't ask for anything better; the carers and the office staff do their jobs excellently." Another person commented, "It was a big decision for me to change my support. But they were so good, there was no pressure on me. They listened to my concerns and were more interested that I was happy rather than just taking on another care package." One relative told us, "I am extremely satisfied; seeing the difference having this support has made is absolutely great. They are all marvellous." People were able to contact the office staff when needed. One person told us, "I can't praise the office staff enough. I'm never made to feel like a nuisance when I call." One relative said, "There is always someone to talk to if needed." One staff member commented, "The communication with the office is very good. They will ring up and ask me to pop into the office if need be. There is a 24 hour on call system in place, and if I have any problems or queries I know I can ask at any time." This demonstrated there was a positive, open culture promoted by the provider.

Staff were supported in their roles. One staff member told us, "We have regular team meetings, and are given the opportunity to discuss any concerns we may have; update each other about the people we support; and look at training. We are encouraged to share our ideas for how we can all do things better. It's a lovely team to work with." Another staff member commented, "We do get recognition and praise for what we do. We will be sent thank you messages which is good. Everyone works well together." We saw that supervision sessions and annual appraisals were carried out and planned for the care staff. This also included a review of staffs' competencies once they had completed their first six weeks work. New staff were also assessed following their three month probationary period. The registered manager told us, "Our recruitment is based on the values that people have, which is just as important as their experience. We want all the team to have the same standards about the care that people receive."

The registered manager had systems in place to assess, monitor and improve the quality of care people received. We saw various audits that covered areas such as health and safety, complaints, incidents and accidents, as well as care plans and staff training. These audits identified actions taken, and learning from events. One staff member said, "We will discuss issues at team meetings and with staff when needed. These audits ensure we pick any issues up, and we can then make changes to ensure the people who use the service get a consistently good standard of care." We saw that the log books that care staff completed in people's homes were audited to ensure that information was recorded correctly and nothing was missed. The registered manager commented, "How things are written is important as well, so that the notes are respectful and about the person."

People who used the service, their relatives and staff knew who the management team were. One person explained, "They may have different job titles and roles, but to me the important thing is that they all know me and what I need." One relative commented, "It is all very well run; they do a marvellous job." The registered manager told us how they had a clear vision for the future of the service. They said, "We know that we don't want to become too big; we have set a limit as to how many hours we will provide as a whole. We want to continue to offer individual, quality support to people." One community professional commented,

"In all the dealings I have had with this company, they have been responsive and professional. They are very good." The registered manager demonstrated an understanding of their responsibilities as a registered person. They maintained detailed, accurate records that were kept securely, and had informed us of any significant events that needed to be reported.