

Christchurch Care Limited

Christchurch Care

Inspection report

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13 July 2023
17 July 2023

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Christchurch Care is a care agency providing personal care to people living in their own homes. At the time of our inspection they were providing care to 42 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service was pro-active in establishing links with the local community that benefited people with both practical and social support.

Right Care:

People told us they felt safe and had confidence in the staff that cared for them. People had their risks assessed, monitored and regularly reviewed and staff demonstrated a good knowledge of the actions needed to keep people safe. People were cared for by staff that had completed a robust recruitment process. Staffing levels were good and provided the flexibility needed to meet people's changing needs. People had their medicines administered safely. Staff had completed infection, prevention and control training and were kept up to date with best practice guidance.

Right Culture:

Staff spoke positively about the organisation and the culture of the service. They felt supported and appreciated, describing a caring organisation that treated people, their families and the staff team with kindness. The service worked in partnership with other agencies which meant they kept up to date with new innovations and best practice guidance.

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

Rating at last inspection

The last rating for this service was good (published 15 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Christchurch Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Christchurch Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 July 2023 and ended on 17 July 2023. We visited the location's office on 13 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 3 relatives about their experience of the care provided. We spoke with 5 members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered manager, team leaders and care staff.

We reviewed a range of records. This included 4 people's care records. We looked at 2 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person told us, "We can trust care staff implicitly." Another said, "I have absolutely no concerns about staff being in my home and the help they might need to give my relative."
- People were cared for by staff that understood their role in recognising and acting upon concerns of potential abuse or poor practice. This included knowledge of external safeguarding agencies such as the local authority.
- Records demonstrated that safeguarding concerns were reported and investigated in line with legal requirements and local protocols.

Assessing risk, safety monitoring and management

- People had risks they lived with assessed, monitored and regularly reviewed, including risks associated with mobility, skin integrity and health conditions.
- Staff knew people well and demonstrated a good understanding of actions needed to mitigate risks. A staff member explained, "If somebody has an air mattress, (to alleviate pressure and reduce the risk of skin damage), we always need to check it's in good working order."
- The service provided people a non-injury falls lifting service completed by staff trained in both first aid and how to assess whether it is safe to assist a person up from a fall. The service included follow up checks, informing GP and reviewing whether other actions were needed to reduce future falls risk.
- Environmental risk assessments were in place to protect people and the staff team. These included access to people's property, fire safety, including smoking, other occupants living in a property and pets.
- The service were trialling an electronic monitoring system which would alert them should a home visit not take place as planned.

Staffing and recruitment

- People are cared for by staff that have undertaken a robust recruitment process which included a full employment history, verified references and a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels, skills and experience, ensured staff met people's care needs and could be responsive and flexible when people's care needs changed. The office staff team had completed training that enabled them to also provide care and support to people when needed. This meant people were always cared for by staff that knew them well.

Using medicines safely

- People had their medicines managed safely by staff who had completed training and had their competencies regularly checked.
- Controlled drugs, (medicines which have additional controls due to their potential for misuse), were managed in accordance with current regulations.
- When people had prescribed topical creams a body map had been completed which included any known risks, such as whether it was flammable, where the cream needed applying and how often.

Preventing and controlling infection

- Staff understood the actions needed to minimise the risk of infection to people. This included the correct use of PPE, handwashing practices and recognising signs and symptoms of infectious conditions.
- Staff had access to PPE which was stored in good quantities.
- Risk assessments had been completed, and staff were aware, of people who had health conditions or lifestyle choices that increased their risks associated with infection.

Learning lessons when things go wrong

- Accidents and incidents were used as an opportunity to review people's care and support and, where appropriate, take actions that improved people's outcomes. An example had been a person experiencing a near choking event. This led to staff completing 'safe swallowing' training which included some practical elements. A staff member told us, "It's good to review training, things change, it makes you feel more confident."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the service. A member of staff told us, "The focus is person centred and that's really from the top." Another told us, "The culture is professional, caring and kind to service users, families and the staff."
- Staff felt empowered to share their views. A staff member told us, "I feel able to speak up. I'm happy to say that isn't right. Always feel listened to."
- Staff told us they loved working for Christchurch Care, praised teamwork and felt appreciated. Initiatives included a 'staff care' team meeting, provision of a 24 hour independent, confidential counselling service, staff summer cream tea and financial rewards for birthdays and length of service.

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

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Records showed us that statutory notifications had been submitted appropriately to CQC. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.
- Quality assurance processes were robust and included a range of audits, reviews of accidents and incidents and feedback from people. Actions identified were discussed at a provider meeting and had on-going monitoring. Learning was shared at staff team meetings.
- Team leaders were reviewing the process for quality assurance surveys with the aim of capturing people's experiences of the service, which included examples of positive outcomes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service actively engaged with community services and shared access information with people. Examples included a local community partnership scheme that was able to deliver meals, links with a local day centre that organised social events and supporting a local scouts group charity event.

- Staff had monthly team meetings that included themed learning such as dignity, continence and mental health.

Working in partnership with others

- The registered manager attended external home manager forums. They told us, "There great because you can ask everything, share ideas and learning."
- The registered manager worked with other organisations and professionals to ensure people's care and support was in line with best practice. This included Skills for Care and Partners in Care.
- Links with Bournemouth University had led to a bespoke dignity training course for staff .