

Chenai Holistic Home Care Agency Ltd

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Inspection report

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Date of inspection visit:
21 October 2021

Date of publication:
20 December 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Chenai Holistic Care Home Care Agency Ltd is a service registered to provide personal care to people of all ages living in their own homes. At the time of our inspection they were providing care for 22 people.

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

People and their relatives told us that their calls were sometimes late and they didn't always know who was turning up. Staff told us there was not enough staff especially drivers.

The provider was not following good practice guidance on testing staff for COVID-19. Staff wore protective personal equipment (PPE), such as aprons, masks and gloves correctly.

Roles and responsibilities of staff were not clear which had led to a breakdown in communication between the registered manager and staff. Improvements were needed in promoting a positive culture with staff.

Oversight and governance systems to assess and monitor the service had suffered as a result of staffing levels. These were being strengthened and quality assurance checks were in progress. The registered manager had learnt lessons and was open and transparent about improving the service as a result.

People and their relatives told us staff cared for them well. They felt safe and the care provided met their needs. Staff completed online training to equip them with skills and knowledge but this did not always prepare them for their role.

Risks to people's health and wellbeing had been assessed so that staff knew how to support people safely. Safeguarding processes and medicines management systems were in place.

People and relatives were involved in their care and arrangements. The provider worked well with health and social care professionals.

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 24 February 2021)

Why we inspected

We had received concerns in relation to staffing levels and management of the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection. We have found a breach in Regulation 12 (Safe care and treatment) and 17 (Good governance).

We have found evidence that improvements are needed. Please see the Safe and Well led section of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our methodology and if we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Chennai Holistic Home Care Agency Ltd

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people and their families. 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 homes.

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 registered manager would be in the office to support the inspection.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with one person and eight relatives about their experience of the care provided. We spoke with six members of staff and the registered manager.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. They provided information as requested and updates on improvements put in place following our site visit.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The provider was not following the government guidelines or their own policy and procedure in the testing of staff. Lateral Flow Tests (LFT) were being completed weekly instead of the recommended Polymerase Chain Reaction (PCR) tests. Staff responses to how often they completed their LFT tests was inconsistent with some saying they tested every three weeks and others every week. This put people at risk of staff transmitting COVID-19 as LFT testing alone is not reliable.

We found no evidence that people had been harmed however, systems were not in place to protect people from the potential risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had enough personal protective equipment (PPE) and were using it effectively and safely. This was confirmed by people and relatives we spoke with. One family member said, "Having one person, the same person, works really well which is lovely. The staff help with medicines and applied creams to [relative's] legs with full PPE on as they walk in."

Staffing and recruitment

- Relatives had different views about call times, some having late calls, whilst others were satisfied with their call times. Comments included, "The times that they come - can I laugh at that? They're never on time. However, I would recommend because Chenai overall are really trying to do their best." And, "We know the staff who visit so I am confident [relative] is safe and they usually arrive on time."
- Staff told us there was not enough staff, especially drivers, and they had calls added to their rota. This was causing them to be late for their calls. One staff member told us, "I have to be at one person at 4:30 and then another at 5:00, there is not enough travel time. It's not planned out properly." Another said, "I sometimes am late because of drivers not being available to pick staff up from the station and they don't turn up."
- The registered manager told us they had experienced a period of difficulty as a number of staff, providing both care and administrative support, (such as rota arrangements) had left the service. They told us although the service was short staffed they had ensured people's care was covered by staff with relevant skills and experience.
- The registered manager confirmed that staffing has increased through effective recruitment to care and office posts and there were enough staff to care for people safely.
- Recruitment of new staff was being completed safely. All the necessary checks and documentation had been completed before staff started work.
- This included Disclosure and Barring Service (DBS) criminal background checks. The registered manager

had started to carry out valued based interviews to get the best people for the role.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I have been with them a good while, they are professional, and I feel very safe." A family member said, "We know the staff who visit so I am confident [relative] is safe while they're here."
- A safeguarding policy and procedure was in place and staff received training in how to protect people from harm.
- Staff and the registered manager knew how to report any concerns they had. One staff member said, "I would phone my manager first, if they didn't do anything then I would contact the authorities."

Assessing risk, safety monitoring and management

- People's care plan's included information about risks to people's health and wellbeing.
- Risk assessments had been undertaken in order to guide staff on safe care, and included areas such as people's medicines, skin, pressure care, equipment, mobility and the home environment.
- Information was clear and staff knew how to care for people. One staff said, "Care plans had the right information on them." Another said, "I read all of the care plans to ensure I understand the health challenges and care needs. I talk to them about their routines and how they like things managed."

Using medicines safely

- People received their medicines as prescribed. A family member told us, "Staff make sure [relative] has their tablets, so I've arranged for the pharmacy to deliver a blister pack with dates and times for staff to administer."
- Medicine Administration Records (MARs) were completed to show people received their medicines safely. These records were audited, with any issues identified and followed up with staff.
- Where staff supported people by applying topical creams, the areas for application were not always recorded on the person's body map. This was discussed with the registered manager who agreed to put this process in place.
- Staff received training on medicines and could explain how they would support people. One staff member told us, "I cross check that all medicines have been dispensed in the person's name, the dosage is correct and in date. I don't touch it and put into a suitable cup and check they have taken it with a suitable drink."
- Spot checks were undertaken to ensure staff were competent at administering medicines to people. One staff member said, "I had medicine training, and [registered manager] does watch what we do around our competency and checks it."

Learning lessons when things go wrong

- The registered manager had learnt lessons when things had gone wrong. This had included incidents and late calls and had strengthened systems to make the rota arrangements more robust.

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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Oversight and governance systems were not always in place to effectively monitor and assess the safety of the service. The registered manager had allocated tasks for staff but some of these tasks had not been completed as directed such as reviews of care plans and rota arrangements.
- The registered manager had not always provided clear lines of authority and effective communication about staff roles and responsibilities. For example, one staff member had refused to go out on a care call when requested by the registered manager. Other staff had gone above their role without authority to do so.
- Some staff told us they had felt unsupported in their role, in relation to induction and training and the registered manager's approach. Comments included, "[Registered manager] has a management problem which is communication, they are the manager, care coordinator, administrator and everything." And, "I would say they need to be more organised with that rota."
- The provider did not have a contingency plan in place to support the service when things went wrong. Four staff had left the service all at the same time without notice which had an effect on the staffing levels to meet care calls. Whilst the registered manager was able to stabilise the situation and put in place temporary staff to cover all the calls, there needed to be a more robust plan in place to manage the service to cover for unforeseen eventualities.

We found no evidence that people had been harmed, as the impact on people had been kept to a minimum. However, adequate systems were not in place to assess and monitor the quality and safety of the services. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some staff felt the registered manager was available, contactable and had provided a good induction and training process. One staff member said, "I read the care plan when I was shadowing. I went to every house and I was showed how to do the job because everyone is different." Another told us, "The registered manager is approachable when we have concerns."
- The registered manager sent us information to show checks on staff were being undertaken and a letter had been sent to all staff thanking them for their support through a difficult period.

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

- Whilst the registered manager had a clear vision for the service, the way they organised and communicated with staff did not always show effective leadership. Staff told us that sometimes the registered manager did not always speak to them in a respectful way. One staff member said, "Communication could be better, between the company, people and their families and staff."
- The registered manager understood their duty of candour and had been open and honest when things had gone wrong.
- They had reflected on their management style and approach. An external consultant had been employed to look at the issues and concerns raised by staff and to improve the service as a result.

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

- People told us they were involved in developing their plan of care. One family member said, "If I wanted the care plan changed, I would contact management and talk it through with them, and that would be absolutely fine." Some said they had not had any contact with the manager, but that staff sorted out any problems as and when they arose.
- Where people had shared their views, they described positive action being taken as a result. One family member said, "Chenai Holistic need to be able to converse with people more, and over the last couple of months, there's been quite a big improvement."

Working in partnership with others

- The service worked with other organisations and healthcare professionals where required. This included ongoing work with occupational therapists and social workers to ensure people got the necessary support and equipment to live at home as independently as possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not following COVID-19 guidance in relation to testing staff.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance systems needed strengthening and improvements made.