Chameleon Care Limited

Chameleon Care (Dartford)

Inspection report

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Date of inspection visit:
14 January 2016
19 January 2016

Date of publication:
21 March 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 and 19 January 2016 and was announced.

At our previous inspection on 10 and 11 December 2014, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to consent, good governance and person centred care. We found the provider had made improvements at this inspection.

Chameleon Care Dartford provides care services to people in their own homes mainly in Kent. The care they provided was tailored to people's needs so that people could maintain or regain their independence. This included older people, younger adults and people with complex health needs such as epilepsy, diabetes and physical disabilities. There were 74 people using the service at the time of our inspection.

There was a registered manager employed at the service. 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. The registered manager was not available during the inspection.

Staff were trusted and well thought of by the people they cared for. People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate.

The registered manager assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. The registered manager knew how and when they should escalate concerns to the local authorities and understood the safeguarding protocols.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support peoples best interest if they lacked capacity to make certain decisions about their care.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work.

Some people needed more than one member of staff to provide support to them. The registered manager ensured that they could provide a workforce who could adapt and be flexible to meet people's needs and when more staff were needed to deliver care they were provided.

People felt that staff were well trained and understood their needs. They told us that staff looked at their care plans and followed the care as required. People told us that staff discussed their care with them so that they could decide how it would be delivered.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well. If staff needed to use equipment in people's homes, they were trained how to use it and checked it was safe.

The registered manager gave staff guidance about supporting people to eat and drink enough. People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids. Care plans were kept reviewed and updated.

There were policies in place which ensured people would be listened to and treated fairly if they complained. The registered manager ensured that people's care met their most up to date needs and any issues raised were dealt with to people's satisfaction.

People were happy with the leadership and approachability of the service's registered manager. Staff felt well supported by the registered manager and other staff responsible for leading the service delivery. The registered manager and organisation carried out checks on the quality of the service and audited risk to keep people safe.

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 told us they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. People's risks assessments were relevant to their current needs, equipment was safety checked before use and incidents and accidents were fully investigated to prevent them happening again.

The registered manager and staff were committed to preventing abuse. Staff spoke positively about blowing the whistle if needed.

Medicines were administered by competent staff. Recruitment processes for new staff were robust and staff arrived to deliver care with the right skills and in the numbers needed to keep people safe.

Is the service effective?

Good

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

New staff received an induction. Training for all staff was kept up to date. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff understood their responsibly to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough. People with long term health issues received care from staff who protected their wellbeing.

Is the service caring?

Good

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

People experienced care from staff who respected their privacy and dignity. Staff we talked with were genuinely compassionate and caring towards the people they supported.

Is the service responsive?

Good

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. Any changes in care were agreed with people and put into their updated care plan. Staff spoke to other health and social care professionals if they had concerns about people's health and wellbeing.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about. It was clear that the registered manager wanted to resolve any issues people may have quickly and to their satisfaction.

Is the service well-led?

Good

The service was well led.

The service had benefited from consistent and stable management who were focused on the quality service delivery. This led to sustained and consistent compliance with regulations.

The registered manager was keen to hear people's views about the quality of all aspects of the service. Staff were informed and enthusiastic about delivering high quality care. They were supported to do this on a day to day basis.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered

and actions were taken to keep people safe from harm.

Chameleon Care (Dartford)

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 took place on 14 January 2016 and 19 January 2016 and was announced. We gave short notice of the inspection so that either the registered manager or another senior member of staff would be available at the office. The registered manager was not present during the inspection; However, the inspection process was supported by the registered manager from another branch.

The inspection team consisted of an inspector and an expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 spoke with eight people and five relatives about their experience of the service. We spoke with five staff including, a registered manager from another branch, the new manager and three care staff. We asked a health and social care professional for their views of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at ten people's care files, five staff record files, the staff training programme, the staff rota and medicine records.

Good

Is the service safe?

Our findings

People we spoke with told us they had confidence in the service and felt safe when staff were in their homes delivering care. People and their relatives said, "There's peace of mind because it is all safe." And, "They all know me and I am definitely safe with them."

At our previous inspection in December 2014 there had been a breach of regulation 9. People's assessments and care plans did not accurately reflect the risk people faced to protect their health and welfare.

At this inspection, we found the provider had made improvements.

Safe working practices and the risks of delivering the care were assessed and recoded to keep people safe. Staff confirmed information was available to them in people's homes to assist them to deliver care safely. Environmental risks were assessed, for example, lighting and working space availability. Equipment was checked before staff used it. Staff told us that they had been trained to use equipment in people's homes safely.

People were kept safe by staff who understood and received training about the risks relating to their work. The registered manager had ensured that risks had been assessed and that safe working practices were followed by staff. For example, people had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. We found the provider had introduced a quicker system of implementing risk assessments, which also covered out of hours placements.

Staff supported people in the right numbers to be able to deliver care safely. We could see that people who needed 'Double handed' calls had been assessed for this. The planned rota reflected what was written in care plans. For example, two staff were allocated on the rota and people's daily notes showed that two staff had attended their call. Staff we spoke with confirmed double handed calls took place.

In response to issues of missed care calls, the provider had introduced a computerised system to help ensure that people had consistent care from regular staff. This included an 'Alert to the office' if staff had not turned up for a call at the allotted time. The manager told us that since the introduction of the system there had been no missed calls. Staff working in the field told us they were getting used to the system and confirmed they had not missed any calls recently.

The service had procedures in place and provided training for staff so that if they were asked to take on the administration of medicine's for people they could do this. Staff we talked with told us in detail how they supported people safely when dealing with medicines.

Staff followed the provider's medicines policies and the registered manager checked that this happened by spot-checking staff when they were providing care. (Spot checks are unannounced supervisions of staff in the field.) The majority of people were independent with their medicines. Only four of the people we spoke

with had assistance with medicines. People who received support from staff with their medicines told us that they were given their medicines as required by their GP.

The medicine administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff visiting the persons home. Staff were clear if they were unsure about anything they would seek advice from a manager or field supervisor. This protected people from potential medicine errors.

The provider had a policy that gave details of how the registered manager would monitor incidents and accidents. There was a system in place to ensure incidents and accidents were fully investigated by the registered manager. This included a process of where lessons could be learnt and steps could be taken to prevent them from happening again. Reported incidents had been fully recorded with actions taken to reduce the risk. Accidents and incidents were logged onto a computer system so that they could be audited by the provider.

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy, if they suspected or saw abuse taking place. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising.

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need. All of the people would receive regular telephone calls from the team in the services offices to make sure they were okay. This protected people's continuity of care.

People were protected from the risk of receiving care from unsuitable staff. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. Staff told us the policy was followed when they had been recruited and their records confirmed this.

Good

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People we spoke with told us that their main carers were competent and skilled and did all that was required of them. People said, "They (staff) helped me when I was ill." Another, person said, "My carers had to phone the surgery once for advice about me, they were very good."

At our previous inspection in December 2014 there had been a breach of regulation 11. Staff did not fully understand and follow the principals of the Mental Capacity Act 2005. (MCA)

At this inspection, we found the provider had made improvements.

There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the Mental Capacity Act (MCA) 2005 needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected. People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely and was recorded in people's care notes. People were free to do as they wished in their own homes. Records demonstrated that the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005.

Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left at people's homes for staff to follow and staff confirmed to us that these were in place and kept up to date. We were able to match the assessed care against the care provided as this had been recorded in people's daily notes. The register manager visited people and staff during care delivery to check the care was effective. Several care packages included catheter care. Staff had received training about this and people this affected felt staff managed this aspect of their care well. A relative said, "Staff are good with his catheter: they empty it in the mornings, change it weekly and fix the night bag. They wear gloves to do it all."

The care people received was fully recorded by staff. We could see that staff notes of care delivered reflected the care required in people's assessment of need. For example, we could see from people's notes that staff were using the equipment recommended by occupational therapist like slide sheets. These were used by staff to safely assist people to change position. Staff told us they could read people's care notes before they started delivering care so that they were up to date with people's needs. Staff were provided with hands on practice so that they could use equipment safely.

This service was not providing food and drink to most people. However, where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. One person said, "They do cook for me, whatever food I choose and it is all fine". People told us that staff were hygienic and "Wore gloves". Another person said, "I always

choose the food. It works." Staff told us how they did this in line with people's assessed needs. Staff described to us how they leave food/snacks and drink within reach for people before they left a call. Food hygiene training was provided to staff.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves.

Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. They had a mentor and supervisor who took them through their first few weeks by shadowing them. New staff needed to be signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard.

The registered manager supported staff to have the skills and support they needed to do their jobs well. For example, where required staff had been trained to assist people with the management of percutaneous endoscopic gastroscopy (PEG) tubes, inserted into people's stomachs so that food, fluids and medicines could be introduced, catheter care and stoma care. Staff confirmed their training and spoke about managing these heath issues with confidence and knowledge. Staff received a comprehensive induction when they started working for the service. Staff told us they had completed shadow shifts and an induction when they started working at the service.

The registered manager used a range of methods to ensure that staff could develop the right skills for their role. They provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. Hands on training was provided in the training room for things like safe moving and handling, using a hoist and moving people with slide sheets or other safety aids. We saw documented evidence that staff attended training in dementia awareness and diabetes awareness. This ensured staff had training relevant to the people they delivered care to.

Staff were observed by a manager at work and were provided with guidance about their practice if needed. The registered manager met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. When the registered manager met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns. Staff supervisions were recorded and the registered manager gave guidance to improve staff knowledge.

The registered manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Good

Is the service caring?

Our findings

People said, "I very happy with all of them (Staff)." And, "I have a good rapport with all the girls, we all do, all the family". A relative said that her loved one's carers were, "Friendly and attentive," and had encouraged her loved one to stay independent. Others said, the staff were, "Very helpful", "Kind" and "Whatever I asked them, they help me."

People told us that they experienced care from staff with the right attitude and caring nature. People felt that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery. A relative told us how staff always ask if they can do anything else before they leave, they thought this was a 'nice thing to do'.

Staff wanted to treat people well. When they spoke to us they displayed the right attitude, staff showed genuine concern for people's wellbeing. Staff told us about the things they did to make sure people had everything they needed before they left their call. For example, if people had access to drinks, food and things like the TV remote control. One member of staff said, "I am very aware of how important it is for people to feel secure and comfortable."

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People's preferred names were recorded in their care plans and staff used these when they addressed people. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

People's right to remain independent was respected and recorded. The care plans clearly identified what people could choose to do themselves and where staff needed to intervene to assist them. What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs.

There was evidence that care packages had been designed both by and to help family members. One relative stressed that her loved one's entire care had been built around her, "Church group and choir practice". She had chosen this agency because, "They could do what I wanted". Another relative said, "I am very happy with it; they come every day for me". People let us know how important it was for them to be as independent as possible and how staff supported this. There were examples of staff doing parts of tasks for people and letting them do the rest themselves. For example, gathering the ingredients together to help people prepare a meal. People indicated that, where appropriate, staff encouraged them to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

People told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings during staff spot checks, calling people by telephone to ask their views and sending people questionnaires.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

People told us that staff responded flexibly to their needs. All felt that the staff stayed for the agreed amount of call time. One person said, "They get half an hour but when I have a bath, it takes longer and they stay." Another person told us the call length had been changed in line with their needs. They said, "They (Chameleon Care) had to make the call longer, so it's 45 minutes now, which is enough".

At our previous inspection in December 2014 there had been a breach of regulation 9. Assessments had not been completed in all situations where people were referred to the service at short notice

At this inspection, we found the provider had made improvements.

People's needs had been fully assessed and care plans had been developed on an individual basis. Before people started to use the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. This also included a new system of emergency assessments to cater for people placed with the service at short notice. After people started using the service they and their families where appropriate, were involved in discussing and planning the care and support they received. We saw that assessments and care plans reflected people's needs and were well written. Care planning happened as a priority.

Records showed and people told us that they had been asked their views about their care. Care plans were individualised and focused on areas of care people needed. For example, when people needed their skin integrity monitoring to prevent pressure areas from developing. This was incorporated into their care plan and instructions were left for staff to follow. People who were receiving care to regain their independence after an injury or hospitalisation had specific care input targeted to their recovery needs.

Reviews of the care plans were scheduled in advance, but could also be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff told us care plans were kept up to date and that they checked people's daily records for any changes that had been recorded. The registered manger reviewed people's care notes to ensure that people's needs were being met. If people asked for changes these were actioned by the registered manager. We saw that one person had asked for a change to their call times on a Tuesday. This had been implemented on the staff rota.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell and by assisting them in managing their long term health needs. Staff told us about recent incidents where they had called people's GP when they found people unwell. Staff also described the actions they would take in emergencies and understood the need for an urgent response.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. All people spoken with said they were happy to raise any concerns. People told us that they got good responses from the office staff if they contacted them to raise an

issue. There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

There were examples of how the registered manager and staff responded to complaints. There had been five complaints since our last inspection. There had also been six compliments received about the care provided. Complaints had been logged, investigated and the outcomes recorded. When necessary the registered manager had formally apologised to people if the service they had received fell sort of the standards expected.

Good

Is the service well-led?

Our findings

People told us they had mixed experiences of how well the service was run. People were not always happy with the responses they got when they called the office. Others had called the office and the information had not been passed onto staff or people had experienced poor administration of their invoices or contact details. However, other people reported good experiences of the service they received and were happy with the leadership of the service. We discussed the improvements the managers wanted to make and they told us about the new systems they had put into place to manage people's care calls and packages more effectively.

At our previous inspection in December 2014 there had been a breach of regulation 17. Accurate records of the care delivered were not always being kept by staff.

At this inspection, we found the provider had made improvements.

Changes had been made to ensure that people's daily notes reflected the care provided. People's care plans had been reviewed and provided enough detail for staff to deliver the care to meet people's needs. Daily care logs were available in the office for us to view and assess. The registered manager had introduced new risk assessments formats and care plans.

The registered manager had carried out quality audits. These audits assisted the registered manager to continue the improvements in the standards of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. Records showed that the registered manager responded to any safety concerns and they ensured that risks affecting staff were assessed.

The service user guide had been updated in April 2015. This set out the aims and objectives of the service and the registered manager was implementing the improvements needed from the action plan they had developed with the local authority. Staff received training and development to enable this to be achieved. The registered manager had a clear understanding of what the service could provide to people in the way of care. They told us that they had reduced the levels of rehabilitation services they were providing as they made changes to the quality of the service. This helped the registered manager ensure they maintained the quality of the service for people.

Staff were committed to delivering high quality, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their managers.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff told us they enjoyed their jobs. Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents or needed to speak to the registered manager for advice. They told us that the registered manager and management team were approachable.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.