Chelmscare Limited

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Inspection report

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Date of inspection visit:
12 July 2018
13 July 2018

Date of publication:
10 August 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 12 and 13 July 2018 and was unannounced. This was the first inspection since the service was registered on 21 July 2017.

Chelmscare is a domiciliary care agency who provides support to people living in their own home in the community. On the day of our inspection 34 people were being supported with the regulated activity of personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found that the provider did not have robust systems in place to ensure people were kept safe. The recruitment process was inconsistent and checks were not always completed before staff started working with people.
The provider did not always follow their own safeguarding process which meant people could have been at risk of harm. Staff had received training in safeguarding but their understanding of the process was not tested by the registered manager.

There were some risk management arrangements in place to help keep people safe, but these were not consistent and were not always current. Staffing levels were not always sufficient to meet people's needs. People told us overall, they felt safe being supported by staff from Chelmscare.
People were supported to take their medicines and staff had received training. However, they did not routinely have their competencies checked. Care plans were mainly of a tick box nature and lacked personalisation. People, were not always involved in the development and review of their care plan.

Staff received an induction to the service when their employment commenced and completed some refresher training and updates. Staff were not consistently supported in their roles through individual supervision or attendance at team meetings.

People were assisted to eat and drink sufficient amounts to help maintain their health and wellbeing. People were supported to make and attend medical appointments and access a range of healthcare professionals.

Staff requested peoples consent before they provided support. The management and staff worked in line with the Mental Capacity Act 2005 (MCA) principles.

People and their relatives told us staff were kind and caring. Staff were aware of people`s likes, dislikes and preferences and overall delivered care and support in accordance with people`s wishes. However, people

told us there were a lot of staff changes which impacted on people's ability to build meaningful relationships with staff.

The service was not always responsive to people`s changing needs. There was a complaints process in place but no concerns or complains had been received.

There was a lack of management overview at the service. There were no systems and processes in place to monitor the overall quality and safety of the service. The registered manager did not always inform CQC of accidents or incidents which they are required to report. There was no evidence of learning from events.

People's confidential information was stored securely to ensure it remained confidential.

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 consistently safe.

Pre-employments checks were not always completed before staff started working at the service.

The provider did not always follow their safeguarding process.

Risks were assessed but information was not always current.

There were not enough staff deployed to consistently meet people's needs at their preferred times.

People were supported to take their medicines by staff who had been trained but had not had their competencies checked.

There was a lack of learning demonstrated from accidents and incidents.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not receive consistent induction training before they started working with people.

Staff were not consistently supported through regular supervision.

People were asked to consent to their care and treatment however this was not reviewed to confirm it was current.

Staff were aware of the MCA principles.

People were assisted to maintain their nutritional and hydrational levels.

People were supported to access healthcare professionals.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and caring.

Staff knew individual people's needs well.

People's privacy and dignity was promoted and respected

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People `s needs were not consistently kept under review to help ensure their needs continued to be met when there was a change.

There was no evidence that feedback from people was effective in influencing change or driving improvements.

Complaints were not always recorded and investigated in line with the provider `s policy.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered manager had a lack of management oversight.

There was a lack of quality assurance systems and audits to identify shortfalls in the service.

The registered manager did not always notify CQC of events that were reportable.

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

This inspection took place on 12 and 13 July 2018 and was unannounced. The inspection was completed by one inspector.

Before our inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events, which the provider is required to send us.

During the inspection, we spoke with three staff members, the head of care, one of the provider`s director, the registered manager, the care coordinator and the training administrator. We spoke with two people who used the service and five relatives to obtain feedback of their experience of the service.

We received feedback from representatives of the local authority health and community services and a health care professional.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, six recruitment records, and quality assurance documents.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe. Pre-employments checks were not always completed before staff started working at the service. We reviewed six recruitment files for staff and noted the recruitment process had not been followed. There was no system in place to ensure that the correct process was followed. We found in two recruitment files that although a disclosure and barring check had been applied for the check had not been completed. We also noted that in three files, although requested, the required two references had not been received. References were not always from the most recent employer and did not always reconcile with staff`s employment history. Application forms were not completed fully for example gaps in employment were not always explored. This meant that people could have been at risk of unsuitable staff supporting them with personal care in their own homes.

The head of care told us "New staff do not work in an 'unsupervised capacity' they shadow experienced staff". However, this could not be evidenced through the call monitoring system because the head of care told us they do not use the monitoring system when covering care visits. Staff were expected to record their arrival and departure times however this had not happened.

This was a breach of regulation 19 of the Health and Social Care Act 2008. The provider did not consistently complete pre- employment checks to check that potential staff were of good character.

There was a lack of learning demonstrated from accidents and incidents. The registered manager did not routinely record accidents and incidents and did not analyse them to identify possible trends. This meant that the information had not been used effectively to reduce the risk of reoccurrences.

The provider did not always follow their safeguarding process. We reviewed care records relating to four people. We found that incidents had been recorded in care notes which raised concerns about people's safety. We asked the registered manager what they had done in response to the concerns noted. The registered manager told us "It is not our responsibility to report these concerns as they happened while the person was attending another service. However, in accordance with the providers safeguarding policy any concerns had to be recorded and reported to the local safeguarding authority.

We noted that three further entries in the care notes contained concerning information but none had been reported. This meant that the person may have been subjected to sustained neglect and or harm.

Risks to people`s well-being were assessed but information was not always current. We found in one care record we reviewed that a person was assessed as being at high risk of developing pressure areas. The care record stated that the person could 'hydrate themselves easily'. However, the care record stated that the person was bedbound and required the assistance of two staff and a hoist to be transferred. This meant that the person could not hydrate themselves without staff supporting them, for example putting drinks beside them so they could have a drink when they wished. This information was contradictory and potentially put the person at risk of dehydration.

There were not enough staff deployed to consistently meet people's needs at their preferred times. We saw from rotas that staff were allocated to people usually at regular times. However, in some cases staff were not allocated travel time. This meant that they arrived at subsequent visits later than the planned times. One person told us "The times of the visits are a bit hit and miss, sometimes they come on time other times they arrive late. It is worse at the weekends". We also noted that two new staff were on the rota working alongside established staff before the full recruitment process had been completed. We spoke to the registered manager about this. They told us "We have recently had a few staff leave and we are in the process of taking on new staff, who were doing shadowing as part of their induction". However, it is not considered safe practice to allow staff to work with vulnerable people until their pre-employment checks were completed.

People were supported to take their medicines by staff who had been trained but had not had their competencies checked. The head of care told us most people they supported were self- medicating. One relative we spoke with told us, "Staff pop the tablets out for [Name]." We asked the relative what records were kept in relation to the medicines that were being administered. They told us, "Staff record that they have given the medicines in the daily log notes." This meant that staff had not recorded the medicines being administered on a medicine administration record (MAR) as required, therefore medicine errors could not be easily identified. The registered manager told us they would be observing staff administering medicines as part of the existing work based observations which were in place.

The above was a breach of regulation 12 of the Health and Social Care Act 2008.

Requires Improvement

Is the service effective?

Our findings

The service was not consistently effective. Staff were not consistently supported in their roles. One staff member told us, "We do not get regular support, but we can always ask. I don't think it is a good company to work for. There is no organisation within the office, carers are here there and everywhere."

Staff did not receive consistent induction training before they started working with people. We saw that records were inconsistent with some staff having induction certificates on their file and others not. One staff member told us, "I feel there's not enough support for the carers with training. If I went into to this job not having done care before, I wouldn't really know what to do, like some of the staff I worked with and had to show them what to do and help them as well."

Staff were not consistently supported through regular supervision. We asked the registered manager what the staff support arrangements were. They told us, "We go and supervise staff in service user`s homes." We reviewed records relating to these visits and saw that these were spot checks to observe staff`s arrival, if they wore a uniform and name badge. The observation visits did not include an opportunity for staff to discuss people they supported, training, development or other work-related topics. The care coordinator told us they tried to do supervisions bimonthly but this had not happened.. The head of care showed us minutes from team meetings. We noted there were just two lots of minutes, one for an office staff meeting in January 2018 and another from June 2018. This demonstrated that staff did not receive regular or planned support.

People were asked to consent to their care and treatment, photos, medicines and sharing information, however this was not reviewed to confirm it was current. We saw that people had been asked to sign a consent to care document but noted that this was not reassessed when the care plan was reviewed. The head of care told us, "We will check consent going forward and add the date we reviewed it so that people are given an opportunity to review what they have consented to."

Staff were aware of the MCA principles. We asked the registered manager if anyone they were supporting had a mental capacity assessment (MCA). They told us one person who lacked capacity had their capacity assessed along with input from family. The person could make simple day to day decisions and choices and more complex decision with family support. Staff were able to describe how they supported people to make choices and decisions to help them retain their independence.

People were assisted to maintain their nutritional and hydrational levels. Where required people were supported with shopping, meal planning and preparation and supported to maintain their hydration. One relative told us, "The staff support [Name] with meal preparation, but sometimes I would like them to think ahead and not wait until things run out to give us time to replenish supplies."

One person's relative told us, "I would like the staff to understand more about the importance of following correct heating instructions as often [Name] has had luke warm food which would pose a risk for elderly

people."

People were supported to access healthcare professionals. People told us staff supported them with these. One professional told us, "The staff from Chelmscare were very good and supportive when [Name] had to go to Hospital. They even came to the Hospital to help settle the person who was extremely distressed." Staff told us that they helped people to make and attend GP appointments when required but also helped them arrange other appointment with opticians, chiropodists and worked closely with other professionals to help provide a holistic service. Records were kept which informed staff of medical interventions and appointments.

Good

Is the service caring?

Our findings

The service was caring. People told us that care staff generally were kind and caring. One person we spoke with told us, "The calibre of care staff does vary but overall I think they do their best and are kind." A relative told us, "[Staff`s] abilities and the way they approach people vary, but I believe they are caring which is really important. There is one carer who is just wonderful, she goes the extra mile and is lovely. There is a high turnover of staff which is a great shame because you get used to the carers, they get to know the routine and then leave and you get new people so have to go through the process of then getting used to the routine and developing the relationship." Another relative told us, "Mostly the staff are kind and caring and try their best but I do feel that sometimes they lack attention to detail, some of the little things that are important get overlooked."

People told us they had developed meaningful relationships with the regular care staff who supported them. One staff member told us, "We have mostly regular service users which we support which is really good because we get to know each other and feel comfortable." A person told us, "I enjoy a bit of banter which makes all the difference to my day."

Staff knew individual people's needs well, they were able to describe people's individual routines. One staff member told us "I really enjoy my job and being able to help the people we look after. It is important that you care for people in the way you would want your own family to be cared for." Another staff member told us, "The carers are passionate and caring towards their service users, and really try their best, however we do not always get the support from the management." Another staff member told us, "I like to find out what is important to the people and work in the way which suits them."

People told us that when they were initially assessed for care they were asked questions about the type of support they required. However, people could not recall being involved in reviews of their care. One person told us, "I know when we first started with Chelmscare a person came from the office and discussed our requirements, we have spoken with the office on a couple of occasions about minor amendments but I don't think this was a full care review." Another person told us, "I feel I have been involved and consulted, if I want to amend anything I can always call them or speak to one of the care staff; they are good at communicating on our behalf."

People's privacy and dignity was promoted and respected. Staff were able to describe how they were mindful of both protecting people's dignity and respecting their privacy. One staff member told us, "We always knock before going into people's properties or if we use a key to gain entry we always call out to let the person know we have arrived. When assisting with personal care I always make sure the door is closed and the person is covered as far as possible so that they do not feel exposed." Another staff member told us, "If we are communicating with our service user and there are other family members I make sure that the persons privacy is respected."

People`s confidential records were stored securely to ensure they could only be accessed by people who

had permission to review them. We noted staff had received training in data protection arrangements. The registered manager had introduced a strategy to implement the new data protection legislation to ensure full compliance with the requirements.

Requires Improvement

Is the service responsive?

Our findings

People told us the service was not consistently responsive to their changing needs. One relative told us, "I have asked for the times of the visits to be changed as they are too early especially at the weekend. It changed for two weeks and then went back to the earlier time." Another person told us, "They do their best but it is a bit hit and miss, I think sometimes the office staff struggle with changes, especially if staff leave it makes it difficult for them to be flexible."

Staff told us they felt the management did not always take feedback on board in respect of changes to people's needs. For example one staff member told us, "Sometimes people`s visits take longer than the time is scheduled, when this happens it means we run late for other visits. I think sometimes the management don't take this on board or make the necessary changes to the care plan." However, a professional who gave us feedback told us, "They were very responsive to a person, they worked well as a team and made sure the persons needs were totally met."

People`s needs were not consistently kept under review to help ensure their needs continued to be met when there was a change. We reviewed four care records but found that there was not always evidence about when they had been reviewed. For example, in one care plan we saw the date the initial assessment had been completed and although there had been several changes in the persons condition which required them to go to Hospital, these had not been reflected in the support plan so we could not be assured the information was accurate and current.

We spoke to the registered manager and head of care and they told us that staff were aware of the changes. They told us that people had a copy of the care plan and associated risk assessments in their home. We saw in other care records that reviews had been completed but the care plan detailed the same information as when the original assessment had been completed and was not updated with information coming from the reviews.

There was no evidence that feedback from people was effective in influencing change or driving improvements. People told us that they had not routinely been asked to give feedback. However, one person we spoke with told us, "I have told the manager that staff need more training or experience of food preparation, staff skills do vary." The person told us that they did not feel things had improved. Another relative we spoke with told us, "I have told them [Office staff] when there have been problems, for example we get so many new staff who don't really know [Name] routine very well and so I find myself having to leave notes. This is not ideal. The other thing is we get a weekly schedule telling us the times of visits and who will be coming but it is not accurate, there is always several changes both to the times and who turns up, so I don't feel they have taken my comments on board."

Complaints were not always recorded and investigated in line with the providers policy. We saw that there was a complaints policy and procedure in place. However, no complaints had been recorded so we could not assess if complaints and concerns were investigated in accordance with the written policy. The registered manager told us they had not received any complaints since the service was registered. During

the inspection people who gave us feedback mentioned several issues of concern that they raised. However, these had not been recorded, no actions were available to demonstrate what had been done to resolve them and the people felt the service had not improved.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well led. The registered manager did not always follow policies and procedures which were in place. Staff told us they did not feel confident in the managers ability to manage the service effectively. During our inspection we found evidence to support this.

The registered manager had a lack of management oversight. They had no overview of the service and was unaware of the statutory requirements in relation to the registered manager role. For example, this was a newly registered service which had not been inspected by CQC. However, the registered manager was displaying on their website a CQC report and rating from a previous service they managed showing a CQC rating of 'good'.

In addition, the service user guide distributed to all potential new service users was showing that they had been rated good by CQC at the previous inspection. The staff handbook given to all new staff also had a CQC rating of good. We found that documentation referred to in a staff file recorded that a staff bonus would only be payable following a CQC inspection as long as they maintained or improved on the current rating of good. However, as the service had not been either inspected or rated by CQC this was both inaccurate and misleading information to all concerned.

We had previously spoken to the registered manager about displaying ratings that did not relate to the current service. Following the inspection, they agreed to remove the rating from their website and to get the staff handbook and service user guide reprinted so that people had accurate information to enable them to make an informed decision about their care provider.

There was a lack of quality assurance systems and audits to identify shortfalls in the service. We found that these were not effective to help identify shortfalls and put actions in place to drive improvements. Records were not adequately reviewed. There was no management overview about what systems and processes should be followed in the organisation. For example, recruitment files were incomplete and were not audited, training records were ad-hoc, care plans were basic and lacked detail. For example, a care plan recorded, 'Help [Name] with strip wash'. However, it was not clear how this would be done, or what the person could do to assist themselves. It also recorded that the person can take care of their own oral hygiene, however the person was bedbound so would have required assistance with these tasks.

This was a breach of regulation 17 of the health and social care act 2008. The provider did not have systems and processes in place to monitor the safety and quality of the service.

The registered manager did not always notify CQC of events that were reportable. Providers are required to report accidents and incidents to CQC to inform us of important events that happen in relation to the regulated activity. We saw that on at least two occasions incidents had happened where people had sustained an unexplained injury and or bruising. However, these events had not been reported to CQC or local safeguarding authorities. We discussed why these had not been reported with the registered manager. They told us they though another service provider were responsible for reporting them. This meant that the

people concerned may have been subjected to sustained harm or risk of injury because no protection plans were put in place to safeguard them. The registered manager and head of care told us they now had a better understanding of 'reportable' incidents and would ensure that in future they would report all concerns to CQC.

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 People were not protected from the risk of harm because the provider did not follow their own recruitment and safeguarding process and did not report concerns.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have systems and processes in place to monitor the safety and quality of the service.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not protected from the risk of harm because the provider did not follow their own recruitment process and did not consistently complete pre-employment checks.