

Candid Health Care (CHC) Ltd

# CANDID HEALTH CARE (CHC) LTD

## Inspection report

172 Collier Row Road  
Romford  
Essex  
RM5 2BD

Tel: 01708609757

Date of inspection visit:

24 June 2016

27 June 2016

Date of publication:

20 July 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

The inspection took place on 24 and 27 June 2016 and was announced. The service met all legal requirements and was rated "Good" at our previous inspection on 20 March 2015.

Candid Healthcare provides personal care to people living in the London borough of Havering. On the day of our visit there were 28 people using the service.

At the time of our inspection a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they trusted staff who looked after them and that most visits were at the scheduled times. Where required people were assisted to take their medicines safely.

Staff had attended safeguarding training and were able to demonstrate how they would respond to any allegations or witnessed abuse by notifying the appropriate authorities.

Risks were assessed and clear steps to take to mitigate identified risks were recorded to enable staff to care for people safely.

People told us they were supported by regular staff and that none of their visits had been missed. Staff were matched to people's needs and suitable arrangements were made to cover sickness and absences.

There were robust recruitment systems in place to ensure that staff only commenced after appropriate checks had been completed. Staff were supported by means of annual appraisals and regular supervisions.

Staff sought consent before care was delivered. They had completed training relating to the Mental Capacity Act (2005) and were aware of their roles and responsibilities to ensure the people's voice was heard.

People told us that their privacy and dignity was respected. They were aware of how to make a complaint but told us they did not have to complain often. When they did complain the complaint was resolved quickly.

Care plans although sometimes brief were based on people's preferences and included their past history and present likes and dislikes. We made a recommendation to seek further guidance on record keeping.

People, their relatives and staff thought the service was well led and that staff and, management were approachable. There were systems in place to monitor the quality of care delivered. However we made a recommendation to seek guidance on effective communication.

## 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 trusted staff that looked after them. Staff were aware of how to safeguard people from harm and had up to date safeguarding training.

Risks to people and the environment were assessed and steps to mitigate risks were clearly outlined. Staff were aware of the procedure to take in an emergency

Medicines were managed safely by staff that had been trained to handle medicines appropriately.

### Is the service effective?

Good ●

The service was effective. People were supported by staff that had received appropriate training. Staff were supported by means of regular supervision, annual appraisals and spot checks to ensure they were delivering care according to people's needs.

Where food was part of the care plan, people were supported to eat a balanced diet. Staff were aware of the need to escalate to the office and other healthcare professionals if they noticed any changes to eating habits.

Staff were aware of the Mental Capacity Act 2005 and how they applied this daily in their role. They told us, before care was delivered they always asked for people's consent.

### Is the service caring?

Good ●

The service was caring. People told us staff were kind caring and polite and that they were treated with dignity and respect.

Staff were aware of the need to encourage independence where possible.

Staff had attended equality and diversity training and told us they delivered care according to individual preferences regardless of one's age culture or religious belief. They gave examples of how they respected people's religious and cultural beliefs.

### Is the service responsive?

Good ●

The service was responsive. People told us that the service was mostly flexible to their needs and visit times.

Care plans were person centred and reflected people's physical, social and emotional needs.

There was a complaints procedure in place which was known and followed by people, their relatives and staff in order to resolve any issues.

### Is the service well-led?

Good ●

The service was well-led. People, their relatives and staff thought the service was run well by an approachable registered manager. However we found a shortfall relating to recording or updating peoples records and made a recommendation.

There were systems in place to ensure the quality of care delivered was monitored. This included obtaining feedback from people and staff and ensuring spot checks were completed regularly.

# CANDID HEALTH CARE (CHC) LTD

## **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.

The inspection took place on 24 and 27 June and was announced. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was completed by an inspector. Before the inspection we reviewed information from notifications, health care professionals and commissioners. We reviewed the Provider Information Return (PIR). This 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. On 23 June we spoke on the telephone with six people , three relatives and five staff including one team leader.

During the visit on 24 June we spoke with the registered manager and the administrator and reviewed five care records, four staff files, nine staff supervision records, six appraisal records and five medicine administration records.

After the inspection we visited a person's home on 27 June with their consent and observed a lunch time call in progress. We also spoke with one staff member.

# Is the service safe?

## Our findings

People told us they felt safe and comfortable with the staff that cared for them. They told us that their place was kept secure by staff. One person said, "Staff are very good. They shut the door when they leave. It's the same girls so I am comfortable." Another person said, "Yes, I feel safe and have built a trusting relationship with staff." A relative said, "I am happy about the service so far and have no issues relating to safety or security."

Staff were aware of the safeguarding procedures and told us they had completed training recently. They were able to explain the different types of abuse and how they would report and where they would record any allegations of abuse. There was an up to date safeguarding policy which staff could refer to. There were no recent safeguarding notifications and the only safeguarding concern in the last year had been investigated and actioned appropriately.

Medicines were managed safely. People told us that staff helped them take their medicines. One person said, "I don't always remember to take my tablets. Staff help me by reminding me to take them with meals." Staff were trained on how to administer medicines safely and were assessed before they were able to administer medicine. They were aware of the need for people to take some medicine with their food and were able to demonstrate the procedure to take if they found any discrepancies. We reviewed medicine administration records and found them completed fully with reasons for refusal document and any action taken such as informing the GP and family.

Risks were managed appropriately. Staff told us how they made checks daily to ensure the environment was safe. They were aware of the risk assessments in place related to the person and the environment and could tell us the steps they would take to minimise those risks. One staff member said, "It is my duty to ensure people are safe. I make sure any hazards are minimised and leave all within reach to enable people to do what they can safely. I also ensure that the door is definitely shut before I leave." Staff were aware of the incident and accident reporting process and how this was used to learn from.

Staff had been trained on equality and diversity and said they delivered care without discrimination. They were aware of the need to minimise restrictions so people felt safe but also had the most freedom possible regardless of disability, age or culture. Staff encouraged people and actively supported them in their choices so they have as much control and independence as possible. For example, leaving moving and handling aids within reach and leaving commodes where necessary in a place accessible to people.

People said they were assisted to move from one place to another safely. One person said, "I am comfortable with all the equipment it takes to get me out of bed. Staff explain all the way and make sure nothing takes me by surprise." Staff told us they had been trained to use equipment such as hoists and moving aids and were aware of the procedure to take should the equipment not work. We reviewed records and saw that moving and handling records were up to date. For health and safety reasons staff ensured where two people were required to assist, they waited for their colleague to arrive before entering a person's home in order to ensure safe moving and handling procedures were followed.

Staff were matched according to people's needs. People said they knew their staff by name and were happy with the care. One person said, "I have the same staff. They are really good." Rotas were managed on an electronic system that was monitored to ensure that visits were not missed or staff were not late. Where late visits were anticipated, the service tried to contact people to let them know the reason why their visit would be later than the agreed time. On the whole staff looked after the same people in order to provide consistent care. One relative and two people told us that they would prefer more communication from the service if their regular staff was going to be off so they would be prepared to meet a different staff member. Sickness and absence were covered by regular staff to ensure continuity of care.

Recruitment checks were comprehensive and included proof of identification, references and disclosure and barring checks to ensure only staff that were suitable to work in a health and social care environment. Staff confirmed they had completed an application form, attended an interview and had only commenced work after satisfactory references and disclosures had been received. Appropriate steps had been taken to ensure people were cared for by suitable staff.

## Is the service effective?

### Our findings

People told us that staff were trained and able to meet their needs. One person said, "I get on very well with my carer [staff]. They know what I need and in my opinion are very good at their job." Another person said, "Staff know what to do. They help me wash and dress and make sure I have all my meals." People and their relatives told us they were happy with their regular staff.

There was training program and a comprehensive induction for staff to learn and put in place best practice guidelines. Induction included a period of shadowing until staff were confident enough to work independently. Training staff received included first aid, infection control, dementia, communication and record keeping. The training included computer based learning and training from external suppliers which now included core training material from the care certificate to ensure staff had an understanding of their roles and responsibilities in relation to effective care delivery.

The service had a proactive approach to staff members' learning and development. Where required, staff were offered support to complete qualifications in health and social care. Regular supervision (one to one meetings to discuss work related issues), spot checks, staff meetings, staff surveys and annual appraisals were used to develop and motivate staff and review their practice or behaviours. They allocated staff effectively focussing on their skills, experience and compatibility with the person they were supporting.

People were supported to eat and drink where it was part of their support plan to do so. One person said, "They help me with all my meals and always make sure a snack and drink is within reach." Some staff had undergone food hygiene training to ensure they were able to handle food appropriately. They told us they were aware of people on special diets and always asked people what they wanted to eat before preparing or heating up the food. People, especially those at risk of poor nutrition and dehydration were cared for by staff who had been trained to support them effectively.

People told us they were always asked to give their consent to their care at each visit. One person said, "Staff always ask what I want before helping me wash." Another person said, "Yes, they do ask and wait for a response before assisting." Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice effectively to ensure people's human and legal rights were respected. Staff told us how they considered people's capacity to make specific decisions and knew that they needed to escalate to the manager should further assessments be required.

People experienced positive outcomes regarding their health. Staff told us how they worked effectively with social workers, GPs, district nurses, pharmacists and relatives to support people to maintain their health. Referrals were made to other health and social care services where required for issues such as reduced mobility and swallowing difficulties. Staff were aware of people who needed to attend regular hospital appointments and told us they rearranged visit time where possible to enable people to attend.



## Is the service caring?

### Our findings

People told us that staff were caring and polite and on the whole sensitive to their needs. One person said, "They are very good. Always polite and very caring." Another person said, "[Staff are] excellent, friendly and approachable." A third person said, "Always smiling, flexible and very compassionate."

Relatives told us staff were very good. One relative described a staff member as "excellent, patient and approachable." Another relative said, "The staff are very good. Especially the regular ones have built a good rapport and know [person] very well."

People were treated with dignity and respect. People told us staff addressed them by their preferred names and made sure they were comfortable during personal care. One person said, "They [staff] are very good and put me at ease during a wash." Another person said, "They give me my space when I need it." Staff had attended training on dignity and respect and told us they respected people's wishes and right to confidentiality. They gave examples of how they gave people their space during personal care.

Staff were aware of signposting people to other agencies for information such as advocacy services. People had a service user guide that contained information about the service. Their care records also had a list of most of the regular professionals involved in their care so they could easily contact them. One person told us, "Staff are quite helpful. They help me contact the GP or the district nurses sometimes when I can't physical ring myself."

People received care and support from staff who knew and understood their history, likes, preferences, needs, hopes and goals. Staff were able to demonstrate knowledge of people's diverse cultural, gender and spiritual needs and how they met them in a caring and compassionate way. Staff described how during personal care people had different expectations, routines and preferences and how they respected these and always asked before giving care to ensure people were able to deviate from their normal routine should they wish to. They also enabled people to be independent by encouraging them, for example, to wash their face if they could, by cutting up food if required and leaving it within people's reach so they could help themselves.

People were supported to express their views and needs. Where people had communication difficulties staff demonstrated the ability to understand them. They used nonverbal means such as writing, signing and pointing where required and speaking slowly and clearly using short sentences to ensure people could understand them. Staff took time to listen to people. Staff told us it was easier to effectively support people with complex needs because they had a core set of people they looked after therefore making it easier for people to get used to them.

## Is the service responsive?

### Our findings

People told us they were cared for by staff that were flexible and understood their needs. One person said, "I get the same person most of the time. They know what I want, I don't have to tell them what to do." Another person said, "Yes, they listen to what I want." Another person said, "They are good. I let them know if I am going out and they change the time to suit my appointments." Relatives told us that people's needs were met according to their preferences most times. One relative said, "I can't fault the regular staff at all. I wish I could say the same for the relief staff, they are ok but not as good because obviously they don't know [person] well." We spoke with the registered manager about this and they were aware that people preferred consistency and tried to maintain this. People received consistent, personalised care, treatment and support.

People told us that before care package started someone from the agency had made a call to discuss their needs. Sometimes this was completed on the first day of the package. People knew there was a record were staff recorded each time they visited and said they were asked regularly if they were happy with the care delivered and if they wished to change anything. Care plans we reviewed focused on the person's whole life, including their hopes, aspiration, abilities and how they preferred to manage their health. These were read by staff to ensure they understood people's needs and could engage with people during care based on people's specified areas of interest. Care plans in places were sometimes brief but were person centred and clearly outlined how people wanted their care delivered. However, these were not always updated properly. At times changes were just a signature, date and new hours or visit times scribbled at the front sheet. We recommend the provider seeks best practice guidance on effective review of care plans and record keeping.

People, and those that matter to them, were actively involved in developing their care plan. Relatives told us they had been involved when people started to use the service and that they received calls to inform them of any changes to their care needs. One relative said, "I am informed of any changes to the care plan. I also make several suggestions and these are listened to." Staff were able to identify when people's needs were changing and made appropriate escalation to ensure people were assessed by relevant professionals. For example, we were told and saw evidence that an occupational therapist had been sought to assess a person whose mobility needs had deteriorated over time and now needed more support than before. Staff made every effort to make sure people and their relatives were included in the process. They were aware of the need to ensure when involving family in decisions about the care provided, to make sure that the views of the person receiving the care were known, respected and acted on.

People, relatives, and staff were aware of the complaints procedure and could also feedback their experience over the phone, during spot checks or annual satisfaction surveys. Concerns and complaints were logged, investigated and responded to in a timely manner. We reviewed complaints records and found where possible complaints were resolved. In one instance where a resolution was not possible alternative arrangements had been made to ensure another service was sought which could better meet the individual's needs.

# Is the service well-led?

## Our findings

The service was well-led. There was a registered manager in place who ensured legal requirements, including conditions of registration from CQC and other external organisations were understood and met. People told us that the manager was approachable and hands on. One person said, "The manager is very nice." Another person told us, "Yes, I have met the manager a couple of times. Very pleasant and approachable."

People, their family and staff were involved with the service in a meaningful way. However, the only complaint was not always getting informed if their regular staff was not able to attend to them which sometimes left people uneasy. We spoke the registered manager about this and recommend they seek advice on effective communication and deployment of staff.

There were systems in place to monitor the quality of care delivered. These included annual satisfaction surveys for people, their relatives and staff. We reviewed eight satisfaction surveys from people and five from staff completed in May 2016. We found them to be positive about the care delivered with two exceptions. Where an issue was raised such as punctuality or not being informed of changes to the rota, there was a clear note of actions being taken to address the concerns raised. Regular spot checks were also made to ensure staff were following guidelines and to ensure people were happy with the service they received. Meetings were held with people and their relatives to ensure that their support needs were being met.

Records were stored securely and kept in a lockable drawer at the main office. Checks were also made to ensure the medical administration records were completed properly. Staff were mindful of where they stored records in people's homes so that they would not be easily accessible.

The service had a clear vision and values that included dignity, respect, honesty and safety whilst promoting independence. Staff understood these values and could demonstrate how they put these into practice. One member of staff said, "We are here for the people and treat them with respect. Without the people we would have no job, so we all put our best to keep people well and happy."

Staff understood their roles and responsibilities and were happy with their current working conditions. There were clear leadership structures, with two team leaders managing two teams of staff based on geographical areas to make it easier for staff to get to people's homes on time. An established out of hours on call service was available. Staff told us the out of hours had worked well on the few occasions they had used it. Staff were provided with constructive feedback and had clear lines of accountability. Support and resources were available to enable and empower the staff team to develop and to drive improvement.

People and staff told us there was a positive, open and person centred culture. They said they could contact the manager or office staff at any time and would get a response. People said, "Yes, there is always someone when I call." Another person said, "The manager is easy to talk to and so are all the staff." Staff said they could question practice and report concerns about the care offered by colleagues and other professionals without fear of being victimised. One staff said, "Yes, the manager listens and would look into any issues to

make sure they don't happen again."