

The Council of St Monica Trust

The Chocolate Quarter Home Care Service

Inspection report

The Chocolate Quarter
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Bristol
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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

About the service

The Chocolate Quarter Homecare Service is a domiciliary care service. It provides personal care to adults with a range of support needs who are living in their own homes. Not everyone who uses the service receives the regulated activity of personal care. 21 people were receiving support with their personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided.

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

People were happy with the care they received, and they told us they felt safe when receiving care from the service. People's care visits took place at consistent times, to suit their preferences. There were systems in place to ensure people's medicines were managed safely and people were protected from the risk of infection. Staff knew how to safeguard people from the risk of abuse and other identified risks to people were assessed and mitigated.

Before people started using the service, their needs and preferences were assessed, to ensure the service could provide the level of care each person wanted. The policies and systems in the service supported this practice. People were supported by staff who received training to ensure they had the right knowledge and skills to support people effectively. Regular spot checks were carried out to ensure competency.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated well by staff who were kind, caring and who went beyond the expectation of their roles to support people. Staff had built positive relationships with clients and their families. Feedback was regularly obtained from people using the service about individual staff, to ensure they were compatible with each other.

People received personalised care that was responsive to their needs. People told us the service was flexible and their preferences were adhered to. People said they felt able to raise any issues or concerns should anything arise. The provider had a suitable system in place to manage and act on any complaints.

The service was well led and had an open culture. Staff at all levels displayed a desire to provide good quality, person-centred care to people. The registered manager regularly sought feedback from people to ensure the service was tailored to their needs and preferences. There were systems in place to monitor the quality and the safety of the service provided. Audits were regularly carried out and recorded to enable continuity and to provide oversight on any short falls picked up by the audit.

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

Rating at last inspection

This service was registered with us on 22 July 2021 and this is the first inspection.

The last rating for the service at the previous registered office was good (published on 6 January 2021).

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was Effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well led.

The Chocolate Quarter Home Care Service

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Chocolate Quarter Homecare Service is a domiciliary care agency. They provide personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

This inspection was unannounced.

Inspection activity started on 18th May 2022 and ended on 9th June 2022. We visited the location's office on Wednesday 25th May 2022.

What we did before the inspection

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as serious incidents. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We received information from two professionals about the service. We took this into account when we inspected the service and made judgements in the report

During the inspection

We spoke to six people who used the service and five relatives about their experience of care provided. We spoke with six members of staff including the registered manager, two senior care workers and care workers. We have included their views and feedback in the main body of the report.

We reviewed a range of records such as supervision and training records alongside three people's care and medication records and two staff recruitment records. We reviewed staff rota's and quality assurance audits and records. We used all this information to plan our inspection.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their representatives told us they felt safe with staff. One person said, "They are very good to look after my mum and they use personal protective equipment."
- Staff were trained to understand and recognise the importance of Safeguarding Adults. They were confident in being able to report concerns to senior staff.
- The provider had systems in place to regularly check staff competence in this aspect of their work.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and measures were put in place to keep people safe.
- There were clear and person centred risk assessments in place which were reviewed regularly to ensure they were up to date. This included for example, reference to people's mobility and the measures required to keep them safe

Staffing and recruitment

- There were appropriate arrangements in place to check the suitability of staff prior to them commencing employment. This included a Disclosure and Barring Service (DBS) check and collecting references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Enough staff were deployed to meet people's needs. A relative we spoke with told us, "Service is very good, always find very helpful. We are grateful to get additional support for her at very short notice."
- The registered manager recognised that staff required additional time in between visits. They incorporated travel time to ensure staff had adequate time to attend to their next client.

Using medicines safely

- Some people required support with their medicines and where this was the case, there were clear instructions in place for staff to follow. This included PRN (as required medicines) protocols and guidance on where to apply topical creams.
- Medicine administration was recorded on Medicine Administration Record (MAR) charts. We reviewed two charts that were correctly completed and ensured that medicines were administered safely. Medicine audits were carried out by the management team regularly. The service had a strong relationship with the local pharmacist to ensure good outcomes for people.
- The provider had systems in place to support staff to manage medicines safely. They had suitable medicine management policies which staff were required to follow. Staff received training to support them

to manage medicines safely.

Preventing and controlling infection

- People were protected from the risk of infection. Staff told us they used Personal Protective Equipment (PPE) effectively and safely to keep themselves and people using the service safe. They wore aprons and gloves when preparing food or carrying out personal care. Staff said they washed their hands and cleaned any equipment used after completing personal care.
- The provider had policies on infection prevention and control and COVID-19. These policies were up to date and in line with national guidance. Staff had received training about infection prevention and control including COVID-19.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. They told us they would report these electronically and call the office. There had been no accidents and incidents reported in the last few months.
- The provider told us they identified themes and trends in accidents and incidents and shared the learning in staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before receiving support from the service. The care planning process fully involved people and their representatives. Assessment was an ongoing process so that care plans were adapted as necessary in line with people's needs and wishes. Care plans were reviewed every six months.
- People were positive about their involvement in their care. One person told us, "They always consult me while making any decisions."

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the right skills and knowledge to care for them well. One person told us, "Yes, they are knowledgeable. They all have the right abilities. Some of them interact with her more easily." Another person told us, "I am very pleased and don't know how I could manage without the service they give to him."
- Staff told us they had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need, this was arranged immediately.
- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work.
- Staff had undertaken the provider's mandatory training to undertake their role. There was a process in place to ensure staff could undertake The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan. People told us they could choose what they wanted to eat. One person told us, "I will choose what I want to eat."
- Staff told us they would always offer to provide a drink or something to eat for people whether or not this was part of their care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with health and social care professionals to ensure people's needs were met and they got good support. The registered manager told us about their good working relationship with the local GP surgery and the local pharmacy.
- Staff made sure other health and social care professionals were involved to encourage health promotion

whenever possible

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were asked for their consent to their care and treatment. Staff respected their wishes about how they wanted to be supported.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives felt the service was exceptionally caring and supportive. One person told us, "Excellent, very communicative. Whenever I visit my mum, they are around her. I noticed they are engaging her with conversation and mum feels comfortable." Another person told us, "I'm very pleased and don't know how could I manage without the service that they give to him."
- Staff told us that the importance of always treating people in a very dignified way was raised with them in training and at staff meetings on an ongoing basis.
- The provider told us that staff go above and beyond the expectations of their role. An example was provided of a staff member coming in on their day off to do the nails of a person using the service.
- People who use the service were supported by the onsite Pastoral Care Team who catered for multi-faith and non-faith residents and care staff. A programme of services was available for residents and they were encouraged by staff to attend

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were happy with the providers approach in decisions about their care. One person told us, "They always consult me while making any decisions." Another person told us, "They always consult me before making any changes or giving extra services."
- Care plans included up to date information about how people wanted to be supported. This included guidance about privacy.
- People were involved in decisions regarding their care. Staff informed us that an initial assessment was carried out before the service started and was then reviewed regularly. This involved the person who received the service. One staff member told us, "We use a person centred approach. An initial assessment is carried out with the client involving them in the decisions about their care and this is then reviewed regularly."

Respecting and promoting people's privacy, dignity and independence

- Staff conveyed clearly, they understood it was a person's human right to be treated with respect and dignity and to be able to express their views.
- Staff told us how they supported people to do as much for themselves as they were able to. They told us about ways they protected people's dignity during care tasks for example by using towels to cover private areas.
- Staff told us that privacy and dignity was promoted. Staff provided an example of always ensuring doors and curtains were shut when supporting people with their personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. One relative told us, "I'm aware they know the needs of my parents." Another relative said "Our experience with the service provider is very good. They are very responsive."
- People said where they had needed to make changes or improvements; this had been easy to do. One relative told us "They are approachable, I can speak to anyone in the management if anything needs to change." The provider informed us about adapting a person's care plan to cater for the changing needs of a family due to an illness.
- People were supported to achieve the goals that were important to them. The provider told us about a staff member supporting a client who enjoyed cooking to prepare a meal.
- Staff were kept informed by the senior care workers about changes in people's care and support needs. The provider had a weekly email update in place to ensure staff were informed. Staff told us that this system worked well and was very useful.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Most people using the service were able to communicate verbally with staff. They could also read and understand information given to them by the service.
- Where people had additional communication needs, they had communication care plans in place to support staff to know how best to interact with them.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complaints with the provider.
- There was a process in place for recording and responding to complaints. One person told us, "Yes absolutely, we can phone the management, can go to the general manager but we don't have any problem. They are very open."

End of life care and support

- When the inspection was carried out the service was not supporting people at the end of their lives.

- Where people had a Recommended Summary Plan for Emergency Care and Treatment (Respect form), these were held in their files.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had an open culture and staff were confident any concerns or issues they raised would be dealt with appropriately by the provider and registered manager. Staff morale was positive, and staff told us they enjoyed their jobs.
- There was a strong person centred and empowering culture running through the service. One person told us, "When I have needed extra support, they have provided it." The service has their own wellbeing network for staff to access for support.
- Staff, people and relatives spoke positively about the registered manager and Senior Carers. One relative told us, "They are approachable, I can speak to anyone in management if anything needs to change."
- The service had mechanisms to recognise the achievements of staff in the service in the form of the Rose Awards.

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

- There was an open and transparent culture within the service. Staff and people using the service all felt able to raise issues and concerns and felt confident they would be addressed.
- We saw that where concerns about the service were identified, the registered manager and provider took prompt action to investigate and ensure people were safe.

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

- The service was managed by an experienced registered manager. Staff were clear about their roles and responsibilities and they received support to deliver a good quality service.
- The registered manager understood the regulatory requirements and reported information appropriately. Processes were in place to respond appropriately if something went wrong and the registered manager met their legal obligation to let people know.

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

- The registered manager and Senior Carers made themselves easily available to people using the service, their relatives and staff. This gave them the opportunity to share any concerns or feedback about the service. One person told us, "We give feedback, we talk to the coordinators and the carers regularly. I can say

the communication is very good."

- Annual surveys were sent out to people. They were able to give feedback about the care and support they received. Satisfaction rates were very high for the service. Compliments and thank you cards were kept in a folder about the service.
- Monthly staff meetings were held. Staff we spoke with told us they felt they were listened to. Copies of the meeting minutes were shared with staff.
- The provider communicated with people using the service via a quarterly newsletter. This informed people of new staff members starting with the service and provided information about upcoming events and good news stories."

Continuous learning and improving care, Working in partnership with others

- The registered manager had introduced an audit system to assess, monitor and improve the quality of care. When they identified any issues with staff's practice, feedback was given to staff to support them to improve.
- The quality assurance systems were structured and embedded, to ensure there was a continuous approach to improving care. For example, the system in respect of staff supervisions, staff spot checks and competency assessments regarding medicines management were fully implemented and sustained. This enabled the provider to have oversight of the service and respond in a timely manner where shortcomings were highlighted.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes.
- The service demonstrated that they worked well with other agencies where needed, for example with the GP surgery and pharmacy. They ensured that they collaborated with other stakeholders to ensure the best possible outcomes for people.