Charles Care Service Ltd

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Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this announced inspection on 20 March 2018. This was the first inspection for this provider since they registered with the Care Quality Commission (CQC) in March 2017.

"Charles Care Service" is also known as "Caremark Hammersmith and Fulham" and is a franchisee of Caremark. It provides personal care to people living in their own homes in the community. It provides a service to older adults and adults with a physical disability in the London Borough of Hammersmith and Fulham.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service was providing personal care to five people.

The service had a registered manager. 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.

There were measures in place to safeguard people from abuse. Care workers were aware of the possible signs that people were at risk and their responsibilities to report these. There were detailed and comprehensive systems in place to assess risks to people and mitigate these.

Medicines were safely managed and recorded, and records of these were checked by managers. This included assessing and documenting the level of support required for different medicines people took. Care workers received training in managing medicines and the registered manager carried out observations to make sure this was taking place safely. Care workers were recruited in a way which ensured people were suitable for their roles.

The service worked to meet people's nutritional needs, including cooking food in a way which met people's preferences. Care workers recorded people's health conditions and supported people to access health services. The service acted promptly to get help for people when they were unwell.

People's needs were assessed and used to draw up care plans. These were detailed about how people wanted to receive care and contained person centred information about people's life stories and interests. The service worked to build positive relationships with people and to communicate well with people. We found that sometimes care plans were unclear about what needed to be done on particular visits, and recording was detailed about the support people had to eat and engage with staff, but wasn't always clear on exactly what personal care was delivered and when. We have made a recommendation about this. People's care was reviewed regularly to make sure it met their needs, and the registered manager carried

out suitable monitoring to make sure people and their relatives remained happy with their care.

People told us that they were treated with kindness and respect and that they received care from consistent care workers. People had consented to their care, and when they were not able to do this the service assessed people's capacity to make decisions and demonstrated they were providing care in people's best interests. Care workers received suitable training and supervision to carry out their roles and told us they felt well supported by the registered manager.

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.

There were measures in place to safeguard people from abuse. Risks to people using the service were assessed and there were plans in place to manage these.

The service recruited staff in line with safer recruitment measures.

There were suitable plans in place to support people with their medicines, which were safely managed and checked. Staff were observed by managers to ensure they were carrying this out appropriately.

Is the service effective?

Good

The service was effective.

The service carried out a detailed assessment of people's support needs.

Staff received suitable training and oversight to make sure they had the right skills for their roles.

People received the right support to eat and drink well, and staff took appropriate action when people were unwell.

People had consented to their care whenever possible. Where people lacked capacity to make decisions this was assessed and care delivered in people's best interests.

Is the service caring?

Good

The service was caring.

People told us they were treated with kindness and respect by care workers. People's preferences and views about their care were recorded.

The service provided consistent staffing, took steps to communicate with people and form positive, caring

relationships.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People told us care was well planned and logs showed that care was delivered in a person-centred way. People's care was reviewed to make sure it still met their needs.

Care plans sometimes lacked detail about exactly what care workers needed to do on each visit, and sometimes the care people received was not fully recorded.

There were processes in place for recording and responding to complaints.

Is the service well-led?

Good

The service was well led.

The registered manager carried out appropriate checks, monitoring and observations to make sure high quality care was delivered. External audits were also carried out by the franchise operator.

People told us the registered manager was responsive and reliable.

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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 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 was carried out as the provider had registered within the last 12 months. We were not aware of any allegations or incidents or concerns about this service. We had maintained contact with the provider to check how the service had developed since registration.

Prior to carrying out this inspection we asked the provider to complete a provider information return (PIR). This is a document which asks providers to identify what is working well and their plans to improve the service. We reviewed information we held about the service such as notifications of when people using the service had died. We spoke by telephone to two people using the service and two of their relatives.

We gave the service 48 hours' notice of this inspection. This is because the location provides a domiciliary care service; we needed to be sure that someone would be in. We visited the office on 20 March 2018 and reviewed records of care and support and medicines management relating to five people who used the service. We looked at records of recruitment, training and supervision of the provider's six care workers, and policies and procedures. We spoke with the registered manager, company director and the franchiser's regional director and three care workers.

Good

Is the service safe?

Our findings

People were safeguarded from abuse and improper treatment. Care workers received training on safeguarding adults and children and were required to demonstrate their knowledge as part of their induction. Care workers were aware of the possible signs of abuse and their responsibilities to report this to managers, and awareness of safeguarding was assessed during the recruitment and induction process. Care workers told us that they would report their concerns to their manager and told us they believed managers would take their concerns seriously. The provider had an up to date safeguarding policy which was clear about responsibilities to report abuse.

The service assessed risks to people using the service and had measures in place to mitigate these. Risk management plans were comprehensive in their scope and assessed the severity of risks, the measures to control them and the revised likelihood of a risk occurring based on the control measures. This included assessing people's properties to ensure they were safe and whether there were any environmental factors to take into consideration when delivering care.

There were assessments carried out of people's mobility. This included a clear risk management plan for people who required support to mobilise or were at risk of falls. A checklist was in place to prompt assessors to consider key factors which may affect the person's falls risk. There were detailed measures in place to address these, such as the use of safety mats and bedrails, and whether people were able to call for help in the event of a fall. At the time of our inspection nobody was using a hoist to make transfers, but there was a framework in place for assessing the risks of this, including checking whether any moving and handling equipment was safe for use.

The provider also assessed risks to people from personal care, and showed that they were following steps such as recording the water temperature before bathing to protect people from the risks of scalding. There were clear guidelines on what constituted a safe temperature and people were issued with thermometers which also demonstrated a safe temperature range. There was a process for recording when incidents had occurred, however only one incident had occurred in this time. Staff had recorded the nature of the incident, whether it was reported by managers and any required actions.

There were also skin integrity plans which assessed whether people were at risk of pressure sores or broken skin, with clear plans for how to manage these risks. Plans were reviewed regularly and contained timescales for review based on the severity of the risk. Risk management plans contained information about how to reduce the risk of cross infection, including staff training and the use of personal protective equipment. Care workers told us this was always made available.

People who used the service were able to contact the office in the event their care worker did not arrive, but there was no evidence of missed calls. The provider had obtained consent from people to use electronic call monitoring systems, and would consider implementing this as the service developed.

The provider operated safer recruitment measures. This included obtaining a full work history and looking

into any gaps in this. The provider obtained two references and proof of people's identification and address, and carried out a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions. Managers also verified whether care workers had the right to work in the UK, and obtained evidence of work permits as required.

People's care plans contained clear information about the medicines people took and when, and what they were for. They included details about the level of support people needed, including whether they were assisted, prompted or administered, and what medicines people took for themselves. Where necessary the service had consulted with people's GPs to check the level of support required.

Medicines were appropriately recorded on medicines administration recording charts. We reviewed three months of these and saw that these charts had been correctly completed by care workers, including maintaining a separate sheet to record when they had been asked to assist people with taking medicines that they usually administered independently. The provider checked these to make sure they were correctly completed and discussed with staff if there were any discrepancies with recording, or whether blanks had occurred on charts due to family carers administering the medicines for them or cancelling the visit. We saw one occasion where there was a gap in recording not noted by an audit. However the person's care log showed that the person's medicines had been administered.

Managers observed whether care workers were able to administer medicines safely, including whether they had washed their hands and checked medicines against MAR charts to check the correct dose was administered and safely put away medicines after use.

Good

Is the service effective?

Our findings

People's needs were assessed to make sure that care was delivered effectively. Before people's service began, the provider carried out a detailed assessment of people's needs, such as their personal care, mobility and nutritional needs and important background information on people's living arrangements, life stories and personalities. There was a detailed breakdown of people's abilities in key areas of daily living and the level of support people required. This was comprehensive in its scope and used to design people's care plans.

Staff received appropriate training and supervision to make sure they had the right skills to carry out their roles. Prior to recruitment, managers assessed people's experience in providing care and tasks that candidates were experienced in. Before starting work staff received two full days of training and additional online training. Care workers completed a Care Certificate as part of their induction, which included units on equality and diversity, safeguarding adults and children, basic life support, health and safety, people handling and infection control. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Care workers completed work books which were assessed to check their knowledge and undertook an evaluation of what they had gained from the training. Care workers also undertook yearly online training in moving and handling, medicines, safeguarding, basic first aid and fire safety. Comments from care workers included, "The online training was easy to do and very informative" and "I found it useful."

No-one was currently using a hoist, but the provider told us they had access to a suitable training facility. The provider had carried out observations of staff competency based on people's current mobility needs, for example supporting a person who required minimal support to move safely, and had checked that assistance was appropriate and that people were supported in a way that respected their dignity. The registered manager told us that they intended to repeat these observations should they start needing to use hoists.

Staff had recently had formal supervision meetings, which included discussing care workers' wellbeing, any changes with people they were supporting and discussing training and development needs. This was a new development as the service had grown in size, but managers had consistently carried out spot checks and observations of care workers to check that care was appropriately delivered.

The provider assessed whether people were at risk of malnutrition and dehydration. This included assessing whether people were able to prepare drinks for themselves and make snacks, and whether people had replacement shakes in place.

Care plans included clear information about people's dietary preferences and needs. At the time of our inspection nobody received additional support to eat, but care staff were involved in preparing meals which was clearly documented in people's plans. When preparing a meal was part of a care plan, care workers had recorded what food the person had asked for and received and how this was prepared.

The provider had assessed people's health needs, including ongoing conditions which may affect the person's wellbeing and whether they needed support to attend appointments. People's care logs showed extensive information about when care workers had noted concerns about people's health and the actions they had taken, including arranging for doctor's appointments or home visits. When a person had found it difficult to arrange an appointment care staff had supported the person. One person told us that care staff had recently been concerned about them and said "The manager took me to hospital and was there for a long time."

The service was meeting requirements of the Mental Capacity Act 2005 (MCA). The Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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. The provider routinely assessed people's capacity to make decisions about their care as part of the assessment process. These assessments were set out in line with MCA principles, such as assessing people's abilities to retain and weigh up information and to communicate their decision. Where people lacked capacity, there was evidence of discussions with relatives which showed that care was being delivered in people's best interests and relatives signed plans in their capacity as best interests representatives.

Where people had orders such as lasting powers of attorney, copies of these were retained on files.

Good

Is the service caring?

Our findings

People told us the service was caring. A relative told us, "It's the silly little things that go above and beyond… they would make sure [the service user's spouse] was OK" and another said, "They've got [my relative's] care at their heart." Logs of care showed that people consistently received support from the same care workers. A relative told us "They don't chop and change with the carers....[my family member] stuck with one who's very reliable." One person using the service told us, "They do look after me, they do perfectly well."

People's care plans contained information relevant to them, such as information on their living arrangements, life story, interests and family background. There was information on people's preferences, for example the gender of their care workers, and what they wanted to achieve from their care. Assessments also asked people if they have any house rules, such as those relating to taking off shoes or being mindful pets. Plans also mentioned whether other members of the household needed support such as being offered a cup of tea.

The provider assessed people's communication needs, including whether people had difficulty reading or understanding English and the support people needed to communicate effectively. This included hearing aids and glasses and when they needed help with these, for example to change hearing aid batteries. One person had limited English, and it was not possible to find a support worker that spoke their first language. Staff had identified which words of English this person understood, and had also learnt a basic vocabulary in the person's first language. They had put together a basic communication guide with pictures to support communication, but worked with a relative of the person in order to have more detailed conversations such as around care planning.

Staff took steps to form positive caring relationships. Where staff had noted that a person had an interest in knitting they started bringing knitting with them in order to carry out a shared activity. The provider had carried out a review in order to discuss how this shared interest could be developed and how they could identify other activities the person could carry out with their care workers.

Staff received training in maintaining privacy and dignity as part of their inductions. A care worker told us "I try and give as much privacy as I can…I'm always trying to keep away when they're getting changed, I'm doing my best not to interfere."

Requires Improvement

Is the service responsive?

Our findings

People told us care was well planned and responsive. A relative told us, "We were both there when they did it, we all went through it together" and "They're quite good at short notice if I need cover". A care worker told us "They provide a lot of information in the care plans, what they like, how they like to be supported".

People's care and support agreements contained care plans related to areas of their support, which included plans for how to maintain mobility and carry out personal care, and support with domestic tasks and community access. We saw that plans were clear about what care people required, including tasks that people could carry out for themselves and whether they required support with bathing or showering. There was helpful information for care workers on these, such as where people's clothes and towels were kept and how often people liked to bathe. Where plans lacked detail was with regards to exactly what care should be offered on each visit. For example, one person received three visits a day and their plan stated they needed support with bathing and meals, but in practice they only liked to bathe in the mornings on alternate days, which was not clear from the plan. Visit plans were designed in a way which set out when people would be seen and to tick boxes to show what areas of support would be provided, but these were not always completed.

However, care logs demonstrated that people had choice and control over their care. These were written in a way which made it clear that people had requested care workers carry out certain tasks which were then carried out. Care workers also documented they had asked for permission to support the person with other tasks, and whether the person had agreed or declined. We saw that logs were very detailed about the activities people had carried out, the person's wellbeing and food and drink they had been offered, however at times staff did not record personal care tasks, which meant it wasn't clear exactly what care people had received, for example to bathe. The provider showed us logs of bath temperatures which showed that this person was supported to bathe regularly. We saw examples of good quality recording for other people which clearly demonstrated that care had been delivered as planned.

We recommend the provider take advice from a reputable source on ensuring that care plans and recording systems clearly document the planning and delivery of care.

Reviews were carried out twice a year, but also took place as people's needs had changed. Review forms detailed the reasons for the review and detailed discussions around what was working well, whether anything needed to be improved and what changes were required for people's care, with a clear action plan to be followed.

There had not been any formal complaints since the service had registered. However, on one occasion a person had contacted the provider to say they were not satisfied with the conduct of a care worker; the provider apologised in writing and arranged for that person not to return. The provider had a clear complaints policy and checked that information on how to complain was kept on people's files. A relative told us "There have never been any problems, but if there was I'd phone [the registered manager] and have a little chat."

Good

Is the service well-led?

Our findings

People and their relatives told us the organisation was well run. A relative told us, "They are a very good company, I wish I had them earlier" and a person using the service told us, "It's perfectly alright". Several people told us they had had bad experiences with other agencies and had experienced much better service from this provider.

Comments from care workers included, "Our manager is so helpful whenever I have any problems. I can call her and know that she will always answer" and "[the manager] was very helpful, she went with me to introduce me to people."

The franchiser reviewed their policies on a yearly basis to make sure they were in line with current legislation and guidance, policies we saw were less than a year old. The franchiser's regional director also carried out a detailed check of staff files and people's care files to check that information was complete and kept up to date. This had not highlighted any issues of concern.

Managers maintained a checklist of people's care files to make sure that key information was recorded, if relevant, including support agreements, information on people's capacity and consent to care, assessments, funding details and reviews of people's care. People's logs of care were regularly audited to make sure that they were correctly completed and whether any changes were needed, including delivering new log books.

Managers carried out regular telephone monitoring of people's care to check people were satisfied with the conduct and timeliness of care workers. Unannounced spot checks were carried out of care workers to make sure that care workers arrived on time and correctly dressed. A care worker told us "Sometimes [the manager's] coming to check if I've signed everything. Sometimes you might forget things but she's always reminding us."

There was also a process for quality assurance visits, which included checking that risk management plans and care plans were in date, that all relevant information was stored on people's files at home and whether any changes were required. Managers had also carried out a customer satisfaction survey to check that people were happy with their care and that it was responsive to their needs. Comments on this were universally positive, as were comments we received from people and their relatives.

Managers maintained an extensive file of compliments they had received from families about the service they had provided in the time they had been operational. This included noting when quality assurance visits contained positive comments. One family had thanked the service for donating the balance of the last invoice after their relative had died to a charity of the family's choice.

The service displayed their registration certificates with the Care Quality Commission and the Information Commissioners Office and had up to date public liability insurance.