

Christie Care Services Limited

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Inspection report

367 Bitterne Road
Bitterne Village
Southampton
SO18 5RR

Date of inspection visit:
29 September 2022
04 October 2022

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08 December 2022

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Christie Care Services Limited is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of our inspection there were 12 people using the service.

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

We received positive feedback from people's relatives about the care and support they received. However, we could not be assured people had received their medicines as prescribed. Risk assessments had been completed but were not easily accessible to staff. Recruitment procedures did not include all the necessary checks for new staff. The provider had an on-line training package in place but was not able to evidence all staff had completed this training. Effective systems were not in place to ensure good governance.

People's relatives told us they felt their loved ones were safe when supported by staff from the service. Relatives and staff told us staff always wore aprons, gloves and masks when supporting people.

The provider met with people and assessed their needs before they offered to support them. People had detailed care plans in place which included information about people's needs, preferences and wishes. People were supported with eating and drinking when this was part of their care plan. The provider and staff liaised with other healthcare professionals such as district nurses and GPs to improve outcomes for people.

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 supported by staff who treated them well and involved people in making decisions about their care and support. Care records showed evidence of considering people's capacity to consent to care. People were supported by staff who respected their privacy and dignity.

The provider involved people using the service and welcomed feedback from them. There was a complaints procedure in place and relatives said they felt able to complain if necessary. The provider ensured staff received regular supervision sessions, which included observing their practice.

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

This service was registered with us on 18 August 2022 and this is the first inspection.

Why we inspected

We conducted a comprehensive inspection which looked at all the key questions so we could provide a rating for the service.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

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

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Christie Care Services Limited

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 September and ended on 3 November 2022. We visited the location's office

on 29 September and 4 October 2022.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. This included notifications of events providers are required to tell us about.

We used all this information to plan our inspection.

During the inspection

We spoke with four relatives of people using the service, six staff and the registered manager, who is also the provider. We looked at a range of records including people's care plans and risk assessments, four staff recruitment files and documents such as staff meeting minutes.

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 requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Using medicines safely

- Not all staff had received training in medicines administration but were supporting people with their medicines. This meant the provider could not be assured staff had the skills and knowledge in line with best practice.
- We could not be assured people had received their medicines as prescribed.
- Some people were supported with their medicines and this was detailed in their care plans. However, people's medicines records were not always accessible and did not always contain up to date information about prescribed medicines. For example, one person had some medicines stopped and a new one prescribed, but the records had not been updated. This meant there was a risk the person did not receive the correct medicines.
- The provider told us they audited electronic medication administration records. We asked for these records to be sent to us, but they were not received.
- People did not have protocols in place regarding the use of prescribed topical creams, for example, when and where they should be applied. For some people, their topical creams had not been listed in the records meant there was a risk people would not receive these medicines as prescribed. Risks around prescribed flammable topical creams had not been identified and staff were not aware of the issue.

The lack of a robust system to ensure the proper and safe management of medicines was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had formally assessed staff competence to support people with their medicines for most staff. However, there was not a competency assessment in place for two staff and for one, the assessment for a new staff member was completed after they started supporting a person with their medicines. A further one was not dated.
- Staff told us they completed electronic records when they supported people to take their medicines. The system generated an electronic alert when medicines were administered and the provider (or other administration staff/on call staff) could see this. The provider told us if an alert was not received, they would take action to see why the medicines had not been given.

Staffing and recruitment

- We looked at the recruitment files for four new staff. Two files showed staff had previously worked in health and social care settings. However, the provider had not sought satisfactory evidence of conduct in, or the reason staff left, their previous employment, which is a requirement of the legislation.
- The provider's application form asked for employment history for ten years, which did not meet the

requirements of the legislation. This meant that where staff had worked for longer than ten years, the employment history was incomplete. Following the inspection, the provider updated their application form to ensure applicants detailed their complete work history.

The lack of a robust recruitment procedure was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider ensured new staff started work after a Disclosure and Barring Service (DBS) check had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Relatives told us the staff arrived on time and stayed the correct amount of time. One relative told us, "They are very, very good. They are mostly on time but if they are running late, they ring me and say they are ever so sorry, we are going to be twenty minutes late [for example]." They confirmed that if staff were running late it was because of an unforeseen emergency. Another relative told us, "[The registered manager] finds the right people. [Staff name] is really good, [my relative] is relaxed now."

Assessing risk, safety monitoring and management

- The provider ensured risk assessments were completed which identified where people were at risk. Risk assessments considered people's healthcare needs and the environment they lived in.
- However, the risk assessments were not consistently available. For two people, computer records did not contain environmental risk assessments and paper records were later found, which meant they were not on the system which staff could see. One person did not have an environmental risk assessment in place on the computer or paper. The provider told us risk assessments had been moved on the care app used by staff which meant staff could view them. We spoke with staff about the risk assessments in the app but some staff told us they could not access or had not looked at risk assessments.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place designed to protect people from the risk of harm and abuse.
- Not all staff had completed safeguarding training. The staff we spoke with were aware of the different types of abuse and told us what they would do if they suspected abuse or had concerns.
- The provider had reported any safeguarding concerns to the local authority as required.
- People's relatives told us they felt their loved ones were safe when supported by staff from the service. One relative said, "I feel safe because I know [my relative] is ok and looked after." A health and social care professional said, "I have worked with a patient for whom they raised a safeguarding concern, they appeared to deal with it quickly and professionally."

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment effectively and safely.
- Relatives and staff told us staff always wore aprons, gloves and masks and confirmed there was a good supply of these.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider reflected on practice when things could have gone better. They gave us an example of supporting a person with end of life care and how they ensured better communication with professionals when they next supported a person with this care.

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 for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not have an effective system in place to monitor staff training needs. They had an on-line training package available for staff, however, there was not a system in place to monitor which courses had been completed. Following the inspection, the provider manually drafted a spreadsheet with training information to show what training had been done and when.
- Not all staff had completed the provider's mandatory training as required. The provider told us new staff received a list of on-line training to complete, which included 16 courses the provider considered mandatory. The provider told us they expected the mandatory training to be completed within two weeks. However, the matrix showed one staff member had completed all the courses, others had not completed them all. Courses not completed by all care staff included food hygiene, health and safety, first aid and privacy and dignity.
- The matrix showed one staff member had not completed any training. Another staff member had completed one training session.

The provider was not able to evidence all staff received appropriate training to ensure they could carry out the duties they were employed to perform. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they supported staff to complete 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. The provider's training programme included topics which were part of the Care Certificate. The provider told us one staff member had achieved the Care Certificate and thought maybe one other had also achieved it.
- The provider ensured staff received regular supervision sessions, which included observing their working practice.
- Staff we spoke with told us on-line training was available for them to complete. One staff member told us they had completed a lot of training and that it was good to refresh their knowledge. They said they would ask for further training if they identified a need. Staff also told us they had undertaken "shadow" shifts when they were new, working with another staff member.

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.

- The provider was aware when relatives held Power of Attorney for people and asked for a copy of this for their records. However, for one person, it was believed there was an attorney for Health and Welfare, but there was no copy of the authorisation. The provider looked into this and found this was not the case. This meant there was a risk of the person's wishes not being taken into account or the wrong person being consulted or making a decision.
- Care records showed evidence of considering people's capacity to consent to care.
- Staff told us they sought consent from people before supporting them with personal care.

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

- The provider met with people and assessed their needs before they offered to support them. The provider would visit people in hospital or in their homes. The assessment included looking at what equipment the person had in place or identifying where equipment might be helpful to the person.

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

- Some people were assessed as needing support with eating and drinking which was detailed in their care plans.
- A relative confirmed staff supported their relative to eat and drink in ways which met their specific needs and promoted their independence. Another relative told us their relative had been reluctant to eat but staff had, "coaxed her to eat."

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

- The provider and staff liaised with other healthcare professionals such as district nurses and GPs.
- One relative told us the care worker had noticed their relative was not themselves during a visit. They called an ambulance and waited with them until the ambulance arrived. Staff had later phoned the relative to see how the person was.
- A staff member told us how they had identified one person would benefit from a piece of equipment in their house. They contacted the relevant professionals and the equipment was put in place.

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 for 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 were supported by staff who treated them well.
- Comments from relatives included, "[Staff] always say goodbye to him and ask me if there's anything else they can help me with. [Staff] respect [my relative] and myself", "[The carers] are good, so caring and kind."
- One relative gave us an example of when staff had stayed over their time whilst waiting for them to arrive at the person's home. They told us, "It was a little bit extra which meant a lot to me."
- The provider told us how a new staff member had bought a card for a person's special anniversary and taken it to their home.

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

- People were supported by staff who involved them in making decisions about their care and support.
- One relative told us staff were, "very respectful of [my relative's] wishes and had an understanding that it was her house. They respected her and understood it was still her home: they didn't just take over."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy and dignity.
- Comments from relatives included, "[Staff] are very good with [my relative], they give him the flannel as he likes to wash his face" and "[Christie Care Services Ltd] is an excellent service, they are professional, caring and very reliable."
- Staff also promoted people's independence, encouraging and supporting them to be involved in their care. A relative told us, "I want [my relative] to be as independent as possible and [named staff member] supports him to do things for himself, rather than doing it for him."
- Staff told us they respected people's privacy and dignity and treated people how they liked to be treated. They said, "Some people don't want care and I fully respect that. I always cover people up when supporting them with 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 for 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 had care plans in place which included information about people's needs, preferences and wishes.
- Care plans were detailed so staff would know what support people needed, for example, what personal care they required or how they mobilised around their home.
- Relatives confirmed staff supported people based on their preferences and wishes.
- Staff told us care plans were up to date and they could report any changes to the office.

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.

- People's care plans detailed how they preferred to communicate and what support they needed. For example, staff to speak clearly and face to face. When supporting one person, staff wore transparent face shields instead of masks so the person could read their lips.
- The provider gave us an example of providing information about care to family members in their preferred language.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. However, it did not include all the necessary information to inform people how to make a complaint if they were not happy with the response from the provider. We made the provider aware of this and they amended their leaflet.
- Relatives confirmed would feel able to complain if they were unhappy with the service provided.
- The provider told us they had received feedback from people that they had no need to complain because the provider "dealt with things head on."

End of life care and support

- The provider was passionate about providing end of life care to meet people's needs. They had completed nationally recognised training about care needed at end of life.
- The provider intended all staff would also complete this training and some had already done so.

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 for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent and did not always support the delivery of high-quality, person-centred care.

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

- Effective systems were not in place to ensure good governance.
- The provider told us they undertook various audits, but these had not identified the issues we found on inspection. For example, recruitment records were not complete, records did not evidence staff had received necessary training and records did not demonstrate people always received their medicines as prescribed.
- The provider had changed their computer software company and was no longer able to access previous records for one person. All records should be accessible, stored and destroyed in line with current legislation and nationally recognised guidance.
- The provider did not have systems and processes in place to support the confidentiality of people. The office was being used by another business and the proprietor and their customers accessed the business up a staircase at the back of the ground floor offices occupied by Christie Care Services Limited. On the day of the inspection two people entered through the front door and walked through the offices to the staircase. The provider told us the back door had been broken for one day. In addition, there was no door dividing the two office spaces and the kitchen was at the top of the landing. This meant confidential conversations may be overheard. Since the inspection the provider had accepted a quote to create a doorway on the ground floor.
- The provider was displaying an old registration certificate, which was out of date as they had changed their legal registration status. We brought this to the attention of the provider who had not realised they had received a new certificate. They found the certificate and displayed it straight away.

The lack of an established and effective system to ensure compliance with regulations was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they monitored care calls daily to ensure all calls were completed.
- The provider held regular meetings to ensure staff knew what tasks they were responsible for completing in their role.

Working in partnership with others

- The provider and staff liaised with other professionals when necessary, such as social workers and commissioners.
- The provider was planning to host a conference with other professionals regarding end of life care and

best practice. They were planning to involve a person using the service.

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

- People's relatives gave us good feedback about the service provided and felt it met their needs.
- A relative told us, "[The registered manager] is amazing, she actually cares. She tries to make everyone who works there, the best they can be, she strives for excellence and gets there. There have been a few things I've mentioned in the past, that could be done differently. She's listened and things got sorted."
- Other comments from relatives included, "[The registered manager] is really contactable and accessible" and "[Named office staff member] is terrific, very nice. I seldom have to phone the office, but they answer straight away."
- Staff told us they felt supported by the provider and staff in the office. One staff member told us, "They are really good with supporting you, they ring you back straight away, they never let you down." Another staff member said, "I can contact [the registered manager], she will always answer."
- Staff told us they felt able to report any concerns.

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

- The provider understood their responsibility if anything was to go wrong. They told us, "We apologise if we do something wrong. For example, I was late once and I apologised in writing."

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

- The provider involved people using the service and welcomed feedback from them.
- People and their families, where appropriated, were involved in their initial assessment and on-going care and support needs.
- The provider undertook spot checks to observe how staff supported people.

Continuous learning and improving care

- The provider had systems in place to respond to people's ideas about how to improve the service. People and their families were asked if they wanted any changes to the service offered.
- The provider had created a new survey which could be accessed through their website. The provider had received positive feedback from people and their relatives about the care and support they received.

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 There was a lack of a robust system to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of an effective quality assurance system.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed There was a lack of a robust recruitment procedure.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider was not able to evidence all staff received appropriate training to ensure they could carry out the duties they were employed to perform.