

Chelsea Care Limited

Chelsea Care Limited HQ

Inspection report

Flat 4
301 Brompton Road
London
SW3 2DY

Tel: 07736814867

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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: Chelsea Care is a domiciliary care service which provides care and support to people living in their own homes. At the time of our inspection one person was using the service.

People's experience of using this service:

Everyone we spoke with was satisfied with the quality of the care their family members received. One relative told us "I think Chelsea Care is brilliant." People told us that care workers treated their relatives with kindness and respect. Care workers were described as "attentive", "pleasant" and "marvellous."

Care was delivered in a way which met people's needs and preferences and this was reviewed regularly.

People were supported to access the community and to maintain communication with family and friends. Care workers ensured that people had enough to eat and drink, especially when people were nutritionally vulnerable.

The service helped people plan to ensure they had a comfortable and dignified death and that their wishes were respected.

The registered manager had good communication with families and responded promptly to complaints and concerns. There were regular checks that care workers were delivering good quality care.

Care workers were recruited safely and received detailed induction training and ongoing training and support.

Sometimes people's relatives had consented to their care on their behalf when they still had capacity to make decisions for themselves, but they were still involved in the planning process and making daily decisions.

People usually managed their own medicines with limited support from staff, but care plans weren't always clear about who was responsible for medicines. We have made recommendations about these two points.

The service was only providing intermittent care to one person but had also provided 24-hour care to another person up until their death.

Rating at last inspection: This was the first inspection for this location since it was registered in May 2018.

Why we inspected: This was a routine inspection to provide a first rating for the service.

Follow up:

The service was rated 'good'. We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Chelsea Care Limited HQ

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

Chelsea Care HQ is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people. At the time of the inspection the service was supporting one person. Not everyone using this service receives a 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: We gave the provider 48 hours' notice of this inspection. This was because this is a small service providing support to people in the community; we needed to be sure someone would be in.

What we did:

Before the inspection:

We reviewed information we held about the service, including their registration assessment. We reviewed their provider information return (PIR). This is key information providers are required to send us about their service, what they do well and improvements they plan to make. This information helps supports our inspections. We checked the provider's registration with Companies House. We spoke with a commissioning manager at the local authority to check if they had any information about the service.

During the inspection

We looked at records of care and support for the person currently using the service and one person who had been using the service at the time of their death. We looked at records of recruitment, training and supervision for six care workers. We spoke with the registered manager and two care workers.

After the inspection:

We made calls to relatives of two people who had used the service and a healthcare professional. We spoke with a further two care workers.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Care workers received training in safeguarding adults as part of their induction with yearly refresher training to ensure they had the skills and knowledge to respond to safeguarding concerns appropriately.
- Care workers were clear about their responsibilities to report safeguarding concerns and demonstrated an understanding of the signs of possible abuse.
- There had not been any allegations of abuse since this location was registered.

Assessing risk, safety monitoring and management

- The provider carried out assessments of the safety of people's homes and identifying risks to people's safety.
- The provider assessed the risk of people falling and had a detailed mobility assessment to determine what support was required for particular transfers to ensure that these were carried out safely.
- Where people required hoisting to be carried out the provider had assessed the safety of the equipment and arranged for suitable training and observation of care workers to ensure this was carried out safely.

Staffing and recruitment

- The provider operated safer recruitment processes to ensure that care workers were suitable for their roles. This included obtaining proof of identification, references and carrying out a check with the disclosure and barring service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.
- The provider had checked people's applications and highlighted potential discrepancies and issues of concern with people's applications. There was evidence of candidates being rejected due to insufficient information provided or a lack of understanding of the role. The provider told us "If I don't feel comfortable with [a staff member] being in my home I wouldn't be comfortable with them in someone else's home."

Using medicines safely

- The provider told us that in most cases people managed their own medicines and only received assistance with opening packaging. At the time of our inspection they were not supporting anyone with medicines.
- Care plans were not always clear on where the responsibility lay with medicines and the level of support people required.
- Care workers had sometimes recorded medicines and their quantities in care notes, but it was not clear what support had been given with these.
- We recommend the provider take advice from a reputable source on ensuring the accurate recording of medicines support in line with section 1.5 of the NICE guideline "Managing medicines for adults receiving social care in the community."

Preventing and controlling infection

- Care workers received training on infection control and food hygiene as part of their induction.
- The provider assessed people's infection control needs and planned care to ensure these were met.
- Care workers told us that they knew how to use personal protective equipment (PPE) and that the registered manager ensured that this was in place to protect people from the risk of infection.

Learning lessons when things go wrong

- The provider had systems in place for recording when things had gone wrong, for example when people had fallen, become unwell or when care had not been delivered as planned.
- The provider recorded initial action taken as a result, such as seeking medical advice, and what measures were put in place to prevent a recurrence.

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

Good: 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

- The provider carried out a detailed assessment of people's care needs, including speaking with the person and their nearest relatives. This meant that care was delivered in a way which met people's needs.

Staff support: induction, training, skills and experience

- Care workers received a detailed induction including obtaining the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The provider checked that care workers received up to date training in mandatory areas.
- Care workers were also required to undertake an additional module every month to improve the range of their knowledge. Care workers told us they were happy with the induction they received and the ongoing training they received.

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

- People's plans were clear about what foods people liked and disliked. Care workers recorded that people were offered meals and snacks of their choice.
- Where a person had limited appetite at the end of their life care workers had implemented detailed recording about how they had encouraged the person to eat and drink.
- Care workers gave us examples of how they understood people's preferences for their food and drink and met these.

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

- The provider had worked with palliative care nurses to meet a person's needs at the end of their life. There was evidence of timely sharing of information. A professional told us "It seemed seamless."
- People's files contained contact information of the services people used, including private hospitals and how to contact a private ambulance service if required.
- People's plans were clear about people's health needs and how these impacted on their daily living skills. People were supported to access health services promptly when their health had deteriorated.

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 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.

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

- People using the service had the capacity to make decisions about their care and there was evidence that they were involved in expressing their wishes during the planning process and during the regular delivery of care.
- The provider had a process for assessing people's capacity to make particular decisions.
- One person's relative had signed their care plan on their behalf and the reasons for this had not been explained. We recommend the provider take advice from a reputable source on ensuring that consent is clearly documented in line with the MCA.

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

Good: 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

- The registered manager had travelled widely with a person they supported and had compiled scrapbooks of their time together.
- The provider had a shared interest with some people they supported regarding dogs. This included helping the person to maintain a good relationship with their pets and collecting photographs of them. The registered manager told us that they were training their dog to be a therapy dog and brought the dog to visit people with positive results.
- Relatives gave us several examples of how they had supported people to maintain their interests. This included supporting their relative to go to the theatre and to help them put on make-up. People were offered support with aromatherapy to improve their sleep.
- Relatives told us that care workers were kind and compassionate. Comments included "They are polite and presentable" and "Everyone who came was very pleasant; [my relative] liked them which was crucial." A professional told us "They were always lovely, I never had any reason to be concerned or doubt they were providing exceptionally good care."

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

- The provider carried out regular discussions with people to ensure that they felt they were involved in making decisions about their care and that care was delivered in line with their wishes.
- People's plans were clear about how people liked to receive care, for example their choices of bathing products, their preferred daily routines and the types of food they liked. There was information on people's religions and spiritual needs, preferred radio shows, newspapers and the titles that should be used when addressing people.
- There was information on people's plans on what may cause people to become upset or agitated with strategies for care workers on how best to address this.

Respecting and promoting people's privacy, dignity and independence

- Care workers demonstrated good insight into how people felt about using care services, how changes in their health and mobility had made people vulnerable and how to support people with this.
- A care worker told us "[my manager] taught me a carer is more than care, it is to assure emotionally." Care workers understood the importance of reassuring people during intimate procedures such as personal care and hoisting and gave examples of how they had done so.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives told us their family members received responsive care. Comments included "There was flexibility if we needed to change" and "They were aware that [the person's] health was fragile and they were able to adjust to [his/her] needs."
- Care plans were detailed in their scope and outlined how people could be supported to meet their care needs and promote their preferred routines. This included the support which should be offered to promote good health and how care workers could address refusal.
- Care workers maintained detailed notes about how they had met people's needs and responded to day-to-day changes in these.

Improving care quality in response to complaints or concerns

- The provider recorded when people had complained about the service they had received and the actions they had taken as a result.
- When this had occurred the registered manager took appropriate action to rectify this and ensure that the person was happy with the outcome. For example, when a person said they didn't want a particular care worker, the registered manager arranged a replacement. When a person had complained that care workers had not attended when called, the registered manager established this was due to a faulty call bell and promptly arranged for a new bell.

End of life care and support

- Where a person was receiving end of life care the provider worked closely with palliative care nurses to ensure their needs were met in their final weeks. A care worker told us "It is important they have the best part of the last times of their lives."
- The provider had worked with the person to compile an end of life care plan, including details of where the person preferred to die, what they would like their family and friends to know and remember about them, music they would like played and key life events that the person would like to be reminded of in their final hours.

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 Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives told us they felt the registered manager was approachable and trustworthy. Comments included "She's very attentive and careful" and "She seemed very personable."
- The registered manager was responsive to concerns and comments from people and acted promptly to address these.

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

- The registered manager carried out regular quality visits to ensure that care was being delivered to a high standard.
- The provider had considered adding a nursing service; they had reviewed whether they had sufficient governance procedures and resources in place and concluded that at this time it would not be appropriate to proceed.
- Where the provider had doubt about whether a particular event should be notified to the Care Quality Commission they had sought advice from an external body on this. Aspects of this advice were not correct and we directed the provider towards guidance on what constituted a notifiable event.

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

- Care workers told us they felt well supported by the registered manager. Comments included "[She] is a very special person, there is no way I would work for another agency", "I feel as if I could approach her about anything, she's a good support" and "I couldn't make it without her."
- The registered manager told us that both care workers and people who used the service were able to contact her at any time if they had concerns and we confirmed this by speaking with staff. They gave examples of how they had supported staff emotionally including when people using the service had died.
- The provider carried out regular questionnaires and feedback sessions with people and their families to ensure that they were happy with the service they received.

Continuous learning and improving care; Working in partnership with others

- The provider arranged for care workers to carry out additional learning tasks each month, such as online modules on areas outside of their usual experience.
- Care workers were encouraged to develop their skills and knowledge by leading on other tasks such as reviews, policy audits and staff meetings.
- The registered manager had spoken with other comparable local agencies to share experiences and best

practice.