Mrs Charity Kelechi Earnshaw

Charity Earnshaw

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Charity Earnshaw is a domiciliary care service covering Newton Poppleford, Sidmouth and the surrounding areas in Devon. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. When we visited, the service had 18 clients, provided 130 hours of care each week and employed five staff.

People's experience of using this service and what we found
People praised the quality of service they received and told us they would recommend it to other people who required this type of support. People said they felt safe and well cared for and that the service was reliable.
Staff had received safeguarding training and knew about the different types of abuse, and ways to protect people. Staff supported some people to eat and drink enough to maintain a balanced diet and to ensure they received their medicines safely and on time.
People were supported by a small group of staff who they were able to build trusting relationships with. People told us they received consistent support from well-trained care staff who knew them well.
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. Staff made sure people's legal rights were respected.
People received a caring service and said staff treated them with dignity and respect. They were comfortable and relaxed with staff who visited them and had developed positive and caring relationships with staff.
People received personalised care.
People's care was personalised to their wishes and preferences and took account of their personal circumstances, interests and hobbies. People were consulted and involved in decisions about their care.
Complaints and incidents were opportunities to learn and improve.
The agency was well led by a provider who worked alongside staff in day to day practice. They sought feedback from people and continually improved the care provided. The provider worked with other professionals and organisations to promote people's health and independence.

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

Why we inspected
This was a planned inspection. This service was registered with us on 28 June 2018 and this was the first inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
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 well-led Details are in our Well-Led findings below.	Good

Charity Earnshaw

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 Care Act 2014.

Inspection team
The inspection was carried out by an 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.

Notice of inspection
This inspection was announced. We gave a short period of notice of the inspection site visit because this is a domiciliary care service and we needed to be sure arrangements could be made to meet with key staff and people who use the service. We visited the agency office on 24 June 2019.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service, such as such as details about incidents the provider must notify CQC about and other information we had received from the provider. We used all this information to plan our inspection.

During the inspection
When we visited we met with the provider, who supported us to visit two people in their own homes and contacted two people and a relative by telephone to ask them about their experience of the care provided. We reviewed four people's care records, spoke by telephone with three staff and looked at staff recruitment,

induction, supervision, and staff training records for five staff. We also looked at quality monitoring arrangements for the service and sought feedback from commissioners, and health and social care professionals who worked with the service. We received a response from one of them.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.
Good: This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse;

- People felt safe with the staff who supported them. A new client said, "So far I'm feeling confident. I was given choices the morning." Another person said, "They come on time and stay for the required time, they seem to do what I want them to do."
- The agency had enough staff to meet people's needs. The provider said, "We don't rush, and we don't rush them (people)." People were supported by a small team of staff who they knew, and any sickness or leave was covered from within the team.
- Some people had a rota, so they know which staff were visiting, but others did not. A relative said, "It would be nice to know who is coming." The provider confirmed the rota planner system was new and that everyone will be receiving a weekly rota.
- The provider minimised the risks of abuse to people by ensuring all new staff were thoroughly checked before they began to work with people.
- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place. Staff felt confident any concerns reported would be listened and responded to.
- Where a safeguarding concern had been identified, the provider had worked in partnership with other agencies to protect the person.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had systems to minimise risks to people using the service and staff. These included risk assessments for and training for staff in health and safety issues.
- The provider carried out risk assessments with individuals and acted to make sure risks were minimised. For example, where a person was living with dementia and wasn't safe to use the cooker unsupervised, staff made sure the cooker was switched off at the mains before leaving the person's home.
- Accidents and incidents were reported and analysed by the provider. This enabled them to learn from events and share the learning with staff. For example, where the provider identified a person was at increased risk of falling, they contacted a local occupational therapist who arranged for a handrail to be fitted for person's safety.

Using medicines safely

- People who needed help to take prescribed medicines were supported by competent staff. Staff received training in the safe administration of medicines and were assessed to check they had the knowledge and skills to administer medicines to people.
- Staff kept clear records of any medicines administered. We looked at a person's medication administration record and saw it was correctly signed by staff.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in good infection control practices.
- The provider made sure staff had access to personal protective equipment such as disposable gloves, aprons and alcohol gel to prevent cross infection.

Good

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: 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

- Wherever possible, people's needs were assessed before they started using the service to ensure they could be met. The provider also took new clients from the local authority care team, so had basic information about those people's current needs, and made their own assessment as soon as possible.
- Assessments were comprehensive and involved people and families. People's care and support needs were regularly reviewed and updated as their needs changed.
- Care records showed evidence- based practice assessment tools were used in relation to people's moving and handling, nutrition, and skin care needs.

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

- People were helped to access healthcare services and care staff supported people with recommendations given. For example, assisting people to mobilise and complete exercises recommended by a physiotherapist.
- Care staff monitored people's on-going health conditions and responded appropriately when they were unwell.
- Professional feedback showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice. For example, seeking advice of local GP's and community nursing staff if they identified any health concerns or signs of an infection.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the knowledge and skills to meet their needs. All new staff had completed an induction period. They worked alongside the provider until they were satisfied they had the knowledge and information they needed to care for each person. Where staff were new to care, they had completed the care certificate, a nationally agreed set of standards.
- Other staff had qualifications in care, and training methods included online and face to face training. For example, in how to operate people's personal moving and handling equipment.
- Staff felt well supported in their work and had opportunities to receive feedback and discussed any further training and development needs through regular supervision.

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

- People said staff offered them drinks and meal choices and made sure they had drinks and snacks within reach before leaving. Where people were at risk of not getting enough to eat and drink, records of what people ate and drank at each visit were kept, so their diet and fluid intake could be monitored.
- Staff supported some people with meal preparation and were aware of people's likes and dislikes. For example, a person's preferred breakfast and exact details of how they liked their hot drinks, "very milky and

not too full."

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.
Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA and found they were.

- People said they were offered choices and staff sought their consent before delivering any care or treatment. For example, about whether they wanted a wash or a shower and about the clothes they wished to wear.
- Staff demonstrated an understanding of the principles of consent. For example, about a person's right to make choices, and helping them understand the risks and benefits in planning their care.
- Where people appeared to lack capacity, mental capacity assessments tools were in place. Where people had legal representatives, those details were kept.
- Staff sought professional advice and worked with people and families to agree decisions in their best interest. For example, a health professional praised how well the provider had supported a person living with dementia, that was refusing care. They said staff made sure the person was helped to get out of bed each day, in their best interest, even if they refused at first.

Good

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: 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 said staff were caring and compassionate and treated them with dignity and respect. People's and relatives' comments included; "Reliable," "Carers treat people dignity and respect" and "[Provider] shows great professional competence in her work and cares for my wife with dignity, understanding and sensitivity."
● Staff knew people well and had developed good relationships with them. Staff demonstrated a positive regard for people in their interactions with them.
● Staff knew about people's cultural and religious needs. For example, about whether they attended local church services.

Supporting people to express their views and be involved in making decisions about their care
● People and families were involved in making decisions about their care and in regular care reviews. For example, at a recent review, a person's changing level of capacity was discussed.

Respecting and promoting people's privacy, dignity and independence
● People confirmed staff treated them with dignity and respect.
● Staff protected people's privacy and supported them sensitively with their personal care needs. For example, closing curtains and covering people with a towel, and ensuring a person had some time alone in the bathroom.
● Care plans included details about aspects of care people could undertake independently, and those they needed care staff support with. For example, that a person could wash their hands and face and clean their teeth and shave but needed assistance to dress and undress.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.
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 care that was personalised to their wishes and preferences. Care staff knew them well and how they liked to be supported.
- Each person had a care plan which contained an overview of the person including personal information and information about their needs. Care plan were very personalised to make sure staff had clear information about how people wished to be supported. For example, that a person had difficulties balancing, so couldn't stand for long and needed help getting in and out of bed.
- People and staff said care records were accurate, detailed and up to date about all their care and treatment needs. For example, about people's moving and handling or skin care needs. Where any changes were made, for example, a new prescription, staff were made aware by telephone or text.
- Staff were responsive to people's needs. For example, they recognised a person was struggling with their housework and laundry and contacted social services to arrange to support the person with that with their consent. Where a person was struggling to get up and sit down on their couch, they arranged for a local social care provider to visit and raise the height of the couch.
- Where people's health care needs changed, and they required extra support, staff were flexible and could extend the visit time, or undertake extra visits at short notice. For example, when a person was discharged after a hospital stay.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. For example, whether people needed glasses to read and information about any hearing impairments. Information provided to people about the service, such as the service user guide, was easy to follow. At the time of the inspection no one required information to be made available in specific formats. However, the provider said they could provide personalised information to people, if needed. For example, in larger font or easy read formats.

Improving care quality in response to complaints or concerns

- The provider provided hands on care in addition to their management role. This enabled them to seek people's views and respond to concerns on an informal basis.
- People said if they had any complaints they would be comfortable to raise them with the provider. There was a complaints system in place and people were given information about how to raise a complaint when they started using the service.

● We followed up a complaint CQC were aware of which had been investigated and dealt with appropriately. Although the concerns raised were not upheld, the provider worked with person's family representative to identify improvements. No other complaints were received.

End of life care and support

● People could be confident that at the end of their lives they would receive care which was compassionate and professional. People and relatives feedback included; "[Provider] helped care for my husband during the last months of his life. Her gentleness in encouraging him were very much appreciated by both of us," and "We found her professionalism and knowledge very reassuring and I would recommend her care to everyone."

● The provider was experienced and worked with staff and other professionals to make sure people were well cared for and comfortable.

● Where people had expressed any advanced decisions about resuscitation or end of life care wishes, these were recorded in their care plan.

Good

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: 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; 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 was committed to providing care which was of a high standard and tailored to people's individual needs. They set high expectations about standards of care, worked alongside staff and led by example.
- People's and relatives' comments included; "The provider is very professional and cheerful, good time keeping," "We are both very pleased with her services." A health professional said, "All dealings with the provider have been positive. She has high standards of practice. She rings for advice and responds to any advice given and gives me feedback."
- People and staff said the provider was very open and approachable and they could talk to them about any issues. The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Where mistakes were made, they were open and honest with people and families and made improvements.
- Where any concerns about individual staff performance were identified, these were dealt with through training, supervision and where necessary, disciplinary processes.

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

- People were supported by a provider who had systems to monitor quality and plan on-going improvements. Since registration and until beginning of 2019, the provider had worked alone. Over the past few months, the agency had employed new staff and taken on additional clients. The provider worked alongside other staff which enabled them to monitor staff competence and the quality of care provided. They met with staff regularly to discuss and review people's ongoing needs.
- Currently the quality monitoring systems used by the agency were informal, and largely unrecorded. In the coming months, the provider was planning to undertake less 'hands on' care and focus more on quality monitoring. In preparation for this, the provider had purchased policies and quality monitoring tools to help with this. For example, through audits of care records, medicines management, infection control and through "spot checks" on staff. They also planned to use a survey tool to seek people's feedback in a more planned and structured way. These improvements will provide assurance to the provider that standards of care are being maintained.
- Staff understood their roles and responsibilities and were accountable for their practice. They knew people well, care was person-centred and focused on people's health and well-being. Staff said they worked well as a team and felt well supported. Comments included; "We all chip in," "[Provider's name] is approachable, staff are encouraged to take their time and not to rush clients."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People were involved in decisions about their care and felt comfortable to give feedback about the service they received. For example, making changes in their daily routine in response to feedback.

● Staff felt able to make suggestions and felt listened to. For example, to support staff they kept a refrigerator stocked with drinks and snack for staff, which they appreciated.

● There were staff meetings and one to one supervision meetings with staff which gave them an opportunity to make suggestions and share ideas.

● The provider worked in partnership with the local authority and health professionals to make sure they were providing a service which was responsive to local need. They had developed links with local care managers, GP's and health professionals.

Continuous learning and improving care

● The provider had a health care background so was knowledgeable about people's health needs and medicines management.

● They kept up to date with practice through their links with local health care professionals. They received regular updates from the Care Quality Commission and from Skills for Care. They used their website for practical tools to use in practice and for best practice guidance.