

Chenash Homecare Specialists Ltd

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Inspection report

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Date of inspection visit:
11 April 2018

Date of publication:
04 May 2018

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

This service is a domiciliary care agency. It provides personal care to people living in their own home. At the time of our inspection twenty two people were using the service. Not everyone using the service receives the regulated activity. CQC only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This inspection took place on 11 April 2018. Chenash Homecare Specialists have previously been inspected by the Care Quality Commission (CQC). However the service was registered as new in March 2017 as the provider of the service changed. This is the first inspection of the service since that date. You can access previous inspection reports about the service by selecting the 'all reports' link for Chenash HomeCare Specialists on our website at www.cqc.org.uk

The service had a registered manager in post. 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.

People said they felt safe when being supported by staff. Staff were well supported to take appropriate action to ensure people were protected if they suspected they were at risk of abuse. Staff had access to up to date information and guidance on how to minimise identified risks to people due to their specific needs. This helped to keep people safe from injury or harm.

There were enough staff to meet people's needs. The provider had systems in place to monitor staff were turning up on time for scheduled visits. If staff were late, the provider took prompt action to address this. The provider was employing new staff that better reflected the diversity and range of needs of people using the service. The provider carried out appropriate checks on staff's suitability and fitness to support people.

Staff received regular and relevant training and were well supported by senior staff to help them meet people's needs. They followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care and when preparing and handling food.

People said staff were kind and considerate and provided them with support that was dignified, respectful and which maintained their privacy at all times. Staff supported people to be as independent as they could and wanted to be. Where they were responsible for this, staff helped people to engage and pursue activities and personal interests to promote their overall wellbeing and reduce risks to them from social isolation.

People contributed to the planning of their care and support. Their care needs and specific preferences for how these should be met were set out in their personalised support plan. People said staff were able to meet their needs. Senior staff reviewed people's care and support needs to ensure staff had up to date

information about these.

People were supported to eat and drink sufficient amounts to meet their needs. Where staff were responsible for this, they supported people to take their prescribed medicines. Staff documented the support provided to people which helped to keep others involved in people's care up to date and informed. Staff monitored people's general health and wellbeing and when they had concerns about this they took prompt and appropriate action so that support could be sought from the relevant healthcare professionals.

People were satisfied with the care and support they received. The provider had a clear vision and aims for the service and communicated to people what they should expect from staff and the service in terms of standards and quality of care. People knew how to make a complaint if needed and the provider had appropriate arrangements in place to deal with these.

People spoke positively about the leadership of the service and said senior staff were easily accessible and supportive. The registered manager completed regular and relevant training to maintain the skills, knowledge and experience needed to lead effectively. They understood their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

The provider sought people's and staff's views about the quality of care and support provided and how this could be improved. They used this information along with other audits and checks to monitor and review the quality and safety of the support provided. Any shortfalls or gaps identified through these checks were addressed promptly. The provider made improvements when these were required to enhance the quality of the service. The provider had recently reduced the capacity of the service to improve the quality of people's experiences as well as supporting staff to maintain good and safe working practices through more manageable workloads.

The provider was also using learning from complaints, events and incidents to improve the quality of support people experienced. For example, the provider had used learning to give people greater opportunities to hold them directly accountable for making improvements when these were required.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people. They worked collaboratively with local authorities funding people's care so they were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff received training in the MCA and were aware of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about aspects of their care was considered when planning their support.

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. Staff knew what action to take to protect people from abuse. Risks to people had been assessed and plans were in place that instructed staff on how to ensure these risks were minimised.

There were enough staff to meet people's needs. The provider carried out appropriate checks to make sure staff were suitable and fit to work.

People received their medicines as prescribed. Staff followed good practice to reduce infection risks to people when providing personal care and when preparing and handling food.

Is the service effective?

Good ●

The service was effective. Staff received regular and relevant training to help them meet people's needs. They were supported in their role through a programme of supervision and appraisal.

Staff were clear about their responsibilities in relation to the Mental Capacity Act 2005.

Staff supported people to keep healthy and well. They helped people to eat and drink enough to meet their needs and monitored their general health and wellbeing. Staff reported any concerns they had about this promptly so that appropriate support was sought when required.

Is the service caring?

Good ●

The service was caring. Staff were kind and provided support in a considerate way.

People were supported by staff that they were comfortable and confident with. New staff were being employed to reflect the diversity and range of needs of people using the service.

Staff treated people with dignity and respect and people were supported to be as independent as they could be.

Is the service responsive?

Good ●

The service was responsive. People contributed to discussions and made decisions about their care and support needs. Support plans reflected their choices and preferences for how this was provided. These were reviewed regularly by senior staff.

Where staff were responsible for this they supported people to engage and pursue activities and personal interests to promote their overall wellbeing and reduce the risks to them from social isolation.

People were satisfied with the support they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good ●

The service was well led. People's and staff's views about the service were sought. This was used along with audits and checks to review and improve the quality of service people experienced.

People spoke positively about the leadership of the service and said managers were accessible and supportive. The registered manager had the skills and knowledge required to lead effectively.

The provider used reviews and learning from complaints and incidents to develop and enhance the service. They also worked in partnership with others to continuously improve the delivery of care to people.

Chenash Homecare Specialists

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 checked 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 announced and took place on 11 April 2018. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of a single inspector.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection we spoke to the registered manager and a director from the provider's organisation. We looked at three people's care records and three staff records. We also looked at other records relating to the management of the service, including the service's policies and procedures.

After the inspection we spoke to five people using the service and two relatives of people using the service. We asked them for their feedback and experience of using the service.

Is the service safe?

Our findings

People said they felt safe with the staff that supported them. One person said, "I always feel comfortable with the staff." Another person told us, "Yes, definitely feel safe with them." And a relative said, "I've never had any concerns about them and I know [family member] would say if they weren't happy in any way. They check everything before they leave and make sure the windows and doors are locked so that [family member] is safe."

The provider had appropriate arrangements in place to safeguard people from abuse. Staff had been provided training in how to safeguard adults at risk and this was refreshed annually. The provider had a robust policy and procedure in place for all staff to follow to report any concerns they had about people to the registered manager or to another appropriate authority such as the local council. This was shared with all staff at their induction and their on-going understanding and compliance with this was checked through individual supervision (one to one meetings). Records showed the provider reported any concerns they were made aware of about a person's safety promptly to the local council and cooperated fully in any subsequent enquiries and/or investigations.

Risks posed to people's safety due to their specific needs had been assessed and plans were in place for staff to follow to manage identified risks. Staff were provided instructions and guidance on how to reduce identified risks. For example, we saw for one person who was at high risk of falls, staff were instructed to keep the person's home clean, tidy and free of slip and trip hazards to help reduce the risk of them falling. We saw identified risks were monitored and reviewed by senior staff so that staff had up to date information about how to ensure people's safety when providing care and support.

The provider had internal systems to review and investigate any incidents or safety concerns involving people so that appropriate action could be taken to protect people when required. We saw when incidents involving people had occurred these were reviewed in detail by the provider to identify any learning in terms of new, emerging or changing risks to people so that appropriate measures could be put in place to ensure their continuing safety.

There were sufficient numbers of staff to support people safely. We looked at the provider's electronic scheduling and call monitoring system which showed staff members had been assigned to each planned visit. People's specific needs had been considered when planning the support they required so that suitably trained staff could be assigned to meet these. For example where a person needed help to move and transfer in their home only staff trained in moving and handling procedures were assigned to this visit to ensure this was done safely. All staff at induction were provided with the provider's lone working policy and the provider discussed with them the steps they should take to ensure their own personal safety when working alone with people.

The provider had appropriate arrangements in place to check the suitability and fitness of staff employed to support people. Records showed the provider carried out checks on staff which included obtaining and verifying evidence of; their identity, right to work in the UK, training and experience, character and previous

work references and criminal records checks. Staff also completed a health questionnaire which was used to assess their fitness to work.

Where staff were responsible for this, they supported people to take their prescribed medicines. All staff had received training in medicines administration and provided with a copy of the provider's medicines policy which set out their responsibilities for ensuring people received their medicines when safely. People's records showed staff recorded what medicines people were given and when. Senior staff undertook unannounced spot checks on staff to assure themselves medicines were managed safely and appropriately and that staff remained competent to administer these.

Staff were supported to minimise risks to people that could arise from poor hygiene and cleanliness. They had received training in infection control and the provider ensured all staff had access to plentiful supplies of personal protective equipment (PPE) to reduce the risk of spreading and contaminating people with infectious diseases. Staff had also received training in basic food hygiene so they were aware of the procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

Is the service effective?

Our findings

People's records showed that their needs had been assessed to determine the level of support they required and this was delivered in line with current legislation and standards. For example people's choices and decisions about when, how and from whom they received care and support helped to inform their package of support so that wherever possible, people received person centred care. Risk assessments were undertaken with people as part of this process to ensure the support provided to them was delivered in a way that maintained their safety and wellbeing.

The provider used their electronic scheduling and call monitoring system to ensure that people received the care and support planned for them at each scheduled visit. We saw for every planned visit a brief summary of the support the person required at that visit had been put into the system. This meant when rota's were sent to staff members to inform them of their weekly schedule of visits staff also had an overview of the support the person required prior to the visit so that they were better prepared and informed about their required duties.

Staff were supported by the provider to meet people's needs effectively. They received regular and relevant training in areas and topics specific to their roles. This included annual refresher training to keep their knowledge and skills up to date with current best practice with regard the support people required. Staff had supervision meetings and an annual performance appraisal with the provider which enabled them to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve in their role through further training and learning.

Where staff were responsible for this, people were supported to eat and drink sufficient amounts to meet their needs. Records showed information had been obtained from people about their dietary needs and how they wished to be supported with these. People's choices for their food and drink were incorporated into their support plans so that staff were aware and ensured that people's specific preferences could be met. We saw for one person that had been identified as at risk of malnutrition and dehydration, staff followed a structured eating and drinking plan to help the person eat and drink enough at each visit. Staff monitored and documented how much people ate or drank. This gave everyone involved in people's care and support important information about whether people were eating and drinking enough to meet their needs.

Staff worked closely with healthcare professionals involved in people's care and support to ensure people experienced positive outcomes in relation to their health and wellbeing. We saw a good example of this for one person who was being supported by external specialist nurses with their specific healthcare condition. The provider had worked collaboratively with the nurses to coordinate the person's care to ensure staff would provide timely and effective support to the person when this was required.

People were supported by staff to keep healthy and well. Staff recorded their observations about people's general health and well-being and shared this information with all involved in people's care and support. When staff had concerns about a person's health and wellbeing they reported these to the registered

manager who ensured prompt and appropriate support and assistance was sought from others, such as the GP. A relative told us staff had recently noted deterioration in their family member's health and made sure they were seen quickly by their GP.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so must be made to the Court of Protection.

We checked whether the service was continuing to work within the principles of the MCA. Staff had received appropriate training in the MCA and were aware of their duties and responsibilities in relation to the Act. People's records showed assessments had been undertaken by the provider to check their ability to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions about their care and support the service would involve people's relatives, representatives and others such as healthcare professionals, to ensure decisions would be made in people's best interests.

Is the service caring?

Our findings

People said staff were kind and provided support in a considerate way. One person said, "I like them. They always seem polite and helpful." Another person told us, "They're very good. They speak to me straight away when they come in and ask me what I would like them to do." A relative said, "[Family member] is quite fragile and they're very gentle with her...they're very caring." And another relative told us, "They're always so patient with [family member]."

Staff were provided information about the people they supported and how they wished to have their care and support delivered. People's records contained a 'storyboard' which set out key information about the person such as their life history, the people that were important to them, their likes and dislikes and their preferences and choices for how they wished to be supported with their needs. This helped staff to understand the person they were supporting and what was important to them in respect of their care and support needs.

The provider took steps to ensure that wherever possible, people were supported by staff that they were comfortable and confident with. We noted the provider planned staffing rotas so that people were scheduled to receive support from the same staff to ensure continuity and consistency of support. Our checks of people's daily records indicated that people were generally supported by the same staff at each scheduled visit. People were only allocated a more unfamiliar staff member when regular staff were absent from work.

The provider was taking steps to recruit new staff that would better reflect the diversity and range of needs of people using the service. We saw new staff had recently been employed that were closer in age and shared a similar background and interests with some of the people using the service. The registered manager told us this was already benefitting one person who had experienced some difficulties in the past acknowledging the level of support they needed with their personal care needs. Since being allocated one of these new members of staff, the person had developed a good level of rapport with them and as a result was now more open and accepting of the support they required with their personal care needs.

People said staff treated them with dignity and respect. They told us staff were sensitive to their needs and discreet when providing care and support. People also said they were asked for their permission before being provided with support, offered choice and given the time they needed to do things at their own pace. People's care records prompted staff to ensure support was provided in a dignified and respectful way at all times.

People were supported to be as independent as they could be. One person said, "I try and make my own evening meal but if I'm not feeling great they'll step in and tell me to go and rest while they finish off." People's support plans set out their level of dependency and the specific support they needed with tasks they could not undertake without help, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to help them to retain control and independence over their lives.

Is the service responsive?

Our findings

People received care and support that was tailored to their needs. Records showed that people and those involved in their care, such as their relatives, were supported to contribute to the planning of their support package. This helped to ensure that people's decisions and choices were used to inform the planning and delivery of their care. In people's records there was up to date information about the support they needed from staff with their personal care needs, their dietary needs, their physical and psychological health and their social needs. Support plans reflected people's preferences for how and when they received support. People's care and support needs were reviewed regularly with them. When changes to their needs were identified through these reviews, people's records were updated promptly so that staff had the latest information about how to support people appropriately.

Where staff were responsible for this, we saw they supported people to take part in activities or pursue interests to positively promote their health and wellbeing. This included supporting people to take trips and participate in activities out in the community, or when at home playing board games or undertaking conversations about topics people were interested in. These activities helped to reduce the risks to people of becoming socially isolated.

The provider had systems in place to check that people received timely and responsive support from staff. They used their electronic scheduling and call monitoring system to monitor that staff were logging in on arrival at people's homes via an automated telephone service at the expected time. If staff were late, the provider received a notification on the system, which was monitored during office hours and out of hours so that they could take appropriate action to address this. We noted during our inspection staff arrived for scheduled visits at the expected times.

People were satisfied with the care and support they received from staff. One person said, "They seem to know what they're doing...got no complaints." Another person told us, "They do everything very well...I'm very happy with the service." And another person said, "I have no concerns...things are quite satisfactory." A relative said, "As time has gone on I can say they are very good." Another relative told us, "I think they're very good."

People said they were confident raising any issues or concerns with the provider and felt these would be resolved appropriately by them. The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. People were provided appropriate information from the provider about what to do if they wished to make a complaint. This set out how people's complaint would be dealt with and by whom. Records showed when a concern or complaint had been received, the provider had conducted an investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate when people experienced poor quality care and support from the service.

Is the service well-led?

Our findings

People spoke positively about the management of the service and said they were easily accessible and supportive. One person said, "The managers are very good." A relative told us, "I think the service is managed well...they make sure mistakes don't keep happening again and they're very open to feedback." Another relative said, "The managers are very nice. They always try and keep me informed and will keep me updated. They're good at resolving issues if they come up."

The provider had clearly stated values and aims for the service which was focussed on people experiencing good quality care and support. People were informed of the service's values and aims in various communications sent by the provider, such as their service user guide, so that they were aware of the standards they should expect in terms of their care and support. The provider used individual supervision and team meetings with staff to make clear the service's values and aims and encouraged staff through these meetings to discuss how the support they provided improved the quality of people's lives. This meant the provider was ensuring all staff were actively contributing to the achievement of the service's values and aims.

Senior staff had the skills, knowledge and experience to lead effectively. There was a registered manager in post. The registered manager and other senior staff attended regular and relevant training specific to their roles and disseminated their learning with all staff through individual supervision and team meetings. For example the registered manager had completed recent training to enable them to facilitate learning across the staff team in moving and handling procedures and safe medicines administration. This meant they could ensure all staff were up to date and aware with the latest best practice in addition to ensuring staff demonstrated the required on-going competency in these specific areas to undertake their roles safely and effectively.

The registered manager demonstrated good awareness of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

The provider sought people's and staff's views about the quality of the service and their suggestions for how this could be improved. The registered manager used unannounced spot checks on staff to ask people for their feedback and to identify areas where the service could be improved. The provider sent an annual quality survey to people to seek their views about the quality of care and support provided and asked for their suggestions for service improvements. Healthcare professionals that worked closely with the service were also asked for their feedback through an annual survey. Staff were provided opportunities to give their views about the quality of the service through individual supervision and regular staff team meetings. These arrangements helped the provider to gauge the level of satisfaction people, staff and others had with the service and to identify areas of the service that needed to improve based on people's feedback.

The provider undertook audits and checks of the service to monitor and review the quality and safety of the

support provided. Recent audits undertaken included checks of people's care records and staffing records. The registered manager also undertook a rolling programme of unannounced spot checks on staff to review their working practices and competency when undertaking their duties. Where any gaps or shortfalls were identified through these checks prompt action was taken to remedy these including supporting and encouraging staff to learn from mistakes. For example through spot checks on staff the registered manager was able to use the information from these checks in staff supervision meetings to support staff to improve their work based practice. We saw records relating to people, staff and to the management of the service were accurate, up to date and well maintained.

The provider made timely improvements when these were required to enhance the quality of the service. For example the provider had recently undertaken a review of the current service provision and using feedback obtained from people, staff and others took the decision to reduce the capacity of the service. The provider told us this decision meant the service could be more focussed on meeting people's needs effectively thereby improving the quality of their experiences as well as supporting staff to maintain good and safe working practices with more manageable workloads.

The provider was also using learning from complaints, events and incidents to improve the quality of support people experienced. For example, the provider had used their learning from complaints to improve the way these were investigated and resolved and now actively involved the person making the complaint throughout the whole process. This included meeting with people directly and asking for their views about how the service could be improved and then mutually agreeing the actions that would be taken to prevent the issue from recurring. This gave people the opportunity to hold the provider directly accountable for making improvements when required.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, staff worked collaboratively with local authorities funding people's care so they were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.