

Chameleon Care Limited

Chameleon Care (Dover)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

Care Service Description

Chameleon Care provides domiciliary care to people with physical disabilities, older people, people living with dementia and people who are terminally ill. There is also a sit in service, escorting, waking night and night sleep in service. The service currently provides services in Dover and surrounding villages. There is also a branch of the agency in Dartford, Kent. The service, which is open during office hours, has designated office-based staff and an on-call system.

Rating at last inspection

At the last inspection, the service was rated Good and Requires Improvement in the 'safe' domain.

Why we inspected

We carried out an announced comprehensive inspection of this service on 28 June 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment, relating to medicines management.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chameleon Care (Dover) on our website at www.cqc.org.uk

Why the service is rated Good

At this inspection we found the service remained rated as Good overall and is now rated Good in the safe domain.

Why the service is rated Good

The service had improved since the last inspection. Medicines were now being administered safely and records were up to date and completed appropriately.

People told us they felt safe using the service and they trusted the staff. Staff knew how to recognise and respond to abuse. They had received training on how to keep people safe.

Care records included risk assessments of people's mobility together with detailed guidance about how to move people safely and consistently. Regular checks were made on the equipment in people's homes to ensure it was safe to use.

Accidents and incidents were recorded and monitored to look for patterns and trends to reduce the risk of reoccurrence.

There were sufficient numbers of staff on duty at all times to ensure that all calls to people were covered and people's needs were met. There had been no missed calls and people said the staff were reliable and consistent.

Plans were in place to ensure that the service would continue to run in cases of emergency and on call arrangements ensured that staff were supported by a manager should they need additional guidance outside of office hours.

New staff had been recruited safely and checks were carried out on staff to make sure they were suitable and safe to work with people.

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 

We found that action had been taken to improve safety.

Potential risks to people had been identified and recorded.

Staff had received training and knew how to recognise and respond to different types of abuse.

Regular checks were carried out on any equipment to make sure it was safe.

Medicines were managed safely.

There was enough staff to keep people safe. Staff were recruited safely.

Chameleon Care (Dover)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook this announced inspection of Chameleon Care (Dover) on 20 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure we were able to speak with people who use the service and the staff who support them. We went to the service's main office and we visited three people in their homes.

This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 28 June 2016 inspection had been made. The inspector inspected the service against one of the five questions we ask about services: is the service Safe? This is because the service was previously not meeting some legal requirements. This inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with three people and the senior manager. We spoke with four members of staff, and one relative. We looked at three people's care plans and the associated risk assessments and guidance. We looked at a range of other records including medicines records and audits, maintenance records, four staff recruitment files and staff rotas.

We last inspected this service on 28 June 2016 when one breach in the regulations was identified.

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Is the service safe?

Our findings

People told us they felt safe using the service and said they trusted the staff. One person said, "The carers are more like friends to me, I trust them".

At the last inspection in June 2016, the provider had failed to ensure that people were receiving their medicines safely. Records were not always accurate or completed.

Since the last inspection, the senior manager had reviewed the systems in place to manage medicines. There were three monthly audits to ensure that staff were accurately recording the medicines administered including creams. The care plans had guidance of where people needed to have the creams administered and the senior manager told us they were in the process of implementing body maps for easy reference.

There were no gaps in the medicine administration records (MAR) sheets showing that all medicines had been administered and signed for. People were asked if they wanted staff to support them with their medicines and had signed the care plan to confirm their consent. When hand written entries were added to the MAR sheets, the records included the dosage of the medicine and the time the person needed to take it so staff had the guidance they needed.

People's medicines were regularly reviewed. One person told us that they had decided they did not wish the staff to administer their 'as and when' pain relief. A medicine review took place, their decision was respected and they were now managing their own pain relief. The care plan had been updated to ensure that all staff would be aware of the changes.

Some people were living with dementia and safeguards were in place to ensure that their medicines were being stored safely.

People told us the staff supported them well with their medicines. They said staff made sure they received their medicine regularly. One person said, "They give me my tablets at the same time each morning and watch me take them". "The staff are so good if I am out when the pharmacy calls and they will pick up my medicines".

All staff had completed medicine training and had been observed by a senior member of staff to ensure they had the skills and competencies to do this safely.

Staff knew how to recognise and respond to abuse. They had received training on how to keep people safe and were aware of whom to report issues to both inside and outside of the service. They were able to describe different types of abuse and understood that all safeguarding concerns would be reported to the local authority to keep people safe. They were aware of the whistle blowing policy and told us they would not hesitate to report bad practice.

Communication with the office was good and staff told us the managers were very supportive about their

work and personal life. They told us that if they raised concerns these were addressed promptly.

Care records included risk assessments of people's mobility, and their potential risk of pressure sores, together with detailed guidance to move people safely and consistently. Records showed that, when required, the senior manager had sought guidance from health care professionals such as occupational therapists to ensure people were being moved safely. There was clear guidance in the care plans to show staff how to reduce the risk of pressure sores, such as where to place pillows to relieve pressure on areas of the body and where creams were to be administered.

Relatives told us how staff reported health issues, such as the signs and symptoms that their relative's catheter was not working properly. A relative told us that staff informed them when their relative was unwell and needed medical attention.

Regular checks were made by staff on the servicing of the equipment and hoists used in people's homes to make sure it was safe. Environmental risks were assessed, for example, lighting and staff working in restricted areas, such as small rooms when a hoist was needed to provide care safely.

The service had a business and continuity plan in place in the event of an emergency, such as technical failure or extreme weather conditions. There was a lone worker policy in place to ensure that staff were aware of how to keep safe.

Accident and incident records were reviewed by the senior manager. Any concerns were investigated and action taken such as referrals to the occupational therapist if people's mobility had changed as a result of a fall. Reviews of people's moving and handling risk assessments were then completed to update staff with their current needs.

There were sufficient numbers of staff on duty at all times to ensure that people received the care they needed. People told us they received care from regular staff. Staff told us they had the same people to visit and their rotas confirmed this. The senior manager ensured that calls were geographically placed to reduce the travel time between calls. There had been no missed calls and people told us that the staff arrived on time and stayed for the duration of the calls. Staff told us that calls were always covered in times of sickness or annual leave. The senior manager and office staff also covered calls when required. They told us that this ensured they were kept up to date with people's needs and gave them opportunity to observe staff practice.

People told us that the staff were reliable even in 'frosty weather'. One person said, "The service is good, it could not get any better". "I do have a favourite carer and they are definitely the best".

Staff told us they worked hard as a team to ensure all the calls to people were covered and would pick up extra calls when needed. They told us the team were reliable and focused on continuity of care so that people received the care they needed.

There was an on-call system in place so there was always a member of the management team available in an emergency. Staff told us there was always a manager available if they needed further guidance.

New staff had been recruited safely and checks were carried out on staff to make sure they were suitable and safe to work with people. Written references were obtained and checks were carried out to make sure staff were of good character. They shadowed established staff until they had the skills and competences to work alone. Disclosure and Barring Service (DBS) criminal records checks 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.