

Chelmscare Limited

# Chelmscare Ltd

## Inspection report

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Date of inspection visit:  
11 July 2019  
12 July 2019  
15 July 2019

Date of publication:  
01 August 2019

## 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

Chelmscare Borehamwood is a domiciliary care service providing care and support to people living in their own homes in the community.

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. At the time of the inspection forty people were being supported with a regulated activity of personal care.

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

People were positive about the standard of care and support they received from Chelmscare Borehamwood. People felt safe and staff knew how to keep people safe and how to report any concerns. One person told us "Yes, I definitely feel safe. They are very good." There were enough staff to meet people's needs. The recruitment procedure was in the process of being reviewed to ensure it was consistently robust. New staff completed induction training before they started work. People were supported to take their medicines safely. People were protected from the risk and spread of infection. Learning from accidents and incidents was shared with staff.

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. Peoples consent was obtained before staff provided care. Staff supported people if required to eat and drink sufficient amounts to maintain their health and to access health care services and professional when required.

People liked the staff that cared for them. One person told us "They are wonderful people, I do look forward to them coming." People told us that staff were "kind, caring and thoughtful". They told us that staff supported them to achieve their individual lifestyles. People were involved in developing and reviewing their support and their care planning. Staff were respectful of people's privacy, whilst maintaining their dignity. Staff worked well as a team and were committed to improving the care experience for all the people they supported.

People were aware of how to make a complaint. We saw that only minor concerns had been raised and addressed by the registered manager in a timely way and to the satisfaction of the complainant. People's views on the service were sought and they felt their views were taken into account.

The registered manager and quality assurance manager carried out a range of audits and checks to ensure the quality was maintained and improved where necessary. People, relatives and staff all felt supported and valued. One person told us, "The management are extremely inclusive and think nothing of providing help at short notice." The staff team worked in partnership with other professionals and organisations to help

people achieve their desired outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was rated as requires improvement. (Published on 10 August 2018)

At this inspection we found the service had improved and achieved an overall rating of good.

Why we inspected

This was a planned inspection based on the latest rating.

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 care.  
Details are in our care 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 ●

# Chelmscare Ltd

## 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

One inspector carried out this inspection.

#### Service and service type

This service provides care and support to people living in their own homes in the community. At the time of the inspection 40 people were being supported with a regulated activity of personal care.

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

This inspection was announced. As this is a small service we gave the registered manager 48 hours' notice of our intended inspection. This was so that the senior staff would be available to support the inspection. Inspection activity started on 11 July 2019 and ended on 15 July 2019. We visited the office location on 11, 12 and 15 July 2019 and contacted people, relatives and staff to obtain their feedback during those dates.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We sought feedback from the local authority and commissioners who work with the service.

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, quality assurance manager, one of the directors, the field care supervisor and three care workers.

We reviewed a range of records. This included four care, support and medication records. We looked at four staff files in relation to the recruitment process and staff support and supervision. A variety of records relating to the overall quality and management of the service, including audits were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to achieve a rating of good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by staff from Chelmscare. One person told us, "Safe, yes everything is ok. No accidents incident, no problems." Relatives also confirmed their family members were safe.
- The provider had appropriate systems in place to help ensure people were kept safe. Staff received training on how to keep people safe and knew how to report any concerns.
- Staff were able to demonstrate they had a good understanding of how to protect people from harm without restricting their independence.

Assessing risk, safety monitoring and management

- People's individual risks were assessed, and measures put in place to reduce or mitigate identified risks. The information provided clear guidance for staff about how to support people safely. Risk assessments included environment, medicines, peoples skin integrity and mobility and were kept under regular review to make sure they remained current.

Staffing and recruitment

- People were cared for by staff who had pre-employment checks completed before staff started working at the service. Staff told us they had to complete this process before starting their induction. However, at the time of our inspection the provider and registered manager were in the process of implementing a more robust recruitment process ensuring consistency.
- We found as staff had been recruited over a period of time the process was not always completed in accordance with the providers own recruitment policy. Although pre-employment checks had been completed we noted some gaps in the information provided. This was being address through the reviewed recruitment procedure.
- There were sufficient numbers of staff deployed to ensure people were supported at times suited them. Travel time was assigned to help make sure staff arrived at the expected time and stayed the duration of the visit.

Using medicines safely

- People were supported to take their medicines safely by staff who had been trained in the safe administration of medicines. Where people were able to self-administer they were supported to do so and to remain independent. Staff completed medication administration records (MAR).
- Staff practice was observed to ensure they were competent, and this was completed on a regular basis in

the service users' home. This meant that if there were any learning or development requirements they could be address in a timely way.

#### Preventing and controlling infection

- People were looked after by staff who were aware of maintaining good hygiene practices. For example, by wearing gloves when supporting people with personal care. Staff received training on how to reduce the risk and spread of infection and encouraged people where possible to maintain good standards of hygiene.

#### Learning lessons when things go wrong

- The registered manager told us that any accidents, incidents or events were recorded and viewed to monitor possible trends. Any learning was shared with staff to reduce the risk of the same incident reoccurring.
- We noted that the records showed there had been mainly falls where people had lost their balance or missed the edge of the chair when sitting down so could not have been predicted or avoided.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to achieve a rating of 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

- People's individual needs were assessed before the service commenced. This ensured that the service could meet their needs and support people in the way they wished to be supported.
- People and their relatives were involved in the assessment and information was sought from professionals who knew the person well. This helped staff to support people by giving choices and supporting independence. One person told us "The staff always offer me choices about what I want to eat and drink or what clothes I want to wear.."
- The registered manager told us they took into account people's cultural, religious and personal preferences when developing their support plan. This included considering any language and communication requirements.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training in a number of topics relevant to their role which included safeguarding, moving and handling and the safe administration of medicines. Staff 'shadowed' more experienced staff until they were signed off as being competent to work alone.
- People were cared for by staff who had received ongoing training and support to help ensure they supported people in the most effective way. New staff were encouraged to complete the care certificate and worked to achieve a diploma in health and social care.

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

- People who required support with eating and drinking were supported to have a nutritious and balanced diet to maintain their health and wellbeing.
  - Where there were any concerns about people's weight, or were at risk of malnutrition or dehydration, the staff referred to professionals such as the GP, dietician or the speech and language team (SALT) for intervention and advice.
- Staff received training in food hygiene to help ensure they followed best practice when supporting people to prepare or cook food. This helped reduce risks around poor food hygiene and cross contamination.

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

- Where people were supported by a number of professional's and or organisations, staff worked closely with them to co-ordinate timely care, for example when people were being discharged home from hospital

the registered manager worked closely with the hospital discharge team.

- Staff supported people to access health professionals when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood people's rights and how to support people to make informed decisions. People were asked to consent to care and treatment and this was documented in their care records.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 positive about the care and support they received from staff from Chelmscare. One person told us, "I look forward to them [Carers] coming. They are all so nice and really do put people first."
- People and relatives both told us staff were very caring. One person told us, "They are so caring and address any issues and they really do deliver very good care. They are helpful in everything they do, and they understand me as an individual."
- A relative told us, "The staff are very thoughtful, and nothing is ever too much trouble."

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

- People were encouraged and supported to make choices about their day to day routines and preferences. Staff told us that although everyone had care plans they always asked people if they would like support with anything else. One staff member told us, "I never just assume they want the same things each day. I always check and make sure I am supporting them according to their wishes."
- People told us they benefited from having regular staff as they knew their preferences. One person said, "I usually have the same carers most days and I like that. It's continuity and they know my needs and routine."
- At the time of our inspection no-one was using an advocate, but the registered manager told us that if people required advocacy support they would put them in contact. An advocate is an independent person who provides advice in relation to a range of matters.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful in their homes. For example, one person told us, "They would not come in until invited." Another told us, "They definitely respect my privacy and dignity like covering me and making sure they speak quietly so that other family members do not overhear our conversation."
- Staff supported people to be as independent as possible. For example, one staff member told us, "I see my role and an enabler to help people to do what they can for themselves. That way they don't lose those skills and become more dependent on the support."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to achieve a rating of 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

- Staff supported people to receive appropriate individual person-centred care which met their needs. This was confirmed by relatives we spoke with.
- People told us the service was flexible enough to respond to people's changing needs. For example, if they needed care to be provided at a different time to enable them to attend an appointment. Care plans documented people's wishes and desired outcomes which enabled them to remain living in their own homes.
- People and relatives confirmed they were involved in reviewing the care plans to ensure they continued to meet their needs. One person told us, "They came and talked to us before the care started and we discussed all my requirements." Another person told us, "They review the care plan regularly. I think they do an annual review where they discuss everything in detail."

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.

- Most people who were being supported were able to communicate verbally with staff. They could also understand information given to them by the service, including their care plans and out of hours contact details.
- The provider and registered manager had considered different communication needs and formats should this be required. For example, in one care file we noted common daily phrases had been translated into a different language to help facilitate better communication between staff and the person they were supporting.

Supporting people to develop and keep relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to maintain relationships with family and friends, to help avoid social isolation. Staff had a good knowledge of people's needs and preferences and how to support them to participate in things they enjoyed doing.
- The registered manager told us how on occasions they or other staff had visited people in addition to their planned calls to bring them grocery items or just to have a cup of tea and a chat, in particular when people were feeling under the weather.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern. No one had any complaints at the time of the inspection and everyone gave positive feedback about the service and were happy with how it was managed.
- Relatives confirmed when they had raised any concerns they had been addressed quickly. For example, one relative told us they needed to change the visits times around to better meet the wishes of their family member. The registered manager had initiated this change with the commissioners of the service.

#### End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. However, people were asked if they had any specific wishes or requirements which the registered manager told us would be implemented should end of life care be required.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to achieve a rating of 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

- People received holistic person-centred care. The registered manager had embedded a values-based culture which was inclusive and reached out to people they supported along with family and friends. The registered manager told us how they had supported a family member of one of their service users when the other person had been admitted into hospital.
- Staff were happy working at the service and were committed to providing high-quality care and support. One staff member told us, "I feel we work well as a team. I am very happy working for Chelmscare and only have to ask if I need any advice or support."

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; Continuous learning and improving care

- The registered manager demonstrated they understood their responsibilities when things went wrong. Accidents and incidents were monitored, and any learning shared with staff to try and reduce the risk of a reoccurrence.

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

- The registered manager was new to the service and in the time they had been there had introduced many revised system and processes to ensure consistency and a more robust approach. This helped ensure the management team had a clear overview of the service.
- The registered manager completed a range of audits which provided information about any areas they needed to develop or improve.
- Staff felt valued and enjoyed their roles. Staff felt they were able to share their views and ideas and that any feedback was taken into account.

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

- People and their relatives were asked for feedback and had recently completed a short survey to check that they were happy with the service they were receiving. We noted much of the feedback contained positive comments about the service. For example, comments included things like, 'Staff are kind and helpful'. One relative commented, 'I think the quality of care [Name] gets is really good.'

- The field care supervisor visited people in their homes periodically to check they were satisfied. Where any changes or improvements were required these were implemented in a timely way.
- Staff told us that they were well supported through attendance at team meetings and individual supervisions which were held regularly. This gave them opportunity to express their views and consider any development needs.

#### Working in partnership with others

- The registered manager worked in partnership with other professionals and organisations to help support people in a holistic way. This included the local authority, hospital discharge teams and GP's.