Stephanie Gibbs Limited

Charmes Care

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

Charmes Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, people living with dementia and younger adults.

At the time of the inspection, the service was providing care and support to 48 people. Each person received a variety of care hours, depending on their level of need. The Care Quality Commission (CQC) only inspect the services being received by people provided with 'personal care'; such as help with tasks related to personal hygiene and eating. Where this is provided, we also take into account any wider social care provided.

Inspection activity started on 17 December 2018 and ended 28 December 2018. This inspection was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure key members of staff would be available.

There was a registered manager in place. 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.

At our last inspection, in September 2016, the service was rated as Good. At this inspection, we found the service remained Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People received safe care. Staff had completed safeguarding adults training and they knew how to manage risks associated with people's care. Risk management plans provided staff with the information they needed to keep people as safe as possible.

Staff had access to personal protective equipment (PPE) and people were protected from the risk of infection.

People were supported to receive their medicines by staff who had been trained appropriately and medicine administration records were completed accurately.

There were enough staff to keep people safe and meet their needs. Appropriate recruitment checks had been completed when new staff joined the service.

Staff received a variety of training and demonstrated knowledge, skill and competence to support people effectively. Staff were supported appropriately by the registered manager and deputy manager.

People's rights were protected in line with the Mental Capacity Act 2005 and staff sought people's consent

appropriately.

People had access to health and social care professionals where required and staff worked together co-operatively and efficiently. People were supported to maintain their nutritional needs.

Staff treated people with kindness, respect and compassion. Staff had built positive relationships with people.

Staff took action to protect people's dignity and privacy and encouraged people to be independent with all aspects of their daily routines where possible.

People had a clear, detailed and person-centred care plans in place, which guided staff on the most appropriate way to support them. People's families were invited to be involved in the planning and delivery of their relatives care where appropriate.

The service was responsive to people's changing needs. Staff were aware of and supported people's individual communication preferences.

There was a clear process in place to ensure that any concerns raised would be investigated thoroughly.

People, their relatives, and staff members commented positively on the leadership of the service and felt that the service was well-led.

There was open communication between staff in the community and within the office. Staff enjoyed their roles and felt valued in their work.

There were appropriate auditing systems in place, which ensured that issues were acted upon promptly.

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 remained Good.

Is the service effective?

Good

The service had improved to Good.

People received effective care from staff who were knowledgeable, skilled and supported in their role.

People's rights were protected in line with the Mental Capacity Act 2005 and staff sought people's consent appropriately.

People had access to health care services and professionals where required.

People's nutritional needs were met appropriately.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service remains Good.

Charmes Care

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.

This inspection was announced; we gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

Inspection activity started on 17 December 2018 and ended 28 December 2018. It included home visits to people using the service; telephone conversations with people using the service and their relatives and telephone conversations with staff. We visited the office location on 17 December 2018 and 19 December 2018 to see the registered manager and to review care records, policies and quality assurance processes.

Before the inspection, the provider 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 any improvements they plan to make. We reviewed the information in the PIR, along with other records we held about the service including notifications. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with eight people who used the service and three people's relatives by telephone. We visited and spoke with two people in their homes. We spoke with the registered manager, deputy manager, a team leader and four care staff. We looked at care records for eight people. We also reviewed records about how the service was managed, including staff training and recruitment records.

Good

Is the service safe?

Our findings

People and their relatives told us they continued to receive safe care. People's comments included, "Oh yes, [I feel] very safe" and "[My relative] is very safe with the staff, she is very pleased with them."

Procedures were in place to protect people from harm. Staff received safeguarding adults training. They told us the training they received supported them to recognise the signs which could indicate if someone was at risk. Staff felt confident their managers would take action if they did raise concerns and one said, "If there were any issues or concerns, we report it to the office and it gets followed up straight away."

People's care plans contained risk assessments, which included risks associated with moving and handling, falls, nutrition and medicines. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of falls. The person's care record gave guidance for staff on how to minimise the risk of harm when the person was mobilising, such as ensuring their mobility aids were accessible. A home risk assessment had also been completed for each person to identify any safety hazards or risks to people or staff within the home environment. Accidents and incidents were recorded on a confidential log and regularly reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening.

People were protected from the risk of infection. People and their relatives told us staff followed good hygiene practices. One person said, "They have their gloves on all the time." Staff had completed training and understood their responsibilities in relation to infection control which protected people from the risk of infection. One staff member told us, " PPE [personal protective equipment] is important, we carry extra with us, I have it in my car. Our team leaders are really good, they always make sure the stocks are full."

Medicines were managed safely. Where people required support with taking their medicines, they told us they received these as prescribed. One person told us, "They help me with my medication, they get my pills out for me in the morning." Records relating to the administration of medicines were accurate and complete. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

Enough staff were employed to meet people's needs in a timely way. Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "We go in and have a chat. Everything that needs doing is done in the allotted time." Safe and effective recruitment practices were followed. We checked the recruitment records of six staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment.

Good

Is the service effective?

Our findings

People received effective care from staff that were skilled, competent and suitably trained to meet their needs. People's comments included, "They excel at what they do. I get some very good ones", "[The staff] are trained well" and, "They are very thorough. Everything and more has been put into place."

New staff completed a structured induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff and the completion of essential training as required by the provider. Staff who were new to care were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Experienced staff received regular refresher training in all key subjects and were supported to complete additional training in areas relevant to their role. Staff we spoke with were complimentary about the training they received and told us they found training sessions beneficial to their role. One staff member said, "I had an induction and I wasn't allowed to work alone in the community until I did that. I think [the training] is worthwhile. All areas are important, so we do a lot of them yearly."

Staff were supported through 'spot checks', which involved senior staff observing care staff whilst they were supporting people in their homes. Observations were recorded and fed back to staff to allow them to learn and improve their practice. Observations were also fed into staff supervisions with a member of the senior office team to discuss their progress and any concerns they had. Staff confirmed that they received these and that they found them helpful. A staff member said, "Supervisions are really good, we can air what we like. Things get taken on board."

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

Most people were able to give their consent when signing their care documentation, however we identified that one person's care plan had been signed by a family member, without staff confirming they had the legal authority to do so. We discussed this with the registered and deputy managers, who reassured us that where people had a legally authorised representative acting on their behalf, arrangements would be made to record that the appropriate documentation had been viewed and confirmed.

Staff understood their responsibilities regarding people's consent and choice. A staff member told us, "It's their personal care and their choice. I make sure they happy with the personal care, gain their consent and make sure they understand what I'm saying, even if I have to repeat myself." People confirmed their consent was sought before staff provided them with care and support. One person said, "They ask my consent before helping me."

People were supported to maintain good health and had access to appropriate healthcare services when required. Where concerns were noted in people's health, we saw that professionals, including doctors and district nurses, were consulted appropriately and in a timely manner. Staff worked together to ensure they were updated of any changes to people's health conditions or care and support. A staff member said, "If there are changes, we use a communication pad to write down things for each other. I check that every time and read the day before as well." People's care plans also contained clear information about their health conditions to make sure staff understood how this impacted upon their day to day lives.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met appropriately, in line with people's preferences. One person's relative said, "[The staff] leave enough drinks for him. They also know and understand he is a fussy eater. They know to cut his sandwiches into fours for him." People's care plans contained specific information about people's nutrition and hydration needs, including their likes, dislikes and specific dietary requirements.

Good

Is the service caring?

Our findings

People continued to be treated with kindness and compassion by staff. People's comments included: "They are always pleasant", "They have been fantastic, they get a 10 out of 10 from me" and "They are all very kind and caring."

People were supported by a dedicated staff team who had genuine warmth and affection for people. One person said, "They put their arms round me for a hug when I need it too which is lovely" and another person said, "One day when I was poorly, a carer popped in to see me when they really didn't have to. I thought it was so kind." During the inspection we saw that staff interacted with people in a caring and compassionate manner, such as making sure the person had a drink in their reach before they left.

Staff had built close and supportive relationships with people and people's relatives were complimentary about the caring nature of staff. One person's relative said, "It's the little things they do. If [my relative run out of sweets, they bring him some the next time. Things like that." Another commented, "One of the carers went in early in her own time to help [my relative] wash her hair as she knew she struggled with it."

People's independence was promoted. Care plans guided staff to support people to remain independent in day to day tasks. One person told us, "They encourage me, they stand me on my stand aid and try to get me to stand for as long as I can. They tell me to look out the window and ask me what I can see." One staff member described how they encouraged a person to remain independent, they said, "I help [the person] to dry and dress, but she does everything really. I only help with what she really needs me too."

People were treated with dignity and respect. When staff spoke about people to us they were thoughtful and displayed genuine affection. Language used in care plans was respectful. One person told us, "They are very respectful. They tell me 'it's your home and we will do what you want us to do'." People and their relatives told us staff were considerate of protecting their privacy. A relative said, "They are very respectful of [my relative's] privacy, especially when they help him wash." Staff described the actions they took to ensure people's right to privacy was maintained when delivering personal care, such as closing the door, covering people with a towel and making sure no one else is in the room.

Office staff produced a weekly rota for each person's care calls, which they received a copy of in advance. This allowed people to know which staff member was due to complete a particular care call. One person said, "I get a rota every week that tells me who and what time the carers will be coming."

People told us staff always stayed for the amount of time allocated, so as to ensure care tasks had been completed and to meet the person's needs. People also commented that staff were mostly on time, however if a member of staff was running late, the office contacted the person to let them know or make other arrangements. People's comments included: "[The rota] gets stuck to, they are rarely late", "They are very punctual" and, "It's very good, I get a rota every Friday. They stay as long as they should."

People's cultural and diversity needs were explored during pre-admission assessments and further

developed in people's care plans over time. People were supported by the service to maintain their faith. For example, staff rotas had been adapted for one person who wished to go to the local Church week, to ensure their care calls did not clash with this.

People's personal information was kept confidential. Copies of people's care records were stored electronically and on paper within the service office, and were only accessible to staff who had the authority to see them.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People and their relatives told us staff were responsive to their needs and supported them in a personalised way based on their preferences and wishes. One person said of the service, "It's very good. The staff are familiar with me and they understand my needs."

People's care and support needs were considered carefully at their initial assessment when they started using the service, to ensure their needs could be met appropriately. Care plans were well-organised, reflective of people's needs and provided comprehensive information to enable staff to deliver care and support in a personalised way. Staff had signed people's care plans to confirm they had read and understood them.

Daily records of the care and support delivered were kept in people's homes and evidenced that people had been supported in accordance with their plans and their wishes. These records were returned to the office to be reviewed monthly, which also helped to ensure people's care was delivered as agreed. The registered and deputy managers had an extensive knowledge of each person's needs, lifestyle and any underlying health conditions.

People told us they were involved in the development of their care plans and they were aware of what was in them. A copy of people's care plans and associated care documents were kept in a dedicated file within people's homes, so that they or where appropriate, their relatives, could view them at any time. When people's needs changed, their care plans were reviewed to make sure they remained up to date and fit for purpose.

The service was responsive to people's changing needs. Records showed that when people's health deteriorated, the service referred people to appropriate health care professionals. People were confident that staff would take action promptly, should they become unwell. One person told us, "If I was poorly, the carers would call 111 for me."

People's communication needs were considered and recorded within their care plans. Staff were aware of and supported people's individual communication preferences. For example, one person used a computer device and hand gestures to tell staff how they wished to receive their care. For another person, whose first language was not English, the service had translated their care plan and associated care documentation into their native language, to ensure they were understood how their care and support was being delivered.

Although no complaints had been received about the service since our last inspection, there was a clear process in place to ensure that any concerns raised would be investigated thoroughly. People knew how to make a complaint and told us they would feel comfortable doing so. A complaints policy was accessible to people in their home care file. Discussions with staff demonstrated they understood their responsibilities to support people to share concerns and make complaints.

At the time of the inspection, no one was receiving end of life care with the service, however the registered

manager assured us that where people expressed a preference, their end of life wishes were recorded and followed, such as funeral arrangements how they wished to receive support. The registered manager told us about and instance in the past where staff had provided care and support for a person at the end of their life, who was of a certain religion. The service ensured that all staff and health care professionals were aware of the person's specific religious wishes at the end of their life. The service had made links with a local hospice, who had provided training and guidance for some members of the management team, which the registered manager planned to cascade down to other staff members. The deputy manager also showed us a form which they had started to send to people using the service, which recorded people's end of life preferences if they wished to share this information.

Good

Is the service well-led?

Our findings

People and their relatives continued to praise the quality of the service they received and told us they felt Charmes Care was well-led. One person said, "It's well managed" and another person said, "They were recommended to me and I would definitely recommend them to someone else." We looked at some recent compliments from people and their relatives, one of which stated, "Moving [my relative's] care over to Charmes care was one of the best decisions we made. The carers and the team in the office have been fantastic, making what is quite a stressful situation much easier to live with."

People were positive about the registered manager, whom they kept in contact with regularly. One person said, "She pop's in, I saw her last week" and a relative said, "The manager does phone to touch base with me." It was clear that the registered manager had formed supportive relationships with people and we saw they interacted with people in a friendly and familiar way.

People benefitted from staff who were felt happy, valued and enjoyed their work. Comments from staff included: "I absolutely love it. I love the people, their stories and seeing their faces when you walk in", "I really enjoy it, it's very personal" and, "I enjoy the freedom and helping people." Staff told us they had confidence in the service and felt it was well managed. One staff member said, "[The registered manager] absolutely fine, no problems at all. If you ring the office, there is always someone available, often it's the manager herself." Another staff member said, "They are an amazing bunch of people [in the office], I feel really supported, I wouldn't worry about phoning any of them to ask about something."

The registered manager was supported by a senior office team, which consisted of a deputy manager, staff training manager, care co-ordinator and three senior team leaders, who regularly visited people in the community to support care staff. Regular management meetings took place which provided opportunities for the managers to check the service was being run in line with the values of the service. Meetings also took place for care staff working in the community to ensure they were aware of any changes within the service.

The registered manager encouraged open communication and office staff and community care staff worked together well for the benefit of the people they supported. A staff member said, "The communication with the office is really good. They don't mind what time of day, there is always someone on the end of the phone."

Effective systems were in place to monitor, assess and improve the quality and safety of the service. These included a range of audits which were conducted by the registered manager and senior office team, which covered areas such as care plans, risk assessments and medicine records. The audits demonstrated that where concerns had been noted, actions were taken in a timely manner.

There was an open and honest culture within the service. The registered manager understood their responsibilities and was aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.

The registered manager had a clear set of values which they worked to on a daily basis. These included; being honest, encouraging an open culture and delivering a high standard of quality care. The senior office team monitored feedback from people and their relatives through regular contact on the phone and during routine care visits, as well as sending out an annual survey. We looked at the results of the most recent survey which evidence mainly positive feedback about the service, such as, "[Charmes Care] is a professionally run company. I had high expectations which have been met." Where minor concerns were highlighted, action had been taken to follow up on these issues promptly.

The service worked in partnership with the local authority, healthcare professionals and social services to help ensure that people received effective and safe care. The registered manager also attended regular care forums and external meetings to share best practice and experience with other care services in the local area. They commented, "It's a chance for all providers to come together and unite, we support each other."

The service had made links with the community and people were encouraged to participate in local activities to avoid social isolation. For example, a quarterly newsletter was produced and sent to people, which provided details of local clubs and events people could join. The registered manager told us they supported people to attend such activities and were able to arrange transport if required.