

Chelmscare - Sawbridgeworth Limited

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Inspection report

Suite 1.03 Gainsborough Business Centres
Sheering Lower Road
Sawbridgeworth
CM21 9RG

Tel: 02035190367
Website: www.chemlscare.co.uk

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Ratings

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| Overall rating for this service | Good ● |
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| Is the service safe? | Good ● |
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| Is the service effective? | Good ● |
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| Is the service caring? | Good ● |
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| Is the service responsive? | Good ● |
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| Is the service well-led? | Good ● |
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Summary of findings

Overall summary

Chelmscare Sawbridgeworth 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 this inspection 27 people received personal care and support.

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

People were satisfied with the care and support they received from Chelmscare Sawbridgeworth. People felt safe and staff understood their role in keeping people safe and reporting any concerns. There were enough staff available to meet people's needs. The recruitment procedure was robust and newly recruited staff completed induction training before they started work. People were supported to take their medicines safely where needed and were protected from the risk and spread of infection. Learning from accidents and incidents was shared with the staff team.

People were supported to be as independent as possible. 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.

People's consent was obtained before staff provided care. Staff supported people to eat and drink enough to maintain their health as needed and to access healthcare services and professional advice when required.

People told us the care staff were kind, caring, courteous and respectful. People were involved in developing and reviewing their care plans along with their relatives if appropriate. People said they knew how to raise concerns and the registered manager addressed any feedback in a timely way.

The registered manager undertook regular quality monitoring to help ensure people received a good quality service to meet their needs. People and their relatives said the registered manager was always approachable and available. The staff team worked in partnership with other organisations to ensure good outcomes for people.

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

Rating at last inspection This service was registered with us on 05/09/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 August 2019 and ended on 22 August 2019. We visited the office location on 13 August 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, office staff and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training to enable them to identify and report any concerns relating to the risk of abuse and were familiar with how to report concerns to relevant agencies outside the organisation.
- The provider had an out of hours on-call system to support staff and people who used the service outside of normal office hours.
- People told us they felt safe when staff provided their care. One person told us, "I am extremely happy with the service and I feel safe when the staff are helping me."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed, and measures put in place to remove or reduce the risks. For example, in areas such as people's mobility and nutrition.
- Risks to people's safety and well-being were regularly reviewed and any changes were shared with the staff team during meetings and by digital means.
- Accidents and incidents were logged and reviewed regularly to ensure all appropriate action had been taken and there were no themes emerging.

Staffing and recruitment

- People were supported by appropriate numbers of care staff who had been recruited through a robust process. This included all appropriate pre-employment checks, such as references and a criminal records check.
- Newly recruited staff members worked alongside experienced staff members before starting work on their own.

Using medicines safely

- People told us their medicines were managed safely. Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area.
- Medicine audits were carried out by the management team and the medicine records were checked for accuracy when they were returned to the office.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.
- People told us staff washed their hands before and after providing their care and support.

Learning lessons when things go wrong

- The provider had systems to identify and learn from any mistakes or areas of concern. The management team took appropriate actions following incidents and learning was shared with staff. The management team demonstrated how they cascaded information to the staff team where needed by regular team meetings and digital messages.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Before care delivery started the provider undertook assessments to establish if people's needs could be fully met by Chelmscare Sawbridgeworth.
- Care plans were developed from these assessments for each identified need people had. We discussed with the registered manager that the care plans would benefit from further detail to give staff clearer written guidance about how to meet those needs. Care and support plans were regularly reviewed. This helped to ensure that if people's needs changed this was appropriately reflected in care records as well as in the care they received.
- People told us they were satisfied with the care and support provided which demonstrated that staff delivered appropriate care and support in line with best practice.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively. The registered manager told us all staff had completed the care certificate. (The care certificate is a set of nationally agreed standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.)
- The provider advised there had been a review of the training provision. As a result, the current three days face to face basic core training had been increased to five days to help ensure that all new staff were competent and confident when starting work.
- The registered manager and staff confirmed that there was a programme of staff supervision. One staff member said, "Any concern, the manager is always there to listen to us and guide us. He doesn't leave us to struggle."
- People told us they felt that staff were skilled and competent to do their role. A person said, "They [staff] are very good, they know what they are doing. I notice they all do things the same way which shows they have all had the same training." Another person said, "I think the staff are skilled. Some are better than others obviously but, they are very good."

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

- People told us staff prepared simple meals for them as needed and encouraged people to take fluids to maintain their health and wellbeing.
- During a recent heatwave office staff contacted people to encourage them to drink more fluids to help prevent dehydration and to keep curtains drawn in rooms facing the sun to help keep cool.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management knew people well and were able to promptly identify when people`s needs changed and sought professional advice.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people`s best interests.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthier life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as 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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- People told us staff asked for their consent before they delivered any aspects of care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us care staff were very kind and caring. One person said, "Kind, caring, courteous, respectful, they [staff] do the lot!"
- People received consistent care from a small team of staff. A relative told us, "We don't always know who is coming but we have a small team of four care staff, so it is always someone known to us."

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

- People told us they knew about their care plans and they could decide what care and support they needed.
- Where people were not able to express their views and could not be involved in decisions about their care their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate for their individual needs.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy.
- The registered manager reported that people who used the service had no need for advocacy support at this time. They said they would signpost people to the local authority for advocacy support should the need arise.
- People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support as they wished. One person said, "I am satisfied with the service I receive, the staff do as I ask."
- Care plans directed staff about people's care needs, preferences, likes and dislikes. However, the plans did not give precise detail for staff to follow to help ensure people received consistent care regardless of the staff member attending their call. The registered manager advised they intended to include greater detail within care plans to help ensure every aspect of people's care and support was clearly documented.
- Care calls could be flexible around people's needs where needed. For example, a person told us they attended a day centre one day a week. The agency had taken this into account, so the person's care call was arranged for an earlier time on this day.

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 said they were able to communicate verbally with staff. Some people told us this could be difficult at times where they may be hard of hearing and staff had strong overseas accents but with patience, this was overcome. They could also understand information given to them by the provider, including their care plans and out of hours contact details.
- The provider had made the Statement of Purpose available in large print should people need it.

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

- The service did not provide support with social engagement. This was because it was not included in the local authority contract for the care package. However, the provider reported that staff were encouraged to spend as much time as possible talking with people during the care visits.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with complaints. The service had received one formal complaint since registration in September 2019, this was still under investigation by the provider at the time of this inspection.
- People told us they had not had any need to complain about the service they received. One person said, "I would be confident to raise concerns and where I have done so the manager has responded well. The

manager is good, any problem at all he is here to sort it out. He is very easy to communicate with, I get listened to."

End of life care and support

- The service only provided end of life care in partnership with external organisations. The provider told us, "We work closely with Macmillan and Marie curie nurses. They have the lead if people are receiving support at the end of life. Our staff follow their instruction. We are not commissioned by the local authority to provide end of life care however, we will assist professionals where needed."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and provider were committed to providing a high standard of care to the people they supported.
- People, their relatives and staff members spoke highly of the registered manager and told us that they were always available and supportive. A person said, "[Registered manager] is very open and honest about what he is doing. He is organised and very caring, not just about us but about the staff team too."
- People and their relatives spoken with said they would be confident to recommend Chelmscare Sawbridgeworth to people looking for care and support in their own homes, and two people said they had already done so. Staff said they would be confident to recommend the agency to care staff looking for a position in care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.

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

- The provider had developed governance systems which enabled them to have an oversight of all aspects of the service. This included care plans, risk assessments and medicine records. Some areas of the care plans required further detail at this time however, the registered manager was clear about what they needed to do to remain compliant with regulations and to provide safe and effective care.
- The provider reported they were planning to recruit a quality assurance officer imminently. This person will assist the provider to monitor the quality of care provided and to help to ensure people's needs and preferences are met.
- Staff understood their roles and responsibilities and knew where to go for support or guidance if they needed to. A staff member told us, "The [registered] manager is approachable and encouraging. He makes me feel very comfortable and secure in the knowledge that if anything happens he is there for us."

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

- People were fully involved in the service development. People told us that they were asked for their views about the quality of the service.
- Staff were encouraged to share their views and to make suggestions to further develop the service.
- The provider advised that quality assurance questionnaire had been sent out to all stakeholders in July 2019. The responses will be collated, and the outcome shared with all stakeholders by means of a full report in September 2019.

Continuous learning and improving care

- The registered manager used information from internal quality monitoring processes and feedback from people, relatives and staff to improve the quality of care people received.

Working in partnership with others

- The management and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as the local authority and community health and social care professionals.
- We noted positive feedback received from external agencies about the care and support provided.