

Christine- Marie Care Limited

Christine- Marie Care

Inspection report

William James House
Cowley Road
Cambridge
Cambridgeshire
CB4 0WX

Tel: 01223751362

Website: www.christinemariecare.com

Date of inspection visit:

15 November 2019

18 November 2019

28 November 2019

Date of publication:

24 December 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

Christine - Marie Care provides personal care to people living in their own homes. It provides a service, including a 'live in' care workers service (staff support people 24 hours a day, seven days a week), to both older and younger adults.

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

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy and dignity was respected. People, and their relatives were involved in making decisions on the care they wanted. Their preference for how staff delivered their care was recorded in their care plans.

Staff received training, supervision and support so that they could do their job well. Staff enjoyed working at Christine - Marie Care and told us that they would be happy to have a member of their family receiving the service. 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.

Systems to monitor how well the service was running were carried out. Complaints and concerns were followed up to make sure action was taken to rectify the issue. People were asked their view of the service and action was taken to change any areas they were not happy with.

The service was well managed by a registered manager and a care coordinator. The management team were passionate about giving people a high-quality service and ensuring that staff were supported and skilled to deliver the service effectively.

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 27 September 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on the date of registration with the CQC.

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 caring.

Details are in our caring 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 ●

Christine- Marie Care

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

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also registered as the nominated individual. A nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 72 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 15 November 2019 and ended on 28 November 2019. We visited the office location on 18 November 2019.

What we did before the inspection

We reviewed information we had received about the service since their registration with the CQC. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection-

We spoke over the telephone with one person and two relatives who used the service about their experience of the care provided. During the inspection process we spoke with four care staff over the telephone and received three emails from care staff, who gave their feedback about the service. During our visit to the service office we spoke with the care coordinator and the registered manager.

We reviewed a range of records. This included sampling two people's care records. We looked at three staff files in relation to recruitment, training and staff supervision. We also looked at a variety of records relating to the management of the service, including audits and quality assurance reports, policies and procedures and surveys.

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

- People, and their relatives told us that they felt safe with the care they received. One person told us, "I have a bell, and whenever I press it [they] always come."
- The service had systems in place to protect people from harm. Staff received safeguarding training during their induction. Staff were confident about the safeguarding procedure and knew who to contact to report any concerns.

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe, for example to help people maintain the condition of their skin.
- People were supported to take positive risks when they wanted. The registered manager told us about a person who chose to go against eating and drinking advice given to them. Staff had involved health care professionals to ensure they could support the person safely, while still respecting their wishes.

Staffing and recruitment

- The provider had a recruitment process to ensure that staff were suitable to work for Christine - Marie Care. Records showed, and staff told us, the process had involved a Disclosure and Barring Service (DBS) record check and previous employment checks.
- People and staff told us that there were enough staff to meet people's needs. When staff took their holiday, they were replaced by relief staff who had had the same training and recruitment checks as permanent staff.

Using medicines safely

- Staff members told us, and records showed that they were trained to administer people's medicines. Staff told us that this training was to be repeated every year, and that support and guidance was provided by senior staff when required.
- People's care plans guided staff in the level of help each person needed to take their medicines. People were happy with the support they received with their medicines and one person told us, "It is done really good."

Preventing and controlling infection

- The service had systems in place to ensure that staff practices prevented and controlled infection. Staff had received infection control and food hygiene training.
- Staff had access to and used personal protective equipment (PPE) such as disposable gloves and aprons.

Relatives confirmed that staff used PPE, and one relative said, "[Staff member] is as clean as a whistle, always washing their hands, their hygiene is brilliant."

Learning lessons when things go wrong

- Records showed that there had been two incidents recorded by staff within the last 12 months. These incidents had been recorded appropriately and reviewed by the registered manager.
- The registered manager told us that when actions had been identified following incidents, and staff needed to know about changes, they were notified immediately. The registered manager did this via an electronic communication device which all staff have access and required staff to sign to acknowledge receipt of the information. This ensured that staff were kept informed and updated in a timely manner.

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

- Staff completed assessments of people's needs before they started using the service, and regularly reviewed them thereafter, to ensure they could meet people's needs. They worked with health and social care professionals, including the clinical commissioning group when assessing and planning people's care. Staff were proactive in contacting health care professionals for advice and guidance to support people effectively.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.
- People were 'matched' with carers who would best meet their needs and preferences, for example, if people had similar interests, or if staff were specially trained in a particular area of need.
- Relatives we spoke with were satisfied with the processes involved in assessing people's care needs and choices. One relative told us, "The assessors came out first, they were great, they give you the confidence."

Staff support: induction, training, skills and experience

- All staff had received training when they first started working for the service and this was to be updated each year.
- Staff members received supervision as individual meetings and could also contact either the registered manager or care coordinator for support in between these meetings. Staff told us that they were well supported and that the registered manager would come out any time they requested.
- During our inspection the registered manager was liaising with an external training company to provide additional training for staff which had been identified by the staff team.

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

- People were supported to have enough to eat and drink, and this was clearly documented in people's care plans. Care plans also prompted staff to ensure that people were involved in the choice of their food and drink.
- People who needed support to eat and drink safely were provided with guidance by speech and language therapists which staff followed.

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

- Staff were proactive at ensuring people received the care and treatment they needed from other professionals.
- Staff followed external health professionals advice. This helped to ensure that people received effective care to support their health and well-being.

- Staff were provided with a range of tailored training to help them to care for people with complex health needs. For example, staff had attended specialised training provided by the NHS nutrition and dietetic service to support people who require specific feeding support.

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.

- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were made in people's best interests. Staff understood the importance of giving people choice and respecting the choices which they made.
- Staff knew how the MCA applied to their work.

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 and relatives made very positive comments about the staff and the service they received. One relative said, "It is just marvellous. They have all been fantastic. We are just so grateful."
- Staff told us that they would be happy for a family member to be cared for by the service, one staff member said, "I would because the staff are well trained, they know what they are doing, they are all very good and very sensible."
- People's care plans had enough guidance for staff to follow to ensure that people were well treated and supported. For example, one care plan stated clearly, "I would understand you better if you spoke to me in a soft clear voice." This ensured that staff were able to understand how best to support someone so that their needs were met.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were fully involved in the planning and review of their care and support.
- Staff told us that people were involved in all decisions about their care, including their care plans and risk assessments.
- People told us they were given a choice about who cared for them and this was always considered when matching staff to people. For example, we were told that people were given the choice of a male or female carer.
- Staff were proactive in ensuring people's privacy and dignity was maintained. This included staff making sure people were covered during personal care to ensure they were not exposed in anyway.
- The service stored people's personal information securely in their main office.

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 and relatives told us staff supported people in a way that met their individual needs and preferences. A relative told us that staff were, "Very thorough and very professional. They work within the care plan."
- People had detailed care plans which guided staff on how to support them in the way they wanted to be supported. Staff confirmed they reviewed people's care plans and that these provided them with enough guidance.
- Relatives told us that when people's needs were reassessed, the service involved everyone associated with the person, including the person, their relatives and staff. This ensured that there was a holistic approach to people's care, and the person's needs were met fully.

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.

- Care plans showed that people's communication needs had been considered, and alternative formats and approaches had been put in place when appropriate. One person was unable to see due to poor eyesight, and their plan guided staff on how to communicate clearly and present information to them.

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

- Relatives were very positive about the impact that staff and the service had had on both their family members and their own lives. The staff member had enabled them to resume their previous role as a relative rather than also providing all the care.

Improving care quality in response to complaints or concerns

- The provider had systems in place to deal with any concerns or complaints. Complaints had been investigated and responded to by the provider. Concerns raised by people receiving care, or by relatives were recorded and responded to appropriately. People had a complaints procedure to follow if these were raised.
- People knew who to speak with if they were not happy with the care they received. However, none of the people or relatives we spoke with felt they had ever needed to make a complaint, one relative said, "The whole care, I cannot fault it at all."

End of life care and support

- The registered manager and staff had given people the opportunity to discuss their end of life wishes and these had been recorded in people's care records. One relative told us that the service they received had meant that their family member could stay at home as long as possible, which had been their preferred choice.
- Staff had received training in caring for people at the end of their lives. People were supported with medicines for pain relief when required. Appropriate professionals, such as GP's and district nurses, were involved to ensure good end of life care was available.

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 was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff wherever necessary. One relative told us that the registered manager had even turned up overnight to support staff throughout the night.
- Staff told us that they enjoyed working at Christine - Marie Care, and that they felt supported to do their job well. Staff told us that they would recommend this agency to other people. One member of staff confirmed that they had applied for the job having heard good things about the employer.
- Staff also told us that they would be happy for a relative of theirs to receive support from Christine - Marie Care. This shows that staff are proud of the service offered to people.

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 provider had fulfilled their legal obligations in relation to notifying CQC of important events, and action they had taken to resolve or improve things.
- Investigations had been carried out appropriately when concerns had been raised, and documentation clearly showed that people and relatives had been fully informed of the processes and outcomes.

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

- The registered manager had carried out various audits including training records and staff employment checks and acted where improvement was needed.
- The registered manager had good oversight of incidents and accidents, and complaints and compliments. They informed us that they would be looking at ways of introducing analysis to their auditing systems.

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

- People and their relatives were given opportunities to comment on the service provided regularly. This included formal face to face reviews, surveys and informal feedback.
- Due to the live-in care service being provided 24/7, formal team meetings were not currently taking place with the whole staff team. The registered manager told us that meetings took place monthly which they, the care coordinator and available staff attended, and any updates or outcomes of these meetings were then shared with the whole staff team.

- Staff told us that they are given the opportunity to provide feedback any suggestions to the registered manager.

Continuous learning and improving care

- The registered manager used information gathered from audits, surveys and feedback to develop the service and make improvements. Every person who responded to the survey with comments or feedback had received a response from the registered manager with actions taken as a result.

Working in partnership with others

- Staff and the manager worked in partnership with other professionals and agencies, such as the GP, Clinical Commissioning Group, other health care professionals and the local authority to ensure that people received joined-up care.