Charterville Care at Home Limited

Charterviile Care At Home Limited

Inspection report

Wittas House
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Witney
Oxfordshire
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Tel: 01993775515

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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?	Requires Improvement

Summary of findings

Overall summary

We inspected Charteville Care at Home on 16 May 2016. The inspection was announced. Charteville Care at Home is a domiciliary care agency based in Witney and provides care to people in their homes in and around Oxfordshire. At the time of this inspection, the agency was supporting 110 people.

There was a registered manager in post. 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.

Communication between people and office staff was not always effective. People felt information was not always passed on and this resulted in confusion and staff turning up when calls had been cancelled.

People who used the service felt safe. The staff had a clear understanding of how to safeguard people and protect them from harm. Staff had a good understanding of their responsibilities to report any suspected abuse. The service had sufficient numbers of suitably qualified staff to meet people's needs. People and staff were confident they could raise any concerns and these would be dealt with. The provider had systems in place to manage and support safe administration of medicines.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where required, staff involved a range of other professionals in people's care.

People's needs were assessed and care plans enabled staff to understand how to support people. Changes in people's needs were identified through regular reviews. People's interests and preferences were discussed during assessments and these were used to plan their care. The service was flexible and responded positively to people's requests.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. People were asked for their consent before care was carried out.

People felt supported by competent staff. Staff benefitted from regular supervision (one to one meetings with their line manager) and yearly appraisals to reflect on their practice and develop their skills. Staff received training specific to people's needs.

People and their relatives described the staff as good and providing very good care. People felt they were treated with kindness and their privacy and dignity were always respected. Staff had developed positive relationships with people.

The registered manager informed us of all notifiable incidents. The service had quality assurances in place.

The registered manager had a clear plan to develop and improve the service. Staff spoke positively about the management and direction they had from the manager. The service had systems to enable people to provide feedback on the support they received.

The registered manager had a clear vision for the service which was shared throughout the staff team. The vision was promoting independence and allowing people to live a normal life. This was embedded within staff practices and evidenced through people's care plans. Staff felt supported by the registered manager and the provider.

Leadership within the service was open and transparent at all levels. The provider had systems to enable people and their relatives to provide feedback on the support they received. The feedback was acted upon when required.

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.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risks and keep people safe.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the training and knowledge suitable for their roles.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

Is the service well-led?

Requires Improvement

The service was not always well led.

Communication between people and office staff was not always effective.

The service had systems in place to monitor the quality of service.

People knew the registered manager and spoke to them with confidence.

The leadership throughout the service created a culture of openness that made people feel included and supported.

Staff spoke positively about the team and the leadership.

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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 took place on 16 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of two inspectors and an Expert by Experience in the care of older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We contacted social and health care professionals who had professional involvement with the service. This was to obtain their views on the quality of the service provided to people and how the service was being managed. We also obtained feedback from commissioners of the service.

We spoke with the registered manager, the recruitment officer and seven members of staff which included care staff and office care coordinators. We reviewed a range of records relating to the management of the domiciliary care service. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. We spoke with 12 people and five relatives. We looked at six people's care records including medicine administration records (MAR).

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from Charteville Care at Home. One person said, "Yes, I feel safe with the people I have because they are friendly". Another person told us, "Very safe, very pleasant, helpful with anything I need". People's relatives commented; "Yes, real good bunch of carers, take care of [person] really well" and "Yes my [person] is safe. They are nice carers".

People had access to assistive technology which allowed them to maintain safety in their own homes. For example, people used pendant alarms to summon for assistance.

Staff had the knowledge and confidence to identify safeguarding concerns and how to act on these to keep people safe. One member of staff said, "I had safeguarding training. I feel confident to recognise any abuse". Staff had received safeguarding training as part of their induction as well as annual updates. Staff had knowledge of types of abuse and signs of possible abuse. The service had a safeguarding policy and procedure in place. Records showed the registered manager took all concerns seriously, raised concerns appropriately with the local authority safeguarding team and notified the Care Quality Commission (CQC).

The provider had risk assessments in place to support people to be as independent as possible. These helped to ensure people's safety and supported them to maintain their freedom. Risk assessments included medicines, equipment and what to do in an event of fire. These were done before the person's care was commenced. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to staff about how to support them when moving them around their home. For example, one person used a hoist for transfers. The person's care plan had a detailed risk assessment on how to safely use the hoist.

The registered manager recorded and reported accidents and incidents appropriately with a clear process of learning in place for each event that occurred. Any accidents or incidents relating to people were documented and actions were recorded. Incident and accident forms were checked and audited to identify any trends and risks or what changes might be required to make improvements for people who used the service. Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns.

People told us there were enough staff available to meet their needs. People confirmed they did not experience any missed calls. One person said, "Always on time, morning and night, we more or less know what time, never late".

People were supported by sufficient staff to meet their individual needs. Staffing levels were determined by the people's needs as well as the number of people using the service. Records showed the number of staff required for supporting people was increased or decreased depending on people's needs. The registered manager considered sickness levels and staff vacancies when calculating the number of staff needed to be employed to ensure safe staffing levels.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable people. The staff files reviewed confirmed that staff members were entitled to work in the UK.

Peoples' medicines were managed and administered safely. Medicines assessments identified people who needed support with the administration of medicines. People had assessments to determine whether they were able to administer medicines independently or needed support. There were policies and procedures in place to ensure medicines were managed in accordance with current regulations and guidance. Staff training records showed staff had been trained in the safe administration of medicines and their competencies assessed. The registered manager completed regular audits of medication administration records (MAR) to ensure medicines were being administered in line with people's prescriptions.

Good

Is the service effective?

Our findings

Staff told us they were knowledgeable and skilled to effectively carry out their roles and responsibilities. However, people and their relatives had mixed views about staff skills and knowledge. Comments included, "They get training. They seem to know what they are doing" "I don't feel that the carers are trained enough" and "I have had a stroke and one carer doesn't know how to use the bath and others don't know how to dress me".

New staff were supported to complete a comprehensive twelve week induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff could extend the induction period if they felt there was need. This induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. Staff told us; "I found induction very helpful, I am not new to caring but I felt training was good" and "Really good induction, really helpful. Even if I had no previous experience the induction would still prepare me well for the role".

Staff records showed staff received the organisation's mandatory training on a range of subjects including the care certificate, moving and handling, safeguarding, medication administration, health and safety and Mental Capacity Act 2005 (MCA). One member of staff told us they had done their training including safeguarding adults and had shadowed experienced carers at the beginning of their employment. They said, "On top of the training I also did two weeks of shadowing, which was brilliant, I was shadowing an experienced member of staff".

Records showed staff had received additional client specific training from district nurses which included administration of Warfarin (blood thinning medicine). Staff also received training for different pieces of equipment before use. This included moving and handling equipment such as hoists.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. All staff had received their one to one supervision meeting with their line manager every two months. This gave staff the opportunity to discuss their performance, raise concerns and identify any development needs they might have. Regular spot checks were also carried out on all staff to monitor the quality of care. Spot check records recognised good practice as well as identified any areas where the practices could be improved. Staff spoke positively about their experience of spot checks and supervision and welcomed any feedback to improve their practice where they could. One member of staff told us, "I had supervisions, they offered me extra help, and when I asked for anything and it was done, I can always raise anything and at any time".

The registered manager and staff had a good understanding of the Mental Capacity Act 2005. 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. Staff comments included, "I treat everyone as they do have capacity unless proven otherwise" and

"I have had the training on MCA. It said that until somebody has an assessment we need to assume they have capacity until proved otherwise. If somebody went downhill they would need another assessment".

People's consent was always sought before any care or support was given. Staff told us they knocked on people's doors and asked for verbal consent when they offered care support. One member of staff commented, "We still ask for client's permission before we give care". Records showed people or family members, on their behalf, gave consent for care they received and in line with 'best interest' decision guidance.

Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. Care records showed staff discussed people's dietary needs and support on a day to day basis. Some people preferred family members to support them with meals and the service respected people's choice. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food. One member of staff said, "We usually heat up their meals, anything they want. I maintain food and hygiene standards, look for dates etc. We would fill in drink and food charts if needed, I'm vigilant about people losing weight. I downloaded information from NHS website for one person on how to gain weight. We report any concerns about people's weights to on call and to their family".

People were supported with their healthcare needs. People had access to appropriate professionals when required. People told us, and people's care records confirmed relevant professionals were involved in the assessment, planning and reviewing of peoples care. GP's, district nurses and occupational therapists were involved when concerns about people's wellbeing were raised.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. Comments included; "Yes, caring, really nice, kind and gentle - never rushed" and "Yes, they are faultless". Relatives spoke positively about the attitude of the carers. One person's relative told us; "Carers really do care. At times they spend more time with my mum that they should and they don't seem to mind".

Staff told us they were caring and treated people with kindness and compassion. Staff gave examples of when they showed kindness by being very patient and taking time to talk to people about things that mattered to them. One member of staff told us, "Caring is a demanding role, you just need to be passionate to do it". Another member of staff said, "It is very rewarding – very rewarding. You're able to laugh with people. I love it".

People received care and support from staff that had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect was promoted at all times. Staff comments included; "We always given a chance to build relationships with people and see the same people, but if necessary we can vary, if someone called in sick or something", "It's all about the trust in care and building relationships between the carers and clients" and "After some time we build trust and relationships with each person". Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. Staff told us it was important to treat people differently because they were individuals. The registered manager told us she was passionate about making positive differences to people's lives.

Staff were respectful of people's privacy and always maintained their dignity. Staff told us they knocked on people's doors before entering. One member of staff told us, "I would ensure people's privacy when they need to be left when on toilet. I'd drawn the curtain, wash half of their body and dress the other half so they're not fully exposed". Another member of staff commented, "Still, it's the person's home, we respect that". People and their relatives told us staff respected their dignity. One person said, "Completely treated with respect".

Staff spoke about people in a caring and respectful way. Care records reflected how staff should support people in a dignified way and respect their privacy. For example, one person's care records stated a person wished to only have male carers. Daily records showed only male staff members were supporting this person.

Staff knew the importance of maintaining confidentiality. They told us they only shared people's information on a need to know basis. We saw people's care records were securely stored in locked cabinets in the office. Office staff told us they used passwords to safely access people's electronic care records. We observed staff logging in and out the system during our inspection.

Staff understood the importance of promoting independence and involving people in daily care. They explained how they allowed enough time for tasks and did not rush people. This enabled people to still do

as much as they could for themselves with little support. One person was being supported be more independent with the aim of stopping support eventually. Records showed how the service had worked with this person with regular routine changes as well as outcome reviews.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to commencement of care to make sure these could be met. Personal details were recorded which included preferences, religion, preferred names and hobbies. A health and care needs assessment was also conducted which included eating and drinking, personal care, behaviour and communication. These assessments were used to complete personal care plans.

The manager carried out a full consultation with people who were considering using their services. These consultations involved the person who would be receiving care, relatives, friends, advocates as well as health and social care professionals. Records showed that the care and support planning was always completed before care or support was given. This allowed room for person centred support planning for each individual. One member of staff told us, "We have just been doing an assessment for a new client with my manager. We always go in two of us so we get as much information as possible".

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person and visit. For example, people had care plans specific to either the morning, afternoon or evening routines. People and their relatives commented; "Yes I am involved in my mum's plan of care. They ring me" and "They talked to me about my care plan. I have the paperwork here". One member of staff told us, "Care plans do reflect people's needs in some basic way, and you need to communicate with the person too". Care plans were reviewed six weeks after starting care and six monthly thereafter as well as whenever there were changes in people's needs.

The service responded in a timely way to people's changing needs. For example, one person was found on the floor by morning staff. Staff called for an ambulance and the person was taken to hospital. Staff kept up to date with the person's progress whilst in hospital. When the person was ready to be discharged, the risk assessments, care plans and required staff support were updated to meet the person's needs. People told us staff were very proactive. One person said, "They have got paramedics a couple of times for me".

People were empowered to make choices and have as much control as possible. Staff told us, "Every person is different and we do have people where we know what we need to do but we still always ask anyway", "We'd always ask them 'how do you like your eggs, bacon', or which part of the body they would like to be washed first, if they want the crust cut off bread" and "Care is all about giving people their individual choices, making sure they have choice in everything".

Staff completed records of their visits to each person. These provided key information on the care provided and the person's condition. Where complex care was provided the notes reflected this. The language used in care records was respectful.

People and their relatives were encouraged to provide feedback about the service through service visit reviews, spot checks and care reviews. This feedback was used to make positive changes. For example, one person provided feedback that they were not happy with a member of staff due to clash of interests. The registered manager reallocated a better matched member of staff.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place with an easy read version. People were provided with information of how to make a complaint or compliments as well as contact information for the local authority and CQC. People who had raised minor complaints said that these had been resolved quickly. People also commented; "I would raise any concerns very quickly" and "I have the numbers if I need to report any worries".

We looked at the written complaints that had been received in the last year and saw they had been responded to in a sympathetic manner and in line with the service's policy on handling complaints. The registered manager discussed concerns with staff individually in supervisions, weekly memos and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring. The service had also received many written compliments.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us communication via the office was not effective. Comments included; "Office staff are friendly but communication is not good", "Communication with the office is diabolical. I cancelled one visit last week and she still came", "Helpful, friendly and polite but feel messages are not passed on" and "Not happy. I cancelled visits last weekend but carers still came". People told us they used to receive rotas but that had been discontinued. They said, "I had a letter to say no rotas anymore, just a slot time but don't know who will be coming and I am unhappy with this", "Told postage too expensive to mail rotas out. They can send email but my computer is down and not everyone has a computer" and "I used to know who was coming but not now, and feels it is now anytime". One person's relative commented that staff came too early for some visits and this had an effect on the routine times. They said, "Carers were due at 9am today but came at 7am. Night time carer is due at 9pm but they come at 7.30/8.00pm which is too early for bed". One member of staff commented, "Clients are not happy about rotas, sometimes they are not notified about changes. They used to get rotas, knew who was coming to see them but now they only get a time slot. I now say to people 'I'll see you on so and so day' when I leave them".

We raised this with the registered manager. They told us they had already recognised the need for an improvement in communication from the office. This had been in response to the most recent satisfaction survey. They said, "It has been a big challenge as staff recruitment has been difficult. I now have support of the recruitment officer which has made a huge difference".

The registered manager had been in post for eight months but had worked with the provider for three years. They demonstrated strong leadership skills and continuously sought ways to develop and improve the quality of the service people received. The registered manager was open and transparent about the service and the improvements they could make towards being a better service.

People and their relatives knew the registered manager and were complimentary about them and the management team. Comments included; "Yes I know the manager. If we want anything they will get it for us" and "She has been around a few times and doesn't mind getting her hands dirty. She is lovely".

Staff felt the provider and the registered manager were supportive and approachable. They said; "You can always raise any issues, if tired or unwell, they are very supportive", "Management stepped in when I needed support" and "The manager is fantastic and very supportive". The manager often worked alongside staff. One member of staff commented, "Our management are not just in the office, they will also help hands on if needed. They are not afraid to get their hands dirty".

The registered manager spoke with us about their vision for the service. They told us one of their greatest achievements was turning the service into client focused rather than staff focused. The provider aimed to put people at the centre of their achievements. The registered manager was involved in the 'Help to live at home' project with the local council. This was aimed at maximising independence and supporting people to safely stay in their own homes.

The provider had quality monitoring systems in place to review the care and treatment provided by the service. This included regular audits of care plans, observing care practice and gathering peoples experience of the service through annual surveys. Action plans were created from audit results to improve the service For example, during a care plan audit, the registered manager identified the language used in care plans was not always appropriate. They arranged for staff to attend training in records keeping.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. They told us; "I would raise concerns if needed. I'd be happy to be a whistle blower" and "The manager is very supportive. I will talk to her before I think about whistle blowing".

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.