

Cambridge Housing Society Limited







CHS Homecare (Domiciliary Care Agency)

Inspection report

Moorlands Court, The Moor, Melbourn. SG8 6FH
Tel: 01763 260564
Website: www.chsgroup.org.uk

Date of inspection visit: 18 July 2014
Date of publication: 29/12/2014

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	

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection.

CHS Homecare provides support to people in their own homes. The majority of support is provided to people

who live in one of the provider's three extra care schemes: Moorlands Court, Dunstan Way or Richard Newcomb Court. Approximately 60 hours support per week is also provided to a smaller number of people who live in their own homes in the locality of the extra care schemes. Extra care schemes are buildings where people live in their own flats and have access to communal areas for recreation and socialising. The provider's own staff are located within the building and provide support to people who require it in line with agreed support packages.

Summary of findings

The agency is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection a registered manager was employed at the service.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and to report on what we find. The MCA supports staff to act in a person's best interest when they lack the capacity to make decisions for themselves. We found the manager and staff understood their responsibilities in relation to the MCA and protected people's rights appropriately.

The Mental Capacity Act, 2005 (MCA) supports staff to act in a person's best interest when they lack the capacity to make decisions for themselves. The staff we spoke with were able to demonstrate their understanding of the MCA. Records showed that managers and staff had received training about the subject. This meant people could be assured their rights would be protected.

People and their relatives were happy with, and felt safe with the support provided through the agency. They said staff knew about their support needs, treated them with respect and kindness and maintained their privacy and dignity.

People's needs were assessed and plans were in place to meet those needs. People's wishes and preferences were taken into account and recorded in support plans. Risks to people's health and well-being were identified and plans were in place to manage those risks. People were supported to access healthcare professionals whenever they needed to. Most people told us they were involved in planning and reviewing their support.

Arrangements were in place to recruit new staff so as to ensure they were suitable to work with vulnerable people. Staff received induction and on-going training to ensure they had up to date knowledge and skills to provide the right support for people. They also received regular supervision and appraisals in line with the provider's policy which enabled them to review their practice and identify training needs.

Records showed that the agency had not received any complaints since we last inspected in November 2013. There were records to show how staff managed issues raised informally by people. People knew how to make a complaint if they needed to.

There were systems in place to assess and monitor the quality of support provided for people. There was also a suitable system in place to gather the views and opinions of people who used the service, their relatives and involved professionals.

Summary of findings

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.

People told us they felt safe with the support they received and with the staff who provided their support.

Risks to people's health and well-being had been identified, assessed and managed in an appropriate way. Recruitment procedures were in place to ensure new staff were suitable to work with vulnerable adults.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). This meant that the agency had taken steps to ensure people's rights were protected.

Good



Is the service effective?

The service was effective.

People's health and welfare needs were met and staff responded quickly to any changes in need. People were supported to remain in their own home for as long as they were able.

Staff were appropriately trained and supported to carry out their roles.

Good



Is the service caring?

The service was caring.

People were supported by staff in a kind, caring and respectful manner. Staff had a good understanding of people's needs, wishes and preferences and demonstrated a caring attitude towards them.

People were regularly encouraged, and given opportunities, to express their views and opinions. Records showed their views and opinions were listened to and acted upon.

Good



Is the service responsive?

The service was responsive to people's needs.

People's support needs were assessed and planned for before they began to use the service. Staff received training in any specific needs people had so they were able to deliver the support in an appropriate way.

People, and their relatives, knew how to make a complaint if they needed to and felt comfortable to do so.

Good



Is the service well-led?

The service was well-led.

The provider had a registered manager in post who was supported by a senior management team. The managers and staff were clear about their roles and responsibilities and felt supported in their individual roles.

People and staff told us the agency was well-led.

Good



Summary of findings

There were appropriate arrangements in place to assess and monitor the quality of the service provided by the agency. The arrangements included methods for gaining people's views and opinions about their experience of the services provided.

CHS Homecare (Domiciliary Care Agency)

Detailed findings

Background to this inspection

The inspection team consisted of an inspector and an expert by experience who had experience of supporting older people. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

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 improvements they plan to make.

We inspected the home on 18 July 2014. During our inspection we spoke with ten people who used the service and four of their relatives. We spoke with the registered manager, an extra care scheme manager, two team leaders

and three care staff. Prior to the inspection we contacted three healthcare professionals to seek their views about the quality of the service. We visited one extra care scheme because this was where the agency's main office was based.

We looked at three people's care records. We looked at staff training, supervision and appraisal records. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

Is the service safe?

Our findings

People who used the service, and their relatives told us they felt safe with the care and support provided for them, and they felt at ease with staff. They said staff were able to respond to medical needs or emergencies in the right way to ensure people got the right help. One person said, “I know I am safe here, the staff help me so much and I don’t fall over anymore.” Another person described how staff always used their hoist with care and followed the proper procedures.

People told us they would feel confident to report any situation in which they did not feel safe. Staff demonstrated a clear understanding of what abuse was and how to manage and report any situation of this kind. Records showed that staff received regular training about how to keep people safe. We saw information was clearly displayed to remind staff of how and where to report any concerns about people’s safety and welfare. Records showed that appropriate actions had been taken by staff in the reporting and management of concerns about people’s safety and welfare.

The Mental Capacity Act, 2005 (MCA) supports staff to act in a person’s best interest when they lack the capacity to make decisions for themselves. The staff we spoke with

were able to demonstrate their understanding of the MCA. Records showed that managers and staff had received training about the subject. This meant people could be assured their rights would be protected.

We looked at three people’s care records. We saw assessments had been carried out for any identified risks to people’s health or welfare and plans were in place to manage the risks. A person’s relative told us staff always carried out risk assessments of their family member’s needs and managed them well. Health professionals told us staff identified risks and raised concerns with them in a timely manner. One person we spoke with told us about their support package and described how staff managed their risks whilst helping them to maximise their independence.

We spoke with two newly recruited staff members. They described a thorough process for checking their suitability to work for the agency which included completion of an application form, previous work references, criminal records checks, health checks and an interview. The provider’s records confirmed this.

People told us there were enough staff available to meet their needs. Staff rotas showed that enough staff were on duty to meet the required amount of support hours. They also showed there were enough staff to meet people individual needs, for example, where two staff were required to help people move around.

Is the service effective?

Our findings

People we spoke with told us the service provided by the agency enabled them to stay in their own home for as long as possible. People said that they had regular and reliable staff to support them and any new staff were introduced to them before they started.

One person told us, “The care I get is all working out as it was set out. It’s now better for me and my legs and yes, I’m sure it’s been good for my general health. The care staff will do a bit extra for me and one always asks if there is anything else they can do before they go.” Another person told us, “They now call three times a day and are on time and reliable. They are definitely responding to me, not the other way round...” A relative told us, “I’ve found the care staff are very careful and gentle with [my relative] and the care package is now working as well as we could have ever hoped for.”

People told us staff supported them to access their GP or other health professional whenever necessary. One person told us, “I can tell the staff if there’s something wrong or if I need a doctor.” A relative told us, “Staff do spot any problems and we then get the doctor.” Health professionals told us staff responded quickly to changes in people’s needs and referrals to their services were appropriate and timely. They felt the communication systems within the agency were effective and helped to reassure people that their changing needs would be managed appropriately. Records we looked at confirmed this.

Staff did not have a specific role in providing people with nutritional support. However, records we saw and staff we spoke with showed that when they visited people, staff checked to make sure they had eaten meals and had enough to drink.

Staff told us they had a period of induction which had included shadowing experienced staff to learn about people’s needs and how to support them in the way they wanted. They said, and records showed they had received training in subjects such as keeping people safe, working alone, and moving and handling people safely. Two newer members of staff told us they found the induction useful and they felt supported throughout by colleagues and managers.

The staff training plan showed that staff received a package of training, assessment of skills and regular knowledge updates to enable them to be effective in their roles. Core training for staff included subjects such as medication administration, infection control, food hygiene, first aid and dementia awareness. Staff said they could request other training about specific needs such as Parkinson’s awareness, if people’s needs changed or new people started to use the service. One staff member described how the assessment process for people who wanted to use the service helped to identify their training needs. They said managers made sure staff received training about any new needs before they started working with the person.

The provider had policies and procedures in place for staff supervision and appraisal. Records showed, and staff confirmed, they received individual supervision at least monthly as well as an annual appraisal. Records also showed that staff were regularly observed by managers whilst carrying out their roles to ensure they did things in the right way.

Is the service caring?

Our findings

During our inspection we spoke with ten people who used the service and three relatives. They told us staff were kind and caring and respected their dignity and privacy.

Comments included, “The care staff are all polite and respectful of me and also whilst in my house” and “The staff have always been very polite and respectful. When they needed to give me a lot of personal care they were careful to do things with a lot of dignity and to respect my feelings and privacy.”

One relative told us, “This is an outstanding service, I can’t fault them. [support worker] has respect and consideration for their decisions and I am encouraged to be involved as well.”

Most people we spoke with, including relatives, told us they were involved in setting up their services and staff regularly checked to see that the support plans were working well. One person told us, “When it was set up it involved me and it was agreeable to me. Since then they’ve called me from the office to check how it’s going.” Another person told us, “It was set up at the start of this year and someone has now

also said they were coming to see how it’s going. It was checked out with me. They keep a look out for me. I’m very happy as it’s let me stay very independent.” A relative told us, “I was fully involved when it was set up and we can keep checking this to see if [my relative] needs more care.” One person told us, “I’ve used them for nearly a year. No one spoke with me when it was set up but it meets my needs.”

Health professionals told us staff knew people well and considered their wishes and concerns. They also said that staff had a good rapport with people who used the service and displayed a genuine concern for their welfare.

Records showed that staff received training about how to promote and maintain respect for people’s diverse needs. Support plans reflected people’s wishes and preferences and how staff should support them.

We saw staff interacting with people in a respectful manner. For example, staff used the names people had indicated in their support plans that they preferred. Staff demonstrated a positive and caring attitude towards people and spent time talking with them about matters which were important to them.

Is the service responsive?

Our findings

We looked at three people's care records. The records showed that people's needs had been assessed before they began to receive a service from the provider and their support plans reflected the assessment information. We saw staff had regularly recorded support plan reviews with people, and their relatives where appropriate. We also saw that when people's needs or wishes had changed the support plans had been amended, for example where a person's mobility had deteriorated.

We found that people's health needs were clearly recorded and there were clear instructions for staff about how to meet those needs. Staff said that assessment and support plan information was clear and helped them to give people the right support.

We saw that people had alarm call pendants to alert staff if they needed help in an emergency. People told us that staff always responded to the calls in a timely way. We saw staff responding swiftly to calls during our visit.

The managers told us how they responded to short notice requests for extra support. For example, they told us how they made an immediate increase to support hours to enable a person to remain at home during the last days of their terminal illness.

Health professionals told us that staff were responsive to the recommendations made by them and frequently observed staff involving people in discussions about their support.

People who used the service and their relatives said they did not generally have complaints, but they knew how to complain if they felt it was needed. One person said, "I've not had any reason to complain but I can sort things out with them and find the care staff and the office staff very approachable."

In the 2014 satisfaction survey people had scored the agency's response to complaints as 100% "good". We saw the provider's complaints policy and procedure was available to people who used the service. It included a description of the stages of the procedure and timescales in which people could expect their complaint to be dealt with. Other records showed there had been no formal complaints made since we last inspected the agency. There were records to show how staff managed issues raised informally by people.

Is the service well-led?

Our findings

Most of the people we spoke with told us the agency was well run. They said staff who were based in the office were friendly and approachable and responded to the requests for things like a change of time to their calls. However one person told us, “The agency are not very flexible about the occasional changes we need to the care times, though I try to meet them half way. The staff will pass on a message but I get no feedback.” We spoke to the manager about this, who said they would look into the individual issue to make sure everyone who used the service experienced the same quality of support.

We saw minutes of meetings with people who used the service for May and June 2014. The minutes showed people were able to express their views and opinions and they showed what action was taken to address issues.

All of the staff we spoke with told us there was an ‘open door’ approach from managers who promoted a team work culture within the agency. They all told us they enjoyed working for the agency and one member of staff said, “I would want my family to get this sort of care when they need it.”

We spoke with the manager, an extra care scheme manager and two team leaders. They all demonstrated that they understood their roles and responsibilities well and said they felt supported by the management structure within the agency and the wider organisation.

Other staff we spoke with knew who was part of the management team and what their individual roles were. They said they felt supported by managers at all times, including during out of hours. They told us their contributions to team work were respected and valued. They also said their views and opinions were listened to and acted upon by managers.

The manager demonstrated there were arrangements in place to regularly assess and monitor the quality of the service provided by the agency.

We saw records of monthly audits for accidents and incidents which enabled managers to highlight any trends and take actions to reduce risks for people. We also saw records of random, unannounced visits from a senior manager from the provider organisation. The visits included checks of fire safety arrangements, risk assessments and accident and incident management. Action plans were in place to meet any shortfalls identified. The action plans identified who was responsible for carrying out the plans but did not include any dates for completion. We spoke to the manager about this, who said they would address the issue with the provider’s representative.

A representative of the provider also carried out twice yearly management audits. These audits included observations of support being provided, discussions with people who used the service and staff, a review of complaints and health and safety arrangements. The action plans identified who was responsible for carrying out the plans but did not include any dates for completion.

We saw records of annual satisfaction surveys for people who used the service, relatives and involved professionals. The records of the 2014 survey showed a 95% return rate from people who used the service, indicating this was an appropriate method for gaining people’s views. There were also records to show people had monthly meetings. The manager told us everyone who used the service had regular meetings to discuss their views about the support they received. People we spoke with confirmed this.