Candid Health Care (CHC) Ltd

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Inspection report

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Date of inspection visit:
27 November 2018

Date of publication:
19 December 2018

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

This inspection took place on 27 November 2018 and was announced. Candid Health Care (CHC) Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides service to older people.

Not everyone using Candid Health Care (CHC) Ltd receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 17 people were receiving the regulated activity of personal care.

At the last inspection in June 2016 the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post but they were not present during our inspection. 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. The service has a registered manager in place and a team leader who has overall day to day responsibility for the service.

Risk assessments were completed for people using the service and staff were aware of how to manage the risks. Staff had good knowledge of safeguarding, including how to report incidents of abuse. This ensured there were systems in place for identifying and managing concerns and risks to people.

The service had enough staff. There were good recruitment processes in place to ensure staff were checked and were suitable to provide care and support. There were arrangements to ensure staff had induction, training, supervision and annual appraisal.

The service had systems for monitoring incidents, accidents and complaints. People and relatives were confident that their concerns and complaints were investigated and lessons learnt by the registered manager to improve the service.

Medicines were well managed through the availability of trained staff and regular auditing systems. When required, staff prompted or administered medicines.

Care plans were personalised. People and relatives were involved in the review of the plans. 'How to communicate' with people was included in care plans and was part of discussions in staff meetings.

The provider was compliant with the principles of the Mental Capacity Act 2005 (MCA). Staff encouraged and supported people to make decisions about their care. They treated people with respect and ensured

people's privacy and dignity was maintained.

The provider worked with health professionals. People's medical needs were included in their care files and staff knew the contact details of healthcare professionals.

Where required, staff supported people with their meals. People's dietary needs were recorded in their care files.

Various auditing and quality monitoring systems were in place to ensure the service was managed effectively.

Staff were provided with personal protective equipment such as gloves, aprons and antibacterial gels. They had training and knowledge of infection control.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Candid Health Care (CHC) Ltd

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 announced inspection took place on 27 November 2018. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

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 checked the information that we held about the service, including any notifications. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We contacted social care professionals at a local authority for feedback about the quality of the service.

During our inspection, we spoke with two people by telephone and looked at three people's care records. This included their care plans, risk assessments and daily notes. We reviewed three staff personnel files. This included their recruitment, training, and supervision records. We spoke with the person in charge whilst the registered manager was on holiday.

Following the inspection, we spoke with one relative and two care staff by telephone.

Good

Is the service safe?

Our findings

People and a relative told us the service was safe. One person said, "Absolutely, I feel safe." A relative told us, "The service is 100 per cent safe". Each person using the service had a risk assessment which identified possible risks or hazards, severity, and measures required to minimise the risk. The risk assessments included areas such as falls, medicine management, environment, equipment and fire safety. Staff told us they were clear about people's risk assessments and the action they needed to take to reduce the risks. They said and records showed that they attended fire safety procedures.

The provider learnt from incidents and errors to ensure there was continuous improvement and people remained safe. For example, following one complaint, the provider gave guidance to all staff that they must always wear their uniform when visiting people to ensure people knew who they were and feel safe.

Staff had a good knowledge of safeguarding and their responsibilities to report any incidents of abuse. They were able to explain what abuse meant and who to report it to. They knew the provider's whistleblowing policy and their responsibility to raise their concerns with outside organisations including with the CQC. The whistleblowing policy allows staff to raise concerns with internal managers or external authorities. A member of said, "If I see a service user being abused, I will definitely report to my manager. If nothing is done, I will contact the CQC or the police."

The provider had undertaken pre-employment checks of staff to ensure they were safe and suitable to support people. The person in charge told us that staff started only after all pre-employment checks had been completed. We checked three staff records and found that relevant pre-employment checks such as criminal record checks, references and proof of the person's identity had been carried out.

The service had enough staff to support people. A person said, "I think they have enough staff. I have had no problem." The person in charge said that the service had a pool of staff to cover for any sick or unexpected leave. A member of staff told us, "There are enough staff. I have enough travelling time between visits. I do not feel rushed."

Most of the people using the service self-administered their medicines. One person told us, "I take my own tablets." However, where staff supported people with their medicines, they recorded and signed to confirm medicines were administered. We looked at Medicine Administration Records (MAR) and found there were no gaps. We noted staff audited medicines regularly. There was a protocol for PRN (medicines taken as required). These are medicines prescribed and given to people when required relieve pain, in most cases. We noted and staff confirmed that they had completed training in administration and management of medicines.

There were systems in place to reduce the risk and spread of infection. People told us staff wore protective equipment such as gloves and aprons when supporting them with personal care. We saw supplies of antibacterial hand gels, gloves and aprons in the office for staff use. From records and discussion with staff, we noted that staff had completed training in infection control.

Good

Is the service effective?

Our findings

People and a relative spoke highly of staff. One person said, "[Staff] are excellent, very good indeed." A relative told us, "I can't speak highly of [staff]". Staff told us and records confirmed that they had received training in areas relevant to their roles. One member of staff listed the training programmes they had completed, which included moving and handling, medicine management, basic food hygiene and the Mental Capacity Act 2005 (MCA). Records also showed that staff had completed induction when they started work. New staff shadowed more experienced staff to get used to and know how service was delivered.

Staff had support and regular supervision meetings with the registered manager. One member of staff told us they found their supervision useful because they could discuss their practice and training needs with their manager. Records showed that staff had annual appraisals.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We noted staff sought people's consent when providing personal care.

The provider received referrals from health and social care professionals and completed pre-assessments of needs before people started using the service. This allowed the service to decide if people's needs could be met. Based on the assessments of needs care plans were developed and appropriate support package put in place. We noted that people's needs and choices were considered when staff were allocated to support them.

When required, staff supported people to access health care. Care files contained people's GP and other healthcare professionals' details. Staff told us they liaised and worked in partnership with others such as occupational therapists, hospitals and hospices to provide effective care.

People and their relatives told us they did not require much staff support with meals. One person said, I don't need much help with food. But when I need, sometimes [staff] make me toast. It is my choice." People's dietary needs were recorded in their care plans. Staff were aware of the need to ensure people's nutrition needs and preferences were respected.

Good

Is the service caring?

Our findings

People and relatives told us staff were kind, caring and treated them with respect. One person said, "Staff are very caring and kind. They help me with personal care morning and evening. They always come on time and let me know if they were running late." A relative told us, "[Staff] are marvellous, they do care. They know [my relative's] preferences and how [my relative] wants to be supported."

From discussions with people, relatives and staff we noted staff developed positive relationships with people they supported. One person said, "Usually, the same carers come. I know who comes and they know my needs." Staff told us they knew the needs of each people they supported. They said they always checked and followed people's care plans to ensure people received care that met their needs.

People were included in making decisions about their care where possible. Care plans contained signatures of people or their representatives confirming they were involved in their care planning. A relative confirmed that they were involved in care planning and were given information about the service and the support provided.

Staff promoted people's independence. One person told us they could take their own medicines and could prepare some of their meals independently. A member of staff explained that they encouraged people to do, when possible, independently by themselves. Another member of staff said, "I encourage service users to try to do by themselves and give them support when needed."

Staff ensured that people's privacy and dignity were respected. A member of staff said they provided personal care in private and made sure that people had a cover on them when changing. Another member of staff said they closed doors and curtains when providing personal care. Staff told us they knocked on the doors before entering rooms. This showed staff respected people's privacy.

Equality and diversity was at the heart of the service. The person in charge said that they did not discriminate people and each person using the service was treated as an individual. Staff told us and records showed that they had training in equality and diversity and understood discriminating people based on aspects such as their race, sex, sexuality, religion or age was not acceptable.

Good

Is the service responsive?

Our findings

People and relatives told us staff were responsive to people's needs. One person said they were satisfied with staff punctuality. A relative told us, "All the staff are excellent but [a member of staff] goes beyond [their] duties to help us."

Staff were aware of people's likes, dislikes, health and support needs, which enabled them to provide care that was personalised and met people's needs.

Each person had a care plan which identified their support needs including the times, length and frequency of support. Staff also kept daily logs of the support they provided to ensure information was shared people received appropriate care and support. A member of staff told us, "Care plans and daily logs are useful. They help us know what we need to do [to meet people's needs]."

At the time of our visit the service was providing personal care. However, we noted that people could have support with activities if it was included in their assessment and was part of their care package.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people who receive care have information made available to them that they can access and understand. The information tells them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans included details on people's communication, vision and hearing abilities. Staff told us that people using the service did not have difficulties with communicating. They were aware of the need to ensure information about the service was accessible to people who may have communication difficulties.

People and relatives told us they knew how to make a complaint if they had any concerns. The person in charge told us that no complaints had been received since the service our last inspection. The service had a complaints, suggestions and compliments policy.

At the time of this inspection, the service did not routinely support people with end of life care. However, we noted that staff worked in partnership with local hospices, GPs and district nurses and had knowledge about end of life care. We noted that care plans contained a Do Not Resuscitate (DNR) where people could make an advanced decision.

Good

Is the service well-led?

Our findings

People and relatives were positive about the management of the service. One person told us, "Very good service." A relative said, "I am happy with the service. [They] come to check [if staff are doing their job properly]."

Staff told us and records showed that the provider carried out spot checks of staff supporting people. These focussed on medicine management, daily logs, infection control, consent, communication and feedback from people. This was used as part of ongoing monitoring and improvement of the quality and safety of the service.

The service had quality monitoring systems were in place. These included monthly telephone calls to people to check if they were satisfied with the service, if staff arrived on time, if they stayed for the full allocated time, and if they included people in decision making. The person in charge told us they were also preparing a survey questionnaire for staff and stakeholders. We noted the service had received positive compliments from relatives.

Staff told us that the registered manager was approachable and supportive. They said they had regular team meetings. The minutes of the last staff meeting, dated 16 November 2018, showed that staff discussed various topics including how to communicate with people effectively using speech and body language.

The provider had sent us notifications or safeguarding concerns about the service. A notification is information about important events which the provider is required to tell us about by law. The registered manager was aware of their regulatory responsibilities and knew about notifications and when to send notifications such as on safeguarding, serious injuries or incidents.

There was a clear management structure in place. This included the registered manager, the administrator and a senior member of staff. Each of these had specified responsibilities that ensured people received effective service. We noted that there an out of office call arrangement where people, relatives or staff could contact if they needed support. The person in charge told us that they had a plan to introduce a new electronic system which would allow the service to be more effective in updating and sharing care plans, and monitoring staff.