

## Chameleon Care Limited

# Chameleon Care (Dover)

### Inspection report

Suite B, Dover Innovation Centre  
Whitecliff House, Poulton Close,  
Dover  
Kent  
CT17 0HL

Tel: 01304215382

Website: [www.chameleonecare.co.uk](http://www.chameleonecare.co.uk)

Date of inspection visit:

24 January 2019

25 January 2019

Date of publication:

19 March 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

About the service:

- ☐ Chameleon Care is a domiciliary care agency which provides personal care to people in their own homes.
- ☐ They operate in and around Dover and surrounding areas.
- ☐ At the time of the inspection the service was supporting 63 people and there were 32 staff.
- ☐ For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

- ☐ The service enabled people to receive care in their own homes. One person told us, "I like being in my own home. The girls help me do things; they are like family."
- ☐ People had good relationships with staff, who were knowledgeable of their physical and emotional needs, as well as likes, dislikes and interests. Staff were responsive to changes in people's health needs. If needed, they sought advice from relevant professionals.
- ☐ People felt safe living at the service.
- ☐ People were encouraged to be as independent as possible.
- ☐ People felt comfortable raising any complaints with staff and the registered manager.
- ☐ People were fully involved in their care planning and received information in a way that they understood.
- ☐ People were protected from the spread of infection and medicines were stored and managed safely.
- ☐ People were asked feedback about the service they received.
- ☐ People found the registered manager approachable and supportive.

Rating at last inspection: This service was rated, "Good" at the last inspection. (17 February 2017)

Why we inspected: This was a planned comprehensive inspection to check the service remained Good.

Follow up: We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was Safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was Effective.

Details are in our Safe findings below.

### Is the service caring?

Good ●

The service was Caring.

Details are in our Safe findings below.

### Is the service responsive?

Good ●

The service was Responsive.

Details are in our Safe findings below.

### Is the service well-led?

Good ●

The service was Well Led.

Details are in our Safe findings below.

# Chameleon Care (Dover)

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

One inspector and one expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Chameleon care is a domiciliary care agency providing personal care to people in their own homes. Not everyone using Chameleon care receives 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the registered manager 48 hours' notice of our inspection as Chameleon care is a community based service so the registered manager and the team are often out of the office. We needed to be sure they would be available. Inspection site visit activity started on 24 January 2019 and ended on 25 January 2019. We visited the office location on 24 January 2019 to see the registered manager and office staff; and to review care records, staff records and policies and procedures. We asked the registered manager if they could seek the permission of people using the service to visit them in their home to gain their feedback, and we visited on 25 January 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection, in January 2017. This

included details about incidents the provider must notify us about, such as abuse or serious injury. We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke to 11 people including relatives, five care staff and the office manager.

We reviewed a range of records. This included six people's care records and medicine records. We also looked at four staff files recruitment, assessment and supervision and support. We reviewed records relating to the management of the service, staff training and policies and procedures.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff knew how to identify different types of abuse, and were confident that any concerns they had would be managed appropriately by their managers.
- ☐ Training was regularly updated so staff could keep up-to-date with changes to legislation and best practice. Managers liaised with the local authority safeguarding team when required.

Assessing risk, safety monitoring and management

- ☐ Risks to people and the environment were assessed before people started to receive a service. The assessments always took place in people's homes.
- ☐ When risks were identified, staff were provided with guidance on how to reduce those risks. For example, one person had a catheter. Their care records included instructions on what action to take if the area of the catheter gave staff concern.
- ☐ Another person had a history of drug misuse which may have posed a risk to staff. Staff were advised to keep safe by ensuring correct protective equipment was used and secure doors to prevent anybody entering the property whilst supporting people.

Staffing and recruitment:

- ☐ There were enough staff to meet people's needs. Office staff were up to date with all training and would cover any calls due to short notice sickness for example.
- ☐ Rotas took into account staff that drove and people who walked. Staff only travelled short distances between visits. People told us staff arrived on time. If staff were late due to traffic, they would always inform the next person to be visited by phone. People and staff were supported out of office hours by an on call system manned by senior staff.
- ☐ Staff were recruited safely. Pre-employment checks were made, including obtaining a full employment history. Staff completed Disclosure and Barring Service (DBS) checks before they began working with people. DBS checks identified if applicants had a criminal record or were barred from working with people that need care and support. References were sought and checked.

Using medicines safely: Learning lessons when things go wrong.

- ☐ People's ability to manage their own medicines was assessed before the service began
- ☐ People received support with their medicines from relatives. However, staff were required to make sure people received their medicines safely. Senior staff made sure medicines were delivered in blister packs to make administration easier for staff and people's relatives.

- ☐ Incidents, accidents and near misses were reported by staff in line with the provider's policy. The registered manager took steps to ensure that lessons were learned when things went wrong.
- ☐ They had identified staff were not always completing medicine records accurately. Senior management sought feedback from staff, which highlighted difficulties with completing the records. A new template was devised which led to better record keeping, and staff received refresher training in how to support people with their medicines.

#### Preventing and controlling infection

- ☐ Staff had access to personal protective equipment such as gloves and aprons. The office had plenty of supplies.
- ☐ Staff told us they had access to as much equipment that they needed.
- ☐ Infection control training was provided to staff on their induction into the service.

# 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.

People received effective care and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

People's needs and choices had been assessed so that care achieved effective outcomes in line with national guidance.

- ☐ Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion.

Staff support: induction, training, skills and experience.

- ☐ People were supported by staff who had the skills, knowledge and experience to deliver effective care. One person told us, "The carers are very good and seem to have right skills and experience. They realise when my relative is a bit shaky and will put him in his wheelchair."
- ☐ Newly recruited staff received an induction which included gaining experience by shadowing more experienced staff.
- ☐ Most new recruits came to the service with existing qualifications in care. Those who didn't were supported to gain the Care Certificate. The Care Certificate sets out the learning outcomes, competencies and standard of care that care services are expected to uphold.
- ☐ Established staff received a mix of online and face-to-face training, including subjects such as first aid, basic life support, moving and handling theory and practice and health and safety. When people had specific health conditions, staff were provided with specialist training in order to effectively care for them.

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

- ☐ Staff were skilled in making sure people had access to support from health and care professionals when needed.
- ☐ Senior staff liaised with professionals when assessing a person's needs, and kept those needs under constant review so they could provide information to professionals when needed.
- ☐ There was a close working relationship with the local hospice, district nurses, local GPs, occupational therapists, and physiotherapists.
- ☐ Staff supported people by arranging for them to be assessed for specialist equipment that might enhance their lives, such as specialise beds or mattresses.



- Staff effectively communicated people's rapidly changing needs with each other and their managers. This meant all staff knew how people's needs were changing so people and their relatives did not have to repeat it to different staff members. One relative told us, "My relative had a fall in the night, a couple of weeks ago and was found on the floor by the carer. The carer phoned for an ambulance and also phoned me; she stayed until the ambulance arrived. I was very pleased the way she handled things."

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

- Most people were supported to eat and drink by their family members. When needed, other people were supported by competent staff who were trained in, for example, food hygiene.
- Where people had specialist conditions staff were skilled and trained to be able to support them. One person needed specialist equipment when eating and drinking. All staff involved in that person's care had received training on the equipment from a specialist nurse. Where there were concerns about the operation of the equipment, staff swiftly arranged for support from the nurse so the person could continue to be able to receive their food as needed.

#### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found staff were knowledgeable about the MCA. Where necessary they took steps to ensure people were fully protected by the safeguards contained within the Act.

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People were treated with kindness and compassion in their day-to-day care. Staff knew people well because rotas allowed them to support people consistently.
- ☐ Staff sought accessible ways to communicate with the people they supported. One person communicated their choices and preferences to staff by typing onto an electronic device. Another person had a health condition which meant they needed time to be able to understand and respond to staff. Guidance on how to do this was provided to staff in the person's care records, and we observed staff being mindful of this when providing them with support. The registered manager told us information was available in large print for people if they needed it.

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

- ☐ People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- ☐ Staff invited people and their relatives to the person's initial assessment and subsequent reviews of their care.
- ☐ We observed staff asking people how they would like to be supported. For example, one person asked to have toothpaste applied to their toothbrush but they would like to do the rest if they could.
- ☐ If people did not have relatives to support them, the registered manager would refer to external advocates for support. Advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were supported by staff to be as independent as possible. Care plans considered people's strengths and abilities, such as how they take part in making decisions about their care, or what aspects of the care they can complete themselves. One staff member told us, "When it comes to personal washing, they let me do what I can and only do what I ask."
- ☐ People had their dignity and privacy respected. Staff said this might include shutting doors when providing intimate support, and covering the person with a towel during personal care. One person told us, "When I use the commode the carers wait in another room until I call them. They also help preserve my privacy and dignity by not exposing or embarrassing me when dressing."
- ☐ The registered manager made arrangements to ensure that private information was kept confidential.

Care and staff records containing private information were stored securely at the office when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Staff told us they would not share information about a person without their consent.

# Is the service responsive?

## Our findings

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People received support which was based around their needs, choices and preferences. Each person had their own individualised care plan which detailed the support they needed, and how staff were to provide that support. The plans were written in a personalised way, and one relative we spoke with complimented the detail they went into, telling us, "The care plan even states that carers were not to let the cat out. It happened once, but hasn't happened again." This gave people an opportunity to feedback to the service of any changes they wished to make.
- ☐ Care plans were regularly reviewed. One person told us, "Staff come and review my care plan every so often."
- ☐ Care plans were drawn up taking into consideration from health professionals such as occupational therapists, district nurses for example.

### Improving care quality in response to complaints or concerns

- ☐ People and their relatives told us they knew how to make a complaint, and felt any concerns they had would be treated seriously by the registered manager.
- ☐ Information on how to make a complaint was held in care records at each person's home. This information included details on what to do if the person or relative was not happy with how the complaint was responded to, such as contacting external organisations.
- ☐ The service had received three complaints since last inspection. Complaints had been responded to in a timely manner and all were resolved successfully. One complaint was received regarding staff allegedly sharing information about a relative. This was investigated and staff were reminded about discussing personal details of relatives and were given refresher training about handling sensitive information. The assistant manager said they had a close relationship with everyone and would manage any concerns as soon as they were brought to their attention.

### End of life care and support

- ☐ People were supported at the end of their life to have a pain free and dignified death.
- Staff worked closely and sensitively with health professionals from the local hospice and other nurses to

make sure people received the right support.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ The assistant manager said they checked if staff followed the values held by the provider by discussing them in supervisions and checking at spot checks in people's homes. Staff told us, "We support people in a way we know is right. We get regular unannounced visits by management to make sure we are doing what we should."
- ☐ Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns. People using the service said the service was well led.

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

- ☐ 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.
- ☐ It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and within their offices, which were accessible to the public.
- ☐ Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- ☐ Arrangements had been made for the service to learn, innovate and ensure its sustainability.
- ☐ The registered manager carried out a number of audits and checks to make sure a safe and effective

service was provided. Additionally, the views of people, their relatives and staff were gathered in order to help improve the service. When staff had concerns about the implementation of an electronic monitoring system, they were able to raise these with the registered manager, who met with staff to ease their concerns.

#### Working in partnership with others

- ☐ The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with health professionals such as occupational therapists and voluntary services in the wider community.