Stephanie Gibbs Limited

Charmes Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Charmes Care provides domiciliary care services to people living at home. They currently provide a total of 670 hours of personal care to 48 people. Each person received a variety of care hours from the agency, depending on their level of need.

The inspection was conducted between 4 and 11 August 2016 and was announced. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

There was a registered manager in place. 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.

Staff did not have a clear understanding of legislation designed to protect people's rights, although they did seek verbal consent from people. All but one person were encouraged people to maintain a healthy diet. People were encouraged to drink, especially during hot weather.

People and their families felt safe and trusted the staff who supported them. Staff understood their safeguarding responsibilities and knew how to prevent, identify and report abuse. Risks relating to the environment or the health and support needs of people were assessed and managed effectively.

Medicines were given safely by staff who were suitably trained. Staff recruitment practices were safe and helped ensure only suitable staff were employed. There were enough staff to support people; they were reliable and arrived on time.

Staff were knowledgeable and received appropriate training to support people. They completed an induction programme and were appropriately supported in their work by supervisors and managers.

Staff took care to be discreet and unobtrusive when working in people's homes. People described them as "dedicated" and "kind". They protected people's privacy and involved them in decisions about their care.

People received personalised care and support that met their individual needs. Care plans provided comprehensive information to enable staff to provide care in a consistent way. Staff referred people to healthcare professionals when needed.

The provider sought and acted on feedback from people. There was a suitable complaints policy in place and people knew how to complain. People told us the service was well-led and said they would recommend it to others. Staff were motivated and enjoyed working at the service.

There was a quality assurance process in place which focused on continually improving the service. A range of audits was completed to assess and monitor the service, together with surveys of people and their relatives.

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.

People trusted staff and staff knew how to identify, prevent and report safeguarding concerns.

Potential risks to people were assessed and managed appropriately. Medicines were managed safely and administered by staff who were suitably trained.

Staff were reliable and there were enough staff deployed to meet people's needs. Recruitment procedures helped ensure only suitable staff were employed.

There were plans in place to deal with foreseeable emergencies.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff sought verbal consent from people before providing support. However, where people were not able to give consent, the care planning process did not support managers to follow legislation designed to protect people's rights.

Most people were encouraged to maintain a healthy, balanced diet and to drink often. However, a nutritional risk assessment had not been completed for a person who had lost weight and they did not always receive an appropriate diet.

Staff received appropriate training and demonstrated an understanding of how to apply it in practice. They were suitably supported in their role by managers and supervisors.

Staff monitored people's health and supported them to see doctors or specialists when needed.

Is the service caring?

Good

The service was caring.

Staff built positive relationships with people. They protected

people's privacy and dignity at all times.

People were involved in planning the care and support they received.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their individual needs. Care plans contained detailed information to support staff to deliver care in a consistent way and were reviewed regularly.

Staff responded promptly when people's needs changed.

The provider sought and acted on feedback from people to help improve the service.

Is the service well-led?

Good

The service was well-led.

People and staff praised the management of the service. Staff were motivated and encouraged to identify improvements.

There was a suitable quality assurance process in place to assess, monitor and improve the service.

There was an open and transparent culture. CQC were notified of all significant events.

Charmes Care

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 is the first inspection of the service as it was only registered in March 2014. The inspection was unannounced and conducted by one inspector between 4 and 11 August 2016. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

Before the inspection, we reviewed information we held about the service and the service provider, including notifications about important events which the provider is required to tell us about by law. We also sent questionnaire surveys to people and staff. We received 12 responses from people who used the service and six responses from staff who delivered the service. We used these responses to help focus our inspection.

During the inspection we spoke with five people who used the service, or their relatives, by telephone. We visited and spoke with one person and their family members at home. We spoke with the registered manager, the service's financial manager, two deputy managers, and five care staff members. We looked at care records for five people. We also reviewed records about how the service was managed, including staff training and recruitment records.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and trusted the staff from Charmes Care who supported them in their homes. One person said, "I have a regular team [of staff] who come. They are all good and I know I can rely on them." A family member said, "When I went to the mainland, staff stayed with [my relative] all day. I knew he was safe; that's why I left him with them."

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was in place and staff were required to complete safeguarding training as part of their induction. This training was refreshed yearly. Staff were knowledgeable about the signs of potential abuse and the relevant reporting procedures. We saw an example where they had reported a concern to Social Services, who were then able to take prompt action to protect the person from harm.

Staff occasionally handled people's money when they bought shopping for them. A suitable procedure was in place for this, to protect people from the risk of financial abuse, which included recording purchases and keeping receipts. Following an incident where a staff member was offered a gift, the provider sent written reminders to people and staff to reinforce their gifts policy and avoid any misunderstandings.

People were protected from individual risks in a way that supported them and respected their independence. Supervisory staff completed assessments to identify any risks to people using the service or the staff supporting them. These included environmental risks in people's homes and risks relating to the health and support needs of the person. When risks were identified, people's care records detailed the action staff should take to minimise the likelihood of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, alerted to trip hazards in and around the house and the safety of electrical appliances. In one case, staff had purchased a new kettle for a person as theirs was not safe to use. Some people had pendants that sent an alert to the council's monitoring service if the person fell and staff made sure people were wearing these before leaving them on their own.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The registered manager told us new care packages were only accepted if sufficient staff were available to support the person. Office staff produced a staff roster each week to record details of the times people required their visits and the staff that were allocated to them. These were then sent to the person so they knew who would be supporting them at each visit. Staff absence was covered by other staff working additional hours or by one of the managers attending calls from the office. This provided resilience to help make sure calls were not missed.

People told us staff were reliable and usually arrived on time. One person said of the staff, "They always turn up when they should do." Another person said, "They call me if they are held up for any reason." A family member told us, "I don't remember [staff] every being more than a couple of minutes late, which isn't a problem."

Where people required assistance to take their medicines, these were managed and administered safely.

One person told us, "[Staff] put out the tablets for me and tell me when I should be taking them." The service had a clear medicine policy which stated the tasks staff could and could not undertake in relation to administrating medicines. For some people, the help required was limited to verbally reminding them to take their tablets; for other people staff needed to administer medicines to them, for which they had received appropriate training. Following the training, supervisory staff assessed the competence of the staff member and offered further support if needed. The registered manager had identified that staff were not always completing records correctly after applying creams to people. To address this, they had introduced a 'non-compliance form' to record any gaps in the records. This had helped improve the standards of record keeping.

Robust recruitment procedures were in place to help ensure that only suitable staff were employed. Staff files included records of interviews held with applicants, together with reference checks. In addition, checks were made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions. The recruiting process did not include a procedure to check that applicants were entitled to work in the UK. When we raised this issue, the registered manager agreed to review their process to make sure this would be included in the future.

The service had a business continuity plan in case of emergencies. This covered eventualities such as extreme weather. It included contact details for all staff and information showing which staff lived closest to each person, so they could respond on foot if the transport network was affected.

Requires Improvement

Is the service effective?

Our findings

People praised the quality of service delivered by Charmes Care. Comments from people included: "They look after me really well"; "Charmes have been consistently good and efficient in looking after me"; and "I'm really happy with everything they do". A family member told us, "We are very satisfied with the service and care we get from Charmes Care."

Although people and their relatives were satisfied with the service, we found most staff did not have a clear understanding of the Mental Capacity Act 2005 (MCA) and managers had not received training in how to apply it to the care planning process. The MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

Where people had capacity to consent to the care and support they received, they had signed their care plans to indicate their agreement with it. Where people lacked the capacity to do this, family members had been asked to sign the care plan on behalf of the person. A senior staff member told us, "We always assume family members have the power to make decisions." However, staff had not always checked that there was a lasting power of attorney in place to authorise the family member to make such decisions. We discussed this with the registered manager, who agreed it was an area for improvement and showed us a new form they were planning to introduce to verify that any family member giving their consent had the authority to do so.

Staff were clear about the need to seek verbal consent from people before providing care or support. For example, a staff member told us, "We always ask people before doing anything, check it's OK and talk through what we're doing as we're doing it. It helps put them at their ease." A person confirmed this and said, "Before I have a shower they make sure I am ready for it. They don't just grab me and make me have one."

Most people's meals were prepared by family members. However, where care staff were responsible for preparing meals, they encouraged people to maintain a healthy, balanced diet based on their individual needs and preferences. A staff member told us, "[One person with a bowel complaint] likes to try different foods to see if they help. I bought some different things for her and her tummy has now settled down. Another client loves crumpets, so I bought them for him and now we always have a joke about them." Another staff member said, "When I'm doing my own shopping, I often see something and think 'oh, so and so might fancy that' so I get it for them. They love a bit of variety."

One person's care records did not support staff to ensure the person's nutritional needs were met in a consistent way and most staff had not received training in how to do this. The person had lost a significant amount of weight and staff had taken appropriate action by highlighting the concern to the person's doctor. They also discussed the person's cooking facilities with family members, who arranged for additional equipment to be provided to enable staff to offer a wider range of meals. However, nutritional records showed what the person had been offered to eat, rather than what they had consumed. The person

required a diabetic diet, but did not have the capacity to recognise the need for this and did not always receive this. A nutritional risk assessment had not been completed and there was no guidance available to advise staff how to support the person to receive a suitable diet. We discussed this with the registered manager, who took immediate steps to improve the assessment and recording of the person's nutritional needs.

Staff described how they encouraged people to drink. One staff member said, "In hot weather we encourage [people] to drink by offering alternatives. If [a person] lives in their lounge, they may never see their kitchen and won't know what they've got in; so we remind them and show them what they've got."

People were supported by staff who had received most relevant training to meet their needs. The provider had been using online computer-based learning to equip staff with some of the skills needed to support people. However, they had recognised that this did not always meet the preferred learning styles of each staff member. To address this, they had supported one of the deputy managers to gain a training qualification to allow them to deliver face-to-face training to staff. A training room had also been created in the service's office. This allowed staff to practise techniques used for supporting people to move, including the use of a hoist. A senior staff member told us, "We do the moving and handling training in [the training room], with the hoist and slide sheets, but we also do it in the person's home with the actual equipment they have. [Staff] learn better in the community."

Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, they explained how they communicated with people living with dementia by remaining patient, asking simple questions and providing continuous reassurance. One person had a range of equipment that could be used, depending on their mobility, to support them to move. They told us staff were "excellent", discussed the options with them and assessed which piece of equipment would be best to support them at that particular time.

New staff completed an appropriate induction programme when they started working at the service. Following this, new staff worked alongside experienced care staff until they felt confident, and had been assessed as competent, to work unsupervised. Arrangements were also in place for staff who were new to care to complete the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people.

All staff received a range of supervisions with the manager or a supervisor. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. Staff who had worked at the service for more than a year also received an annual appraisal to assess their performance and identify development objectives for the coming year.

Staff knew people well and monitored their health on a daily basis. If they noted a change they would discuss this with the person and their family member, if appropriate. With the person's consent, they then sought appropriate professional advice and support, for example from doctors, occupational therapists and specialist nurses. A staff member said, "[The registered manager] keeps you with the same clients, so you can take one look at them to know they're not feeling well. It help us spot changes more quickly, which is quite important." Essential contact numbers for relevant professionals were available to staff to enable referrals to be made promptly. A family member told us, "If they shower [my relative] and they see anything they inform me to go to the doctor. Like once he had a cough; I didn't think he was so bad but they encouraged me to go to the doctor about it."

Good

Is the service caring?

Our findings

People's needs were met by staff in a caring and compassionate way. People described staff as "friendly" and "kind". Comments from people about the staff included: "They are very nice, good people that call on me; I get treated really well"; and "They take their time in making sure I am ok and they really do care about me". A family member said of the staff, "They are all very friendly and do more than they are asked."

People spoke positively about the relationships they had built with care staff, which they valued and appreciated. Comments included: "They chat to me and make me laugh. It is always good to see them"; "I get on really well with [staff]; they are very nice"; and "[Staff] talk to me like a person and try and help me as best as they can". A family member confirmed this and said, "They look after [relatives] too and understand our needs; they're very caring towards us." A staff member told us, "Delivering personal care is important but the little extras, like having time for a chat, is really important too."

People told us care staff were always introduced to them before they started delivering care and support. If a staff member was going on holiday, they would introduce their replacement before leaving, so the person could start to get to know them. One person said, "We get a regular team of [staff]; we never see anyone we don't know." The registered manager told us, "Continuity of care is our absolute watchword. We limit the number of carers who visit each person and make sure [people] always know who's coming."

People said their privacy and dignity were protected and respected at all times. Comments included: "[Staff] always make sure the door is shut so we have some privacy"; and "They close the curtain and the doors when I am getting changed". Staff were sensitive to the fact that they were working in people's homes and took care to be as discreet and unobtrusive as possible. People were able to choose the gender of the staff member who assisted them and could request a change of staff if they did not feel comfortable with a particular staff member.

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The provider's induction process had a strong focus on preserving people's dignity. Staff responses to questions in their induction workbooks showed they understood the importance of doing this. They knew how to achieve it, in practical way; for example, by keeping people partially covered with towels when delivering personal care.

People and relevant family members were involved in planning and agreeing the care and support they received. This started with an assessment of the person's needs and developed over time as people's needs changed. Records confirmed that people were also involved in reviews of their care and in discussing any changes they wished to make to the way care and support they received.

Good

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs. When we spoke with staff, they demonstrated a good awareness of people's individual support needs and how each person preferred to receive care and support. In addition, they understood the family dynamics and knew how to work closely with family members to provide all the necessary care and support for the benefit of the person. They recognised that some people's mobility or cognitive ability varied from day to day and were able to assess and accommodate the level of support the person needed from hour to hour.

One person said of the staff, "They make my life much better. I couldn't live at home without them." Another person told us staff would "always stay longer if needed and always ask if there's anything else they can do." A family member, who was also a healthcare professional, told us, "[Staff] are very person-centred; the best I've ever seen; and they use their initiative too." Another family member said of the staff, "They help us to live our life the same way as before [my relative] got ill. They help us to maintain our life."

Assessments of people's care needs were completed by one of the managers, who then developed a suitable plan of care. The care plans we viewed provided detailed information to enable staff to provide appropriate personal care in a consistent and individualised way. They included clear directions to staff about how the person preferred to be washed and how they liked to be supported to dress; for example, which arm the person liked to put through their top first, where staff should position themselves when washing the person and how the person liked to be dried. There were similarly clear plans to advise staff how to provide skin care to people who were being cared for in bed. When we spoke with staff, they demonstrated a good understanding of the care they were required to deliver and the way in which each person preferred to be supported. A staff member told us, "Nothing is ever rushed. We've always got time to do what we need to do."

Care plans were reviewed regularly and whenever people's needs changed. During a recent review, one person had asked for more support, and we saw their visits had been increased to four calls each day, plus a sleep-in care staff member at night. Records of the care provided confirmed that people received appropriate care and that staff responded effectively when people's needs changed. One person told us, "[The service] has adapted well as things have changed [with my health]. Half an hour [visits] were a bit of a rush, so I have 45 minutes now, which gives [staff] time to sit and chat, which is nice." A family member confirmed this and said the service had "responded rapidly" to their relative's changing needs.

The provider sought and acted on feedback from people. Questionnaire surveys were sent to people and their relatives twice a year. Responses were then collated and analysed to identify improvements that could be made to the service, which were actioned promptly. For example, people had made comments in a previous survey about not being updated when their rota changed. This had been addressed by office staff and people told us they were now advised when the rotas changed, which helped them know which staff member was attending. Another person had requested information to be provided in large print and we saw this was now available to people. People knew how to complain and there was a suitable complaints procedure in place. One person said, "If I had complaint, I would just phone the office. There's always

someone there."

Good

Is the service well-led?

Our findings

People praised the quality of the service they received from Charmes Care and told us it was well-led. They said they would recommend the service to others or some had done so already. One person said, "The service provided is top notch." Another person said the service was "very good" and that the office staff were "very quick at answering the phone". A family member described the service as "very efficient" and said it was "flexible and very good at providing extra [support] if we need it". Another family member said of the service, "It's been a better experience than I expected. They are very caring people."

People benefitted from staff who were happy and motivated in their work. Comments from staff included: "I love working here; it's a great family-run business"; "They're what I call a care company. They really look after clients and staff. It's like working with your family"; "I'm really, really happy with them, I think they're a great company"; and "[The registered manager] tells us what we are doing right, as well as things we can improve. I'm constantly being told I'm doing a good job. It makes me feel valued and supported".

The registered manager told us they felt it was important to support and value staff. They said, "It's about loving them. If you love the staff, they will love the customers and really care for them." They added, "I'm never not available for my staff; that's how I appreciate them." The registered manager also demonstrated their commitment to staff by offering permanent contracts with guaranteed hours to suit their availability. In addition, they made sure time was factored into the rotas between calls, so staff would not feel under pressure and were able to arrive at calls on time. Staff told us they appreciated this as it made their job "more manageable".

Feedback from staff was sought on a regular basis and they were encouraged to make suggestions about improvements that would benefit people. For example, following comments from staff, changes were made to the way medicines were recorded to help ensure errors did not occur. A staff member told us, "If you have an idea for doing something better, it's talked about and done." Another staff member confirmed this and said of the management, "They're very open to what we say and will change if needed. For example, one of us was visiting [a person] for two hours, but we thought it would be better to have two staff there for one hour. [The registered manager] listened, the person agreed and so they changed it."

The service had been operating for two years and was steadily growing in size. The registered manager acknowledged some initial teething problems and described how they had been overcome. For example, initially there had been a relatively high level of staff turnover; this had been addressed by introducing a more thorough selection process to help ensure applicants were suited to the role. This had proved beneficial and staff turnover had decreased significantly in recent months. Following difficulties last summer in ensuring there were enough staff available to support people in August, the provider had offered staff a financial incentive to work in the summer. This had proved highly effective and had helped ensure staff were always available to support people. The registered manager told us, "We now have a more settled team and this August has been much calmer."

The registered manager kept up to date with best practice through links with, and circulations from the local

homecare association. They were also a member of the Care manager's Forum, a group set up by a national body to help improve the quality of training for care staff.

There was an appropriate quality assurance process in place which focused on continually improving the service provided. Audits of each aspect of the service, including care planning, medicines and staff training were conducted regularly. These identified changes that needed to be made, which were then actioned promptly.

'Spot checks' and 'observational checks' were completed by supervisory staff and managers to check staff were working to the required standards. The checks covered aspects including punctuality, safeguarding, moving and positioning practices, medicine administration, dignity and respect. Where the checks indicated staff needed additional support, this was provided. For example, a supervisor told us that during one spot check, it became clear that a staff member was not confident using a piece of equipment to support a person to move, so additional training was arranged. The supervisor told us they followed this up with the person and said, "[The person] feels a lot safer now." Staff told us these checks were performed in a "supportive way" and were "helpful".

There was an open and transparent culture within the service. Staff described the management as "approachable" and were made welcome when they visited the office. The registered manager notified CQC of all significant events. There was also a duty of candour policy in place to help ensure staff acted in an open and transparent way when mistakes were made.