

Chrysalis Care Ltd

Chrysalis Care Ltd

Inspection report

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Tel: 01189429889

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Chrysalis Care Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 27 people receiving the regulated activity 'personal care'.

Summary of findings:

- Records did not always clearly reflect how staff were meeting people's specific health conditions. However, the provider responded promptly to this and put in place an action to ensure they are working in line with best practice guidance.
- Records did not always reflect when people were involved in decisions about their care. However, the provider responded promptly to this and put in place an action to ensure their records clearly reflect decisions people make regarding the care they receive.
- The registered person had not submitted a notification to the Care Quality Commission following an allegation of abuse. This was investigated by the registered manager and was an unfounded allegation. The provider said they would submit this following the inspection.
- People and their relatives told us they felt safe with staff.
- Medicines were handled safely by staff who had been assessed as competent to do so.
- People and their relatives said staff were caring and respected their privacy and dignity.
- People felt the service they received helped them to maintain their independence where possible.
- Staff supported people to have a meaningful life and encouraged them to be independent.
- People knew how to complain and knew the process to follow if they had concerns.
- Staff felt the management was supportive and approachable. Staff were happy in their role, which had a positive effect on people's wellbeing.
- The registered manager demonstrated a commitment to providing person centred care for people.

Rating at last inspection:

At the previous inspection on 23 January 2017 the service was rated as 'Good' (report published on 24 February 2017).

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risk profile and ensures we are able to schedule the next inspection accordingly.

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 Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-led.

Details are in our Well-led findings below.

Chrysalis Care Ltd

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

Chrysalis Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and people who may have dementia, a physical disability, a sensory impairment and/or mental health needs.

The service had a manager registered with the Care Quality Commission (CQC). 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:

This inspection took place on 25 February 2019.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that relevant staff and information would be available in the office.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. We were unable to review a Provider Information Return (PIR) as we did not receive this. 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. The registered manager informed us that they had not received this request from the CQC.

At the time of the inspection we had not received any statutory notifications. Notifications are information about important events the service is required to send us by law.

We looked at seven care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition, we looked at the records related to the running of the service. These included a sample of quality assurance records, staff and training records. We spoke with six staff members including, the registered manager, care co-ordinators and three care staff. We spoke to five people who use the service and three family members of people who use the service. We requested information from external health and social care professionals and received four responses.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Records did not always reflect how the service was meeting people's specific health conditions and managing the risks that this might present with. Records did not always reflect how staff should respond in relation to someone's specific health care needs and did not always follow best practice. For example, one person suffered from a lifelong illness which staff administered regular medication for. This meant staff needed to monitor their health and be able to identify when this condition may deteriorate. However, the person's care plan did not detail how staff should do this. The person's care plan lacked sufficient detail and specialist guidance on what staff should look for if this person's health might be deteriorating and how they are supporting the person with their condition.
- The registered manager advised they would follow this up promptly to ensure that records reflected how they were supporting people with their specific health conditions, to ensure their needs were being met in a safe way.
- Where risks to people had been identified, risk management plans were incorporated in to care plans. These provided staff with information which ensured they delivered care in the safest way possible.
- Staff carried out a health and safety assessments of people's homes to ensure the person, their family and staff were safe while carrying on the regulated activity.

Using medicines safely:

- Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine.
- For example, where one person was prescribed a PRN medicine, there were no guidelines regarding when this medicine might be required. There was no information to support staff to look for particular signs and symptoms to ascertain if the medication should be given. There was no guidance advising staff about when to administer the medicine or if the person was able to identify for themselves when they needed the medicine.
- We spoke to staff who demonstrated they knew people well and were able to clearly identify how people indicated when they may require their PRN medicines.

We recommend that the provider seeks guidance in line with best practice on the administration, recording

and management of medicines.

- People's medicine administration records were up to date and had been completed correctly by the staff administering the medicines.

Systems and processes to safeguard people from the risk of abuse:

- Staff were well-trained with regard to safeguarding and knew how to deal with any issues relating to people's safety. People told us they felt safe.
- There had been one safeguarding incident since the last inspection which was dealt with appropriately.
- Relatives said they felt their family members were safe with the staff
- Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.
- The provider had a whistle blowing policy which staff told us they would not hesitate to use, should it be necessary.

Staffing and recruitment:

- Staff were provided in line with the hours identified in people's individual care packages.
- Required staff recruitment checks were carried out to ensure people were protected from having staff work with them who were not suitable.

Preventing and controlling infection:

- Staff were provided with personal protective equipment so they could carry out their work safely. One staff member told us, "I always wear gloves. If there is a new task, new gloves."

Learning lessons when things go wrong:

- Where accidents and incidents happened, initial actions were clearly recorded. Management were able to tell us details regarding their investigation into the incidents and if any action had been taken to prevent recurrence.
- Staff told us that any concerns are discussed in team meetings. This meant that lessons were shared and improvements sought when an accident or incident occurred.

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's outcomes were consistently good, and people's feedback confirmed this.

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

- People received effective care and support from staff who knew how they wanted things to be done.
- Care plans included a full assessment of the person, including individual preferences and choices. The care plans were reviewed and amended when changes occurred or if new information came to light. People we spoke to said that they were involved in making decisions about the care they received.
- Care plans included individual information, such as how staff should enter people's homes and what security measures were in place.
- Care plans were written with the person in mind. One member of care staff we spoke to said that they always, "Read the care plans before a visit." One person said that care staff were clearly informed about the care required, "They do read [the care plan]."

Staff support; induction, training, skills and experience:

- People were very complimentary about staff, who were all considered to be highly competent and experienced. A relative commented, "There seems to be a sense of doing the very best they can for you."

A social care professional told us, "They (staff) have a very good knowledge and understanding of mental health and were very understanding to the needs of the client [person receiving support]."

- Staff had received training covering a range of topics. Staff received induction training when they joined, an unannounced observation by a supervisor every twelve weeks, followed by a formal supervision two weeks later.

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

- People were provided with meals of their choice when this was included in their care plans. The care plan for one person included details outlining the food groups the person had for their meal.
- Another person's care plan included details of their hydration needs, which staff supported them with to ensure their health and wellbeing needs were being met.

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

- Records showed the service communicated with other health and social care professionals such as social workers, GP's and dieticians, to make sure people's health and care needs were met.
- Healthcare professionals we spoke with were complimentary about the provider. One commented, "Health needs are reported, usually to the GP or District Nurse in a timely manner. The care manager is kept in the picture and issues are followed up if response is delayed."
- A health professional told us, "Chrysalis are normally accommodating with any changes to a care package and are able to provide any additional cover that may be required."

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

- Staff we spoke to had the knowledge related to MCA and demonstrated they knew how to work with people in a person centred way.
- Staff encouraged people to make their own decisions on a day to day basis, ensuring those important to the individual were involved in this decision making, if appropriate.
- Most staff had been trained in mental capacity, with training for those outstanding booked for March 2019.

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

Ensuring people are well treated and supported; respecting equality and diversity:

- People were treated with kindness and compassion. Staff were caring and treated each person as individuals.
- A social care professional said, "Carers will also attend to the small things that bring real quality to [people's] life and even run errands when time allows." One person told us that they liked to have a takeaway occasionally and staff would fetch this for them if asked.
- Another professional told us, "Clients [people] tell me they look forward to visits from this agency and that they [staff] brighten their day."
- A relative of a person receiving care was asked if they felt staff rushed during care visits and responded, "They're more or less opposite". Another relative said that staff were, "Not clock watching. They're there 'til the job is done."
- Where people had equality and diversity needs, these were identified and set out in their care plans. People felt that their individual preferences and needs were being met.

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

- Care plans indicated that people's preferences were met and that people were involved in decisions about their care, including writing and reviewing their care plans.
- One person commented on how they had raised issues regarding their care package and their care plan was amended as a result.
- A relative told us that decisions about their family members care was, "Led by mum [person in receipt of care]", with the support from her daughters.

Respecting and promoting people's privacy, dignity and independence:

- Care plans were well written, using respectful language that reflected each individual and their preferences. Care plans indicated when a person would like privacy, such as while using the bathroom. One person's care records directed staff to, "Discreetly check skin" in order to assess whether creams should be applied.

- People's dignity was respected. A person we spoke to commented on the support they received from staff when showering. They told us this was, "really personal" and that they felt they could trust the staff.
- Care plans highlighted the abilities of people and the support that should be offered to people carrying out activities for themselves. Records identified how staff should support people to remain as independent as possible.
- One person's care records identified that staff should monitor the person as they prepared their own breakfast. A person we spoke with said that they start to prepare their own meal and care staff will help with this, when needed. This enabled them to do as much as they felt able to.

Is the service responsive?

Our findings

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

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:

- The provider used a digital care management system that allowed staff to update people's care records in 'real time'. This allowed staff to review and update records at the time the person was receiving support. Individuals important to the person could also access this information, where appropriate.
- Care plans showed people were supported to set goals that were important to them. These were regularly reviewed with the person and provided an opportunity to review what people wanted.
- Relatives said their family members received the care and support they needed.
- People were encouraged and supported by staff that were familiar to them, to take part in activities such as social events, outings and activity clubs. This included staff supporting people to attend a regular 'craft club' which was paid for by Chrysalis Care Ltd to ensure everyone had the opportunity to take part, if they wished.
- The provider owned a seaside apartment which they supported people to access and use, as they wished. This supported people to take holidays where they may not otherwise have been able to.
- A care professional told us, "Chrysalis make a genuine effort to customise their service to the individual needs of their clients and will involve the client as much as that individual's abilities allow."
- One relative told us that after her family member was taken to hospital, the care visit was cancelled but the provider responded that they would make sure they were available at whatever time the person came home to provide the planned care and support. The visit was eventually carried out at 11pm.

Meeting people's communication needs:

- The provider was aware of the Accessible Information Standard (AIS). From August 2016 onwards all organisations that provide adult social care are legally required to follow the AIS.
- The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The provider identified people's information and communication needs by assessing them. People's

communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

Improving care quality in response to complaints or concerns:

- The service had a complaints procedure which was accessible to people, their friends and families and others interested in the service.
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- Where a concern had been received, this had been recorded in detail and action taken to rectify the situation and improve the quality of the service.

End of life care and support:

- At the time of our inspection, no one was receiving end of life care.

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

Systems and processes did not always ensure quality improvement. Records did not always evidence high-quality and person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- We found that the provider had not always kept a record of all decisions taken in relation to care and treatment of the person and did not always make reference to discussions with people who use the service.
- For example, one person had items, including their medication, kept in a locked safe storage box which they did not have access to. The arrangement was that if a visit was cancelled by the person, their relative would support to administer medication. The registered manager advised that this person had supported in making this decision. There was no record of this conversation or agreement. We spoke to the person who advised they had consented to the arrangement. Following the inspection, the registered manager advised they would ensure records clearly reflect when decisions are made by people.

We recommend that the registered provider seeks guidance to ensure they keep an accurate record of all decisions taken in relation to care and treatment and make reference to discussions with people who use the service.

- People's needs were being met in relation to their specific health conditions. However, records did not clearly reflect how staff were meeting these specific health conditions. Following the inspection, the registered manager advised that they would ensure records reflected how they were supporting people with their specific health conditions.

We recommend that the registered provider refer to current clinical guidelines and best practice to ensure systems and processes and accurate records are in place to identify and assess risks to the health, safety and/or welfare of people who use the service.

- The provider had a system in place to log any safeguarding concerns and statutory notifications. Providers are required to submit statutory notifications to inform the Care Quality Commission (CQC) of certain events affecting people and the running of the service.

- At the time of inspection, the provider had not raised any safeguarding or submitted any notifications to CQC. The registered manager told us of an incident where another health and social care professional had made an allegation of abuse in relation to care visits not being undertaken by Chrysalis Care Ltd. This was investigated by the registered manager and was unfounded. No notification was sent to us following this

incident. The registered manager was directed to the notification guidance and advised they would submit a notification promptly.

- The registered manager undertook audits of different aspects of the running of the service including care records, care visits and other documentation. Where issues were identified, actions had been carried out to ensure everything met the required standard.
- There was a clear management structure in place. Staff were clear on their roles and who they should report to.
- Staff felt supported by the management team. Support was described by one staff member as, "Fantastic". A staff member mentioned a personal issue through which they had been very well supported by management.
- A health and social care professional told us, "Managers are all experienced in care and will jump in to support staff if there is sickness, or other reasons lead to staff shortages."
- Staff were confident in their roles and training and in their knowledge of the people they supported. At each staff meeting a "real case study" was discussed, giving everyone the opportunity to reflect on the care provided and to consider issues, possible improvements and any lessons learnt.
- The provider had completed a quality improvement plan in April 2018 but the records did not evidence whether actions recorded had been followed up and in what timescales. The registered manager followed this up promptly following the inspection to add details of which actions had been completed, were ongoing and were to be commenced, together with the relevant dates.

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

- People expressed confidence in the management of their care and the option to contact the office in the event of any problem arising.
- People received a service from staff who worked in an open and friendly culture. During our inspection, we observed the registered manager working positively and collaboratively with staff.
- Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised.
- Staff said they would feel confident about reporting any concerns or poor practice to the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider had not carried out any formal quality assurance surveys to obtain the views of people and their families. However, people and their relatives told us that their views had been sought on a day to day basis. The registered manager said they would look to conduct quality assurance surveys in the near future.

- Staff meetings were held quarterly and covered a range of topics related to the care of people. Staff were positive about the team meetings, noting that they were well attended and informative, keeping them up to date. The registered manager told us that minutes of meetings were sent to staff following each meeting.
- The registered manager communicated regularly with staff and people. A weekly newsletter was sent to staff to update them on work, people and issues arising. A quarterly newsletter was sent out to people receiving support which kept them informed about the service. For example, which activities and events would be taking place.
- Staff received training in relation to the Equality Act and human rights as part of their induction.

Working in partnership with others:

- Feedback from professionals who had worked with Chrysalis Care Ltd were very positive. One commented, "Chrysalis were willing to accept our recommendations with regard to the [person's] current and future care."
- Another professional told us the provider had, "Been cooperative in their communication with us and always available to contact".