

# Chislehurst Homecare Partnership Limited

## 68 Oak Avenue

### Inspection report

68 Oak Avenue  
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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?        | Good ● |

# Summary of findings

## Overall summary

This inspection was carried out on 25 and 27 May 2016. The inspection was announced.

The service is a domiciliary care agency which provides personal care and support to older people living in their own homes. At the time of our inspection there were ten people using the service all of whom were privately funded.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were satisfied with the standard of care and support they received. The staff were kind and caring, and always respected people's privacy and dignity. Staff had developed caring and friendly relationships with people.

The registered manager and staff knew what constituted abuse and who to report it to if they suspected people were at risk. They had all received training in safeguarding adults. People were protected from avoidable harm because staff had access to appropriate guidance to ensure identified risks to people were effectively managed.

People were supported to stay healthy. If staff had any concerns about a person's health, appropriate professional advice and support was sought. People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals. People received their medicines as prescribed.

The registered manager and staff were knowledgeable about the people they supported. This included their preferences, routines and their support needs. Staff provided people with the support they required in line with their care plans. Staff regularly discussed people's needs to identify if the level of support they required had changed, and care plans were updated accordingly.

People were involved in decisions about their care. Where appropriate, staff liaised with people's relatives and involved them in discussions about people's care needs. Staff were also aware of who had the capacity to make decisions and supported people in line with the Mental Capacity Act 2005. Staff supported people to be as independent as they could and wanted to be.

The provider operated safe recruitment practices which were consistently applied. There were enough suitably competent staff to care for and support people safely. People were matched with staff with the right mix of knowledge, skills and experience to meet their needs and preferences.

Staff received the training they required to ensure they had the knowledge and skills to undertake their role. Systems were in place to ensure staff remained up to date with the training considered mandatory for their role. Staff were supported by the registered manager who ensured staff had regular opportunities to discuss their work and professional development during individual supervision sessions and annual performance review.

People were encouraged to give feedback on the care they received. Staff felt able to express their views and opinions, and these were used when looking at service improvements. Staff said they enjoyed working at the service and they were well supported by the registered manager.

There were effective systems in place to assess and monitor the quality of care people received.

## 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.

The provider had policies and procedures to minimise the risk of abuse to people and these were effectively implemented by staff. Risks to people were assessed and staff had guidance on how to manage the risks identified

Staff were recruited using an appropriate recruitment process which was consistently applied. There were sufficient numbers of staff to help keep people safe.

Medicines were effectively managed. Staff followed procedures which helped to protect people from the risk and spread of infection.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required. Staff were appropriately supported by the provider to carry out their roles effectively through induction, relevant training and regular supervision and appraisal.

Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care.

People who required it were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

### Is the service caring?

Good ●

The service was caring.

Staff were caring. People were treated with compassion and respect. Staff respected people's privacy and dignity.

People were supported by staff to be as independent as they could and wanted to be.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in their care planning and felt in control of the care and support they received. Staff knew people well and how to meet their individual needs.

People knew how to make suggestions and complaints about the care they received and felt their comments would be acted on.

### Is the service well-led?

Good ●

The service was well-led.

There was a clear management structure in place which people using the service and staff understood. Staff knew their roles and accountabilities within the structure.

People, their relatives and staff felt able to approach the registered manager about their concerns.

There were systems in place to monitor and assess the quality of care people received.

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## **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 inspection took place on 25 and 27 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included routine notifications and the previous inspection report.

We spoke with two people using the service and three people's relatives. We spoke to the registered manager and three staff members. We looked at five people's care files and three staff files which included their training and supervision records. We looked at the provider's policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe receiving care from the service and knew what to do if they had any concerns about their safety. People commented, "I feel safe with [staff members]. They are very careful" and "I haven't had any reason to be concerned. If I did I would call [the registered manager]". Relatives felt their family members were safe. They told us, "[The person] is much safer now with the carers coming in" and "I'm confident [the person] is safe. If I had a suspicion [the person] wasn't being looked after properly I would be straight on the phone to [the registered manager]".

People felt safe because they knew they could expect staff to arrive on time and stay for the time allocated. Staff did not miss visits and were rarely late. One person told us, "They are always on time and I don't think they've ever missed a visit." Another person told us, "They are rarely late." A relative told us, "I think we've struck lucky, they are very reliable." People and their relatives knew who to contact in the event that staff did not arrive on time.

The number of staff required to deliver care to people safely was assessed when people first began to use the service and also when a change in need was identified. Records confirmed that the number of staff a person required to deliver care was supplied according to their assessment. People told us they received care and support from the right number of staff.

Staff understood their obligation to protect people from abuse. Staff commented, "That is the most important part of the job, making sure the people we look after are safe" and "We all take their safety very seriously." The provider had policies and procedures in place to guide staff on how to protect people from abuse and staff were familiar with these procedures. Staff had been trained in safeguarding adults. They demonstrated good knowledge on how to recognise abuse and report any concerns within the service and externally.

People were protected from avoidable harm. Risk assessments were carried out by staff and care plans gave staff information on how to manage the risks identified. Staff were aware of the specific risks to each person and what they should do to protect them from harm. People had a personal evacuation plan which gave staff instructions on how to keep them safe in the event of an emergency. Staff had been trained in health and safety and emergency first aid. They knew what to do in the event of a medical or other emergency.

The provider operated safe recruitment practices and appropriate checks were carried out before staff were allowed to work with people alone. Records indicated that the provider's recruitment practices were consistently applied. Staff were only recruited after an interview to assess their suitability for the role, receipt of satisfactory references, proof of identity and the right to work in the UK and criminal record checks had been carried out. Staff were also required to complete a health questionnaire which enabled the provider to check that they were physically and mentally fit to care for people. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People who were supported by staff to take their medicines received their medicines safely because staff consistently followed the provider's procedure for administering medicines. Records demonstrated staff had received training in the safe handling and administration of medicines and their competency to continue doing this safely was refreshed regularly. People's care files contained information about their allergies, detailed information on the medicines prescribed and how and when they should be taken. Staff were required to sign medicine administration records each time medicines had been given. The medicine administration records we looked at were fully completed. This indicated people received their medicines as prescribed.

People were protected from the risk and spread of infection because staff followed the provider's infection control procedures. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes which staff consistently followed. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff told us they had an ample supply of personal protective equipment (PPE). People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene.



# Is the service effective?

## Our findings

People were cared for by staff who knew how to carry out their role effectively. People told us, "[The staff] are very good" and "I think they are well trained." Relatives commented, "The staff are experienced and know what they are doing" and "I have complete confidence in them".

People received care and support from staff who were adequately supported by the provider through an induction, regular training, supervision and appraisal. When first employed, staff received an induction during which they were introduced to the provider's policies, they received training in areas relevant to their role such as moving and handling people and infection control, and they were made aware of emergency procedures.

Staff told us and records confirmed that they received regular training in the areas relevant to their work such as safeguarding adults, moving and handling people and infection control. Staff were able to tell us how they applied their learning in their role day-to-day. Staff were supported to provide effective care to people through the supervision and appraisal process. Staff attended regular supervision meetings where they discussed issues affecting their role and their professional development. Individual staff performance was reviewed during an annual appraisal. The provider supported and encouraged staff to obtain further qualifications relevant to their role.

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 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. The registered manager told us that all of the people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Staff had received training recently in the MCA. They understood the main principles of the MCA and knew how it applied to people in their care. Staff told us of the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. Staff obtained information from people and their relatives about their dietary needs and

how they wished to be supported with this. This information was documented in people's care plans, as well as how people preferred their meals to be prepared. Where appropriate, staff recorded how they supported people with their meals. These records indicated the meals prepared by staff were based on people's specific preferences and choices.

Staff supported people to maintain good health. Care plans contained information about the support people required to manage their health conditions. Staff monitored people's health and well-being. When staff were concerned about people's health, people were promptly referred to appropriate healthcare professionals. The registered manager told us that care plans were reviewed immediately when there was a change in a person's health condition or circumstances. Where any changes were identified in people's needs, their records were updated so that staff had access to up to date information about how to support them.

## Is the service caring?

### Our findings

People using the service made positive comments about the staff and the care they received. Comments people made included, "They are really kind. I've no complaints" and "The girls are lovely". Relatives were also complimentary about the staff and the quality of care their family members received. Staff had formed meaningful relationships with people. One relative told us, "They are brilliant. [The person] gets on really well with them. They always make time to have a chat and [the person enjoys talking about the family and hearing about theirs." Another relative told us, "[The person] is very happy and so we are happy. They are so good, we're very grateful."

Many of the staff had worked at the service for several years. They had a positive attitude to their work and enjoyed working for the service. One staff member told us, "I like working for the people we support and it's a good company to work for." Staff spoke about people in a caring and respectful manner. Staff respected people's wishes and privacy. Staff were able to describe how they maintained people's privacy and dignity by for example, not unnecessarily exposing people while they were being supported with their personal care. One person told us, "They are very good and do as I ask." A relative told us, "They are friendly but don't over step the mark."

People were involved in their needs assessments and in making decisions about their care. People felt in control of their care planning and the care they received. One person told us, "We discussed what I wanted and if I want to change anything I speak to [the registered manager]." A relative told us, "I am in regular contact with [the registered manager] to discuss [the person's] care."

The registered manager and staff had good knowledge of people's care plans and knew the people they were caring for well. They were able to tell us about their life histories, important relationships and health conditions. Staff knew people's routines, dislikes and preferences and this contributed to people feeling they mattered. One person told us, "I'm quite particular but they are very good and know how I like things to be done."

The provider ensured people were given information to help them understand the care and support choices available to them before they started using the service. People told us they had been given a booklet about the agency which helped them understand what they could expect from the agency. People knew how they could make contact with the office staff and registered manager. They knew who to speak to at the service's office if they wanted to discuss their care plan or make a change to it.

People were supported to be as independent as they could and wanted to be. Care plans contained information about people's level of dependency. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. For example, although most people were prompted or assisted to take their prescribed medicines when they needed them, people who were willing and capable of managing their own medicines safely were actively encouraged to continue doing so. People who required support with personal care were encouraged to do as much for themselves as they were able and willing to.

## Is the service responsive?

### Our findings

People were satisfied with the quality of care they received. One person told us, "I'm very happy with them. I've no complaints." Another person told us, "They are pretty good." Relatives also gave positive feedback on the quality of care their family members received." A relative told us, "I think they are good. We've had no problems at all." Another relative commented, "I think they know the person well and are doing a good job."

People felt their views were listened to and that the care they received reflected their preferences. People's care plans were personalised. They took account of people's specific needs, abilities, preferences and life histories. They also included information about the level of support each person required to stay safe and have their needs met, as well as how they preferred staff to deliver their personal care. For example, we saw information on the support people needed to get washed and dressed and where and how they preferred this to be carried out. Staff had been trained in providing person centred care and gave us many examples of how they applied their training whilst supporting people, such as knowing how and at what time a person preferred their tea. One staff member told us, "person centred care for me is treating each person as an individual and giving each person what they want."

The registered manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. A relative told us, "I think [the registered manager] does a good job in matching the carers. [The person] and her carer get on really well. [The person] is very comfortable with her."

There was continuity of care. People told us they were usually supported by the same staff. One person commented, "I usually have the same carer but anyone that comes to stand in is someone I've met before." A relative commented, "We're really happy that [the person] has had the same carers for some time now." Staff demonstrated a good understanding of the specific needs and preferences of the people they regularly supported and clearly knew these individuals well.

People were supported to express their views on the quality of care they received. The provider took into account the views of people using the service and their relatives through regular telephone calls. Records indicated that during telephone calls people were asked if they had any concerns about the care and support they received. The provider conducted annual satisfaction surveys. The surveys we looked at had positive comments from people on their experience of receiving care from the service.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. The provider had a complaints policy which set out what people needed to do if they wished to make a complaint. At the time of our inspection, the provider had not received any complaints. However, there was a process in place for the registered manager to log and investigate any complaints received which included recording any actions taken to resolve any issue that had been raised. Relatives told us they knew how to make a complaint if they were unhappy with the care and support their family members received. One relative said, "I speak to [the registered manager] quite often and I have raised issues in the past. He is very responsive." Another relative told us, "I would contact [the registered manager] to complain if I had to."

## Is the service well-led?

### Our findings

People and their relatives told us the service was reliable and well-organised. They received good quality care from a consistent staff team. There was a clear staff and management structure at the service which people and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by people using the service and the registered manager. The registered manager was approachable and readily available to people and their relatives. People commented, "I can call [the registered manager] if I need to sort anything out." A relative told us, "I have [the registered manager] mobile number and email. We are in regular contact."

People said they got the information they required from the registered manager, such as who would be replacing their care worker when they were on holiday. Staff felt well supported by the provider. They told us there was always sufficient resources available for them carry out their roles such as, aprons and gloves and notepaper for their daily records of care and medicine administration records.

When staff first began to work for the service they were given a staff handbook. These detailed their role and responsibilities, the values of the service and the policies relevant to their role. Staff knew their roles and responsibilities and the service's main policies and procedures. Staff worked well as a team. A staff member told us, "We all work together and [the registered manager] is always available." Staff felt valued and staff morale was high. This contributed to there being a low staff turnover which in turn meant that people using the service received consistent care from a staff team they were familiar with.

Although there had been no accidents or incidents, there was a system in place to record, monitor and review accidents and incidents. The registered manager liaised with other local providers to keep abreast of developments in social care and discuss good practice. The registered manager shared learning and best practice with staff so they understood what was expected of them. Staff felt able to make comments about the day-to-day procedures involved in the running of the service.

There were appropriate arrangements in place for checking the quality of the care people received. The registered manager was in regular contact with people using the service and their relatives and used this as an opportunity to obtain their feedback on the care provided. The registered manager took into account the views of people using the service and their relatives through regular telephone calls and visits to people's homes to check staff working practices. Records indicated that people were asked for their feedback on the care and support they received and that the feedback was positive. We also saw records of unannounced spot checks carried out on staff to make sure they turned up on time and supported people in line with their care plans. There was a system in place to check that staff training, supervision and appraisal were up to date.

We requested a variety of records relating to the people using the service, staff and management of the service. People's care records, including their medical records were comprehensive, fully completed and up to date. People's confidentiality was protected because the records were securely stored and only

accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.