Charterville Care at Home Limited

Content Care Limited

Inspection report

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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 took place on 25 and 26 July 2018.

At our previous comprehensive inspection undertaken on 09 March 2017 the service was rated requires improvement. This was because we found that people's medicines were not always safely managed and people's risk assessments had not always been reviewed regularly, or when their needs changed. In addition, systems in place to monitor the quality and safety of the service were still in the process of being implemented and had not been embedded into staff practice. We also found that policies were not always in place to guide staff to carry out their roles. For example, there was no policy or procedure in place for staff to follow when handling people's money for planned shopping.

The provider sent us an action plan that outlined how they would make improvements.

At this inspection on 25 and 26 July 2018 we found improvements had been made and the service was rated as good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

Content Care provides a personal care service to people who live in their own homes that includes, support with taking medicines, personal care, meal preparation, respite care and home from hospital care. At the time of our inspection the service was supporting 19 people.

Not everyone using Content Care received the regulated activity; personal care. The Care Quality Commission (CQC) only inspects the service received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they did, we also took into account any wider social care provided. Of the 19-people using the service, eight were receiving personal care.

Although the service did not have a registered manager, there was a new manager in post who had taken over from the previous registered manager. They were in the process of registering with the Care Quality Commission. 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 and associated Regulations about how the service is run.

People received safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were detailed risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received support to eat and drink where required. People were supported to use and access a wide variety of other services and social care professionals. They were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs. People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People received care that was person centred and met their needs. They had developed positive relationship with the staff who understood their likes and dislikes. Staff were kind, caring and treated people with dignity and respect.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

Staff felt supported and valued and said they were able to discuss any issues or concerns. There were systems in place to monitor the quality of the care provided and to ensure the values; aims and objectives of the service were met. People had the opportunity to be involved in how the service was run. They were asked for their opinions of the service on a regular basis. This was through visits to people's homes and through the use of surveys.

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.

Staff understood how to safeguard people from potential abuse. Recruitment procedures reduced the risk of employing unsuitable staff. There were enough staff employed to meet people's needs.

Risks related to people's care had been identified and acted on. The provider learned from incidents and took further steps to reduce risk. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's care needs were assessed and met by staff who were skilled and had completed the training they needed to provide good care. People were supported to maintain their health and well-being and staff helped to ensure people's nutritional needs were met.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. Staff respected people's privacy, dignity and independence ensuring people were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive

Care plans were personalised containing information about people's likes, dislikes and personal preferences. The provider's complaints policy and procedure was accessible to people and their representatives.

Is the service well-led?

Good

The service was well-led.

A manager was in the process of applying to be the registered manager. Quality monitoring systems were in place to drive improvement at the service. These had been embedded in to staff practice. Staff members said that management provided good support to them.

Feedback from people was used to drive improvements and develop the service. People's diverse needs were recognised, respected and promoted.

Content Care Limited

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 was an announced comprehensive inspection that took place on 25 and 26 July 2018 and was completed by one inspector. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to assist us with our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. This was used to inform our inspection judgements.

During this inspection, we spoke with one person using the service and five relatives. This was because most people using the service had complex needs and were not able to tell us about their experience of the care they received. We also had discussions with five members of staff that included the operations manager, the assistant manager and three care and support staff.

We looked at the care records of four people who used the service. We also looked at other information in relation to the management of the service. This included six staff recruitment records, training records, information about the service such as policies, procedures and arrangements for managing complaints care and how the quality of service was monitored.

Good

Is the service safe?

Our findings

At our last inspection on 9th March 2017 we rated this key question as 'requires improvement'. This was because people's medicines were not always safely managed and there had been four medicines errors in the month of January 2017. In addition, people's risk assessments were not always reviewed regularly or when their needs changed.

The provider sent us an action plan that outlined how they would meet the legal requirements. At this inspection we found that improvements had been made.

People told us staff helped them to have their medicines safely. One person told us, "My carers remind me to take my tablets. They never forget." A relative told us their family member was responsible for their own medicines but were supported by staff to make sure their medicines never ran out.

Staff told us and records demonstrated that staff completed training to administer medicines and also had their competencies tested regularly. One staff member told us, "We have had refresher training about administering medicines. We also have checks to make sure we are safe to support people with their medicines." The operations manager told us that staff had also attended a best practice workshop in relation to the safe administration of medicines.

Staff had information to safely support people with their medicines. This included the provider's medicine procedure which reflected the national guidelines and documentation to enable staff to give people their medicines according to their preferences. Staff followed the provider's policies and procedures when obtaining, storing, dispensing, administering and disposal of people's medicines. We saw medication administration records (MAR) were completed accurately after each person had received their medicine. Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

We found improvements had been made to ensure risks associated to people's safety had been reviewed and monitored regularly. We found detailed risk management plans were in place to identify all the risks present within a person's life.

Risk assessments were completed in a way that allowed people to remain as independent as possible while keeping them safe. These included environmental risks, trips and falls, pressure sores and medication administration. Records confirmed that risk assessments had been reviewed on a regular basis or when there was a change in a person's individual circumstances. All the staff we spoke with felt that they were able to keep people as safe as possible, whilst also promoting people's independence. Where assessments identified a need for two staff to support people, the service ensured two were allocated. This ensured they were supported safely.

Accidents and incidents were recorded appropriately These showed staff had taken appropriate action in response to accidents, such as falls.

The service had systems and processes in place for safeguarding people from potential harm. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. One person told us, "Yes I feel safe when the carers come and help me. They know what to do." A relative told us, "[Name of relative] is totally safe with the carers. They look after them and make sure they are safe and secure before they leave."

Staff understood how to identify signs of abuse and preventable harm and knew how to report these. Staff knowledge in relation to safeguarding adults had been supported by training in this area. One member of staff said, "If anyone was doing something that made me concerned I would report it. We are here to keep people safe and look after them in the best way." Safeguarding alerts were raised with the local authority when required and appropriately investigated.

People told us there were enough staff available to meet people's needs and to keep them safe and this was confirmed in discussions with people and their relatives. One person said, "Staff are very reliable, they always turn up when they should. They never let me down." A relative told us, "We don't have any concerns with staffing. They turn up when they should and always have time for a chat with [relative]. It's very well planned."

Staff we spoke with felt there were enough staff to support people safely. One told us, "We do have plenty of time for travelling and I don't feel rushed." Care records completed by staff and the staff rotas we viewed showed that people received care and support from a regular team of staff, which promoted continuity of care. Staff rotas showed that staffing levels were maintained and arrangements were in place to manage unplanned absences such as staff sickness. The skill mix of staff meant that people's diverse and cultural needs were met by the staff team who knew people well. This contributed to people's safety and assured them their needs would be met.

Staff were safely recruited. Staff recruitment files contained the required documentation to show staff were safe to work at the service including proof of identity, a satisfactory DBS (criminal records check), a full employment history and a health declaration. The provider had obtained references to provide satisfactory evidence of staff conduct in previous employment concerned with the provision of health or social care. This helped to ensure that only suitable staff were employed to work at the service.

Policies and procedures in place in relation to infection control were easily accessible to staff. A staff member said, "We know what to do to make sure people are protected from the spread of infection. We are provided with gloves, aprons and hand gels that we use all the time." This showed that infection control procedures were followed and assured people that they were protected from avoidable harm. Records confirmed that staff had completed training to ensure they were up to date with the most recent guidance to keep people safe from the spread of infection. Observations and spot checks took place, to ensure staff followed infection control practices.

The service understood how to record and report incidents, and used information to make improvements when necessary. The service received national safety alerts to advise of hazards they needed to be aware of, these could include faulty equipment which could cause harm to people. The operations manager told us that staff meetings were used to address any problems or emergencies, and discuss any learning points and actions required.

Good

Is the service effective?

Our findings

People's needs had been assessed before they received support. This included assessment of their physical needs, the gender of staff they would prefer supporting them and when they would like their visits to take place. Assessments took into account equality and diversity needs such as those which related to disability and culture. We saw that other areas covered by the assessment process included who else would help with the persons care. This could be a family member or an outside agency such as a mobile meal delivery service. There was a personal profile of each person providing staff with information about people's life histories. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place.

People said the staff were well-trained and knowledgeable. One person told us, "The staff know what to do. They care for me very well." A relative commented, "I think the staff do a lot of training and know how to look after [relative]. They are professional and competent." Another relative said, "New staff watch observe more experienced staff before they start working alone."

Comments received from people and their relatives in the latest satisfaction survey were very positive. One read, 'The way in which you were able to respond so quickly and sensitively to the occasional mini crisis that arose made the somewhat stressful situation so much easier to deal with.'

Staff told us they were satisfied with the training they received. One staff member told us they had completed an induction before they started to work at the service. They said, "The induction was very useful. It taught me a lot." Records demonstrated that all new staff undertook a thorough induction programme, which included practical training and shadowing experienced members of the staff team before they commenced working alone.

Records showed that staff received on-going training and staff were aware of how to support people with a wide range of needs and preferences. For example, moving and handling training so staff were confident using equipment such as lifting hoists. Records confirmed that all training was kept up to date and staff feedback about the training was good and equipped them for their roles. One said, "We are supported to do as much training as we can. It helps to keep you up to date with any changes in practice." We saw that the training was based on current legislation and best practice guidance. Staff had also been supported to complete nationally recognised qualifications in social care.

Staff told us and records confirmed that staff received supervision, observations of their practice and an annual appraisal of their performance. One staff member commented, "We get regular supervision and lots of support. There is always someone available to talk to."

Staff supported people to eat and drink sufficient amounts if they needed support in this area. A relative told us, "I know the carers do their best and go out of their way to make sure [relative] has the type of meals they like. [Relative] can be a bit fussy with their food and they really make an effort." All staff we spoke with said that a lot of the people they supported, had family to help them with meals, but they did get involved with

this type of support sometimes. The staff had a good knowledge of the preferences and requirements people had with food and drink, and staff were trained in food hygiene and knew how to prepare food safely.

Within the care plans we saw there was guidance for staff in relation to people's dietary needs and the support they required with meal preparation. Details of people's dietary likes and dislikes were also recorded. Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Training records showed that staff had received up to date training in food and hygiene.

The service worked and communicated with other agencies and staff to enable effective care and support. The operations manager told us that the service regularly liaised with health professionals such as occupational therapists, doctors and district nurses. Detailed information regarding people's health requirements was recorded, and staff we spoke with were knowledgeable and confident supporting people with their health requirements.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. A relative told us, "[Relative] was feeling poorly. Straight away their carer called me. We called the doctor and found out they had an infection. They are very quick to notice if anything is wrong." A staff member told us that if they had any concerns about a person's health needs they would call the office and speak with the person's family. Records contained information about people's medical history and current health needs that were frequently monitored and discussed with them and if appropriate their relatives.

The Mental Capacity Act (MCA) 2005 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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The operations manager understood their responsibility about what they needed to do if a person lacked the ability to make a decision about their care and support; a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. Staff told us that they always sought people's consent before providing any care or support and people we spoke with confirmed this. One person told us, "My carers always ask me first. They never do anything I don't want them to do."

Good

Is the service caring?

Our findings

Positive and caring relationships had developed between staff and people using the service. One person told us, "The staff are very good. We have a laugh and a joke together." A relative said, "The care [relative] gets is very good. Nothing is left to chance, they cover everything." Another relative commented, "I'm very happy with the care [relative] gets. I have peace of mind and can relax knowing [relative] is in good hands."

Staff felt able to spend the time they needed getting to know people to develop positive relationships. One staff member said, "We have enough time to spend with people. We always have enough time to stay for a bit of a chat."

Comments received from people and their relatives in the latest satisfaction survey were overwhelmingly positive. One read, 'I would like to thank you all very much for the excellent care you gave to [name of relative]. I definitely struck lucky when I was looking for a care company to look after [relative]. Your carers all give that extra bit and it has been much appreciated.' Another read, 'Your carers have been splendidly attentive and wonderfully kind and caring in the true sense of the word.'

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices. Plans of care demonstrated people and their relatives had been actively involved in making decisions about their care and support. People's plans of care included details about their personal history, their personal preferences and their likes and dislikes. A relative told us, "The carers know exactly how [relative] likes things to be done. [Relative] likes things to be done in a certain way and staff respect that."

People's choices and preferences were recorded in their care plans and staff were introduced to the people they would support. The operations manager and staff we spoke with were able to describe people's preferences and daily routines. The examples described were consistent with the information documented in the care records about how people wished to be cared for.

The operations manager told us that there was no written information available for people if they wanted to consider using an advocacy service. However, they would be able to support individuals to find a suitable advocacy service if it was required. This is an independent service which is about enabling people to speak up and make their own decisions.

People told us that staff respected and promoted their privacy and dignity. One person said, "The carers are very respectful. Very good manners." A relative told us, "The girls [staff] are lovely. They make sure [relative] is always treated with respect and dignity." The staff knew how to maintain people's privacy while providing personal care. Staff had received training about respecting equality, diversity and upholding people's human rights. A staff member said, "Treat people how you want to be treated. That's my philosophy."

People had signed to confirm they agreed to the package of care and support to be provided. This included information as to how data held about people was stored and used. The provider had a policy to evidence

they complied with the data protection act. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. This assured people that their information was held in accordance with the data protection act.

Good

Is the service responsive?

Our findings

People told us the staff provided them with person centred care that met their needs. One said, "The care I get is very good. It's exactly what I need." A relative told us, "My carers will do anything I need and they always help me out. I have not had any problems." People and relatives said calls were punctual and staff stayed for the correct amount of time when providing care and support.

Records confirmed that a thorough assessment of people's needs was completed before a care package was agreed. These had been completed with people or their relatives if necessary. The assessment gathered information about the person's care and support needs and provided a 'whole picture' of the person including any care needs due to the person's diversity. Assessment information was used effectively to develop a plan of care that provided detailed information to guide staff and ensured consistent delivery of care. A relative said, "I have been involved with [relatives] care. I have a say to make sure [relative] gets the care they need."

People's care plans were personalised and recorded how staff would provide them with the care and support to meet their needs. Care plans were written in conjunction with people and others involved in their care. This gave staff the information they needed to help ensure people received support that was right for them. One staff member told us, "Care plans are always updated and make sure we have the information we need to provide people with the right care." The operations manager told us that when there was a change to a person's needs, their care plan could be updated to reflect the change. Staff were made aware of any changes to ensure people received the relevant care and support.

Care plans were reviewed regularly or more often if people's needs changed. People and their relatives, where appropriate, were involved in reviews and had the opportunity to make changes to care packages if they wanted to.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The operations manager told us they had made information available for one person in large print and were looking to develop this further.

If people had any concerns or complaints they could use the complaints procedure in the 'welcome pack' they received when they began using the service. This advised them they could complain in person, by phone or by letter/email, or get a friend or relative to complain on their behalf. A relative told us, "I don't have any complaints but I would be happy to raise anything I wasn't happy with. We did receive information about how to make a complaint."

Records showed that if a person made a complaint they were listened to and their concerns taken seriously. The registered manager carried out a thorough investigation, involving the complainant, and shared the

resolution with them. This meant that a person making the complaint could be confident that the registered manager would take action to resolve it and make improvements to the service where necessary.

All complaints were logged and tracked so the provider could identify any trends and see if improvements were needed. We looked at the complaints log which showed that any issues people had were addressed and resolved.

At the time of our inspection there was no one receiving end of life care. The provider had an end of life policy in place and the operations manager said they that when they did support someone at the end of their life they wanted to get it right. Therefore, they would ensure staff received end of life training and would work with other healthcare professionals such as doctors and district nurses.

Good

Is the service well-led?

Our findings

At our last inspection on 9th March 2017 we rated this key question as 'requires improvement'. This was because although there were systems in place to monitor the quality and safety of the service these were still in the process of being implemented and had not been embedded into staff practice. In addition, policies were not always in place to guide staff to carry out their roles. For example, there was no policy or procedure in place for staff to follow when handling people's money for planned shopping.

The provider sent us an action plan that outlined how they would meet the legal requirements. At this inspection we found that improvements had been made.

There was a new manager in post who had taken over from the previous registered manager. They were in the process of registering with the Care Quality Commission.

We found that quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas which required further improvements. In addition, the operations manager told us about a new initiative where an outside senior manager will undertake a full audit of the service and draw up an action plan. This supported the provider's commitment to quality assurance and development of the service and indicated the service continued to be well led.

People's views about the quality of care were sought formally through annual surveys and individually through unannounced visits or 'spot checks' which were made by senior staff whilst staff supported people in the community. These visits checked that the standards of care met people's needs. The latest survey results were positive about the quality of care people received.

Policies and procedures had been reviewed and updated as necessary. We also saw that new policies had been implemented where required, for example a in relation to handling people's money.

People were positive about the service they received and expressed satisfaction about their care. One person told us, "I am more than satisfied with the care I get and my lovely carers." A relative told us, "My [relative] does get very good care. I don't have any worries and do have peace of mind."

Staff told us that regular, unannounced spot checks of their work was carried out and these shared people's views about staff performance. One staff member said, "We get regular spot checks to make sure we are doing things right. You never know when they are coming." Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. They felt able to voice any concerns or issues and said they had a voice and were listened to. Staff knew about the provider's 'whistle blowing policy', this policy supported staff to raise concerns should they need to.

The service liaised with health and social care professionals and attended training and social care events. This helped them to ensure their knowledge was up to date with legislation, best practice, developments in the health and social care sector.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, their representatives and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating on their website.

There was secure storage for personal and confidential records such as staff files and people's care plans. Staff had access to general operating policies and procedures on areas of practice such as safeguarding and safe handling of medicines. These provided staff with up to date guidance.