

Chennai Holistic Home Care Agency Ltd

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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 responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Chenai Holistic Home Care Agency Ltd provided personal care to 16 people aged 65 and over at the time of the inspection.

People's experience of using this service and what we found

The people we spoke with during this inspection were positive about the service they received and told us improvements had been made.

People told us they felt safe with the staff who supported them. Staff turned up on time to deliver care and stayed for the duration. Staff had a good supply of Protective Personal Equipment (PPE) and used this effectively when supporting people. Recruitment checks were carried out.

Staff had been trained in a range of mandatory subjects, and new employees were given an induction. People's needs were assessed prior to care commencing and were supported to eat and drink in line with their assessed needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans had been reviewed, and people and staff told us they had been involved in this process. Where appropriate, end of life choices had been recorded. The registered manager had an oversight of the complaints process and provided appropriate and timely responses.

People and staff told us improvements had been made. Governance checks had been put in place, and these were being routinely carried out. These systems and checks needed to be embedded over time to ensure the quality of the service would be maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service, under the previous premises was inspected but not rated, published on (08 September 2020.) There were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been rated requires improvement for two inspections since it has been registered.

This service has been in Special Measures since 15 May 2020. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an announced comprehensive inspection of this service on 15 May 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve, safe care and treatment, person centred care, staffing and good governance.

We undertook this focused inspection on the 08 September 2020 to check whether the Warning Notice we previously served in relation to Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and if they had followed their action plan and to confirm they now met legal requirements. At this inspection there were still breaches of regulation.

This report only covers our findings in relation to the Key Questions safe, effective, responsive and well led which contain those requirements.

The ratings from the previous inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chenai Holistic Home Care Agency on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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.

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Inspection team

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

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from various local authorities and professionals who commission the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We emailed ten staff members, spoke with four staff members, which included the registered manager, and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We minimised our time at the service due to the current pandemic.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures, complaints information and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At the last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough had been made at this inspection and the registered provider was no longer in breach of Regulation 12.

- Risk assessments were detailed, and person centred. They reflected people's specific health needs. Staff understood where people required support to reduce the risk of harm. For example, when people had specific needs such as diabetes, a separate risk assessment had been carried out.
- Care records had detailed explanations of the control measures staff should follow to keep people safe.
- The provider had learnt lessons about including and ensuring that staff were included in updating people's risk assessments and care plans. Any changes were communicated to staff effectively. A staff member told us, "The risk assessments are updated by my office with input from me this is then added to the care plan."

Using medicines safely

At our last inspection the provider had failed ensure that medicines were managed in a safe manner. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the registered provider was no longer in breach of Regulation 12.

- Since the last inspection, the numbers of people the service was supporting had dramatically decreased. This meant only two people relied on staff for assistance with their medicine.
- People who needed support to take their medicine were positive about their experience. A relative said, "Yes, they do [Name's] medication. It has all been ok and there has been no problems."
- Medication Administration Record's (MARs) were completed. Since the last inspection, the registered manager had put systems in place to check for gaps and errors when these were returned to the office.
- Staff had been given medicine training and the registered manager had carried out competency assessments regularly.

Staffing and recruitment

At our last inspection, the provider had failed to ensure that staff always attended appointments with

service users or that they routinely arrived on time for those appointments. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People told us the service had improved. Staff turned up on time and stayed for the duration. A relative said, "They come twice a day and they are pretty regular. They have never missed a call." A person said, "Oh, they are on time. Very punctual. They stay the whole time, and they log out and everything."
- When people preferred a male or female carer, this was explored at the initial assessment and people's preferences were supported.
- Staff told us they arrived on time. One staff member said, "People have not received late calls, they have really started monitoring the staff, we arrive on time." Another said, "It is all much better now."
- Office staff had been given mandatory training and could assist to deliver care if staff were off sick or if shifts needed to be covered.
- Recruitment checks had been carried out. This included a Disclosure and Barring Service (DBS) check and obtaining references from previous employers.

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

Learning lessons when things go wrong

- When things had gone wrong the registered manager had taken steps to learn from the event. For example, after an incident the registered manager had retrained the staff member involved and sent an email to all staff stating which policy and guidance they should be following.
- Staff understood how to raise concerns, and the registered manager understood their responsibilities around notifying the local authority if they had any concerns.
- Since the last inspection, the registered manager had spent time reviewing what had gone wrong, and set about making improvements. Staff told us they had been involved with these changes, and information about the role of the CQC had been shared.
- All staff had completed safeguarding training. One staff member said, "I think people do receive safe care. Safeguarding people is a key feature of this service."
- Everyone said they felt safe with the staff who supported them. Typical comments were, "I feel safe, yes. I am not worried. I have regular carers and I know them." And, "Safe? Absolutely. I've always given them top marks." And, "I feel really safe and comfortable [Name of staff member] is fantastic."

Preventing and controlling infection

- The registered manager had not completed a risk assessment, with staff who identified as Black and Minority Ethnic (BAME) or who had underlying health conditions. The registered manager said these would be completed.
- The office was clean and hygienic, and supported social distancing.
- Everyone told us Personal Protective Equipment (PPE) was being used effectively. One person said, "Yes, the staff wear masks." A family member said, "Yes, the staff wear PPE and they stick to the same carer, to limit how many people they see, to help as well."
- Staff told us they had enough PPE and understood how to use it effectively and safely. A staff member said, "I always have a full supply off PPE. The office contacts me regularly to see if I need any extra."
- Staff told us they had been given infection prevention control training.
- People's care plans included detailed information relating to PPE, maintaining hygiene and COVID-19.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff undertook appropriate induction training on commencing work at the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff told us they felt they had received appropriate training to do their job well. Records showed that they had received additional training to support people's varying physical needs. A relative said, "The staff are trained, yes."
- Supervision was being held monthly. When staff had worked with the company for over a year an appraisal was carried out.
- With the exception of one person, staff told us they were well supported. One staff member said, "I have regular visits from my supervisors, and I am supported from office staff by phone and email. I feel very well supported."
- An induction was carried out with people when they were recruited.

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

- An initial assessment was carried out before care was provided to people. The registered manager said, "The initial assessment is crucial. We will not take any package of care if we can't do the assessment. After the assessment, we will ensure a care plan is in place within 24 hours. We will then carry out checks to make sure everything is going smoothly."
- Detailed assessments were in place, which reflected professional guidance.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Detailed information was available for staff to know how to support people to eat and drink in line with their assessed needs.
- People told us staff supported them to meet their assessed needs. One person said, "The staff are respectful, they give [Name] a choice. They open the fridge, and let [Name] look and ask them what they want to eat."
- At the time of the inspection, the service was not supporting people who had swallowing difficulties.

- People's cultural and religious needs had been considered and detailed information was available for staff to know how to support these needs.
- Records contained information about the support people received from other services.

Supporting people to live healthier lives, access healthcare services and support

- Where necessary, staff worked with health and social care professionals to promote people's health and wellbeing.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- At the time of the inspection, the service was not supporting anyone who was being deprived of their liberty, or under authorisation from the Court of Protection.
- Staff had been trained in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)
- The principles of the MCA had been followed regarding obtaining consent to care.
- The assessment process considered people's capacity around making day to day decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People care plans considered the outcomes people wanted to achieve. Such as, being able to get dressed independently.
- People told us they were aware of their care plan and had been involved in reviewing their care. One person said, "The care plan is in the house. It is a book. They check it with me. I have a review this week."
- Since the last inspection, the registered manager had reviewed and updated the care plans.
- The care plans were person centred and based around people's individual needs. They included information about people's likes, dislikes and goals they wanted to achieve.
- Information about supporting people with personal care was personalised around their specific health conditions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- When people had a disability, impairment or sensory loss, detailed information provided guidance for staff to understand how to communicate with people effectively.
- Information was available in different formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Prior to the pandemic, some people were supported with activities, or to access their local community. During the inspection, people were not being supported in these areas, due to current government restrictions.
- Detailed information was in place for staff to understand how to support people to maintain contact with their families, friends and local communities.
- The registered manager sent out news letter providing people with relevant information.

Improving care quality in response to complaints or concerns

- Since the last inspection, the registered manager had put systems in place, they had oversight of the complaints that had been raised.

- People told us they knew how to complain. One person said, "One or two times I've had to raise issues. They dealt with the complaints and it has been better in the last 6 months."
- When complaints had been received these were responded to appropriately.

End of life care and support

- At the time of inspection the provider was not delivering end of life care to people.
- The provider had policies and processes in place, and staff had been trained should people require end of life support.
- Where people had agreed, Do Not Attempt Resuscitation Agreements (DNAR,) were retained in care plans. If they had made advanced decisions, these were recorded.
- Staff had been trained in death, dying and bereavement.

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to have robust governance systems in place to ensure shortfalls in the quality of service were identified and to take action to ensure people always received safe and effective care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Improvements had been made to the service. Governance systems had been introduced and were being carried out routinely. However, these checks had only been introduced a few months prior to the inspection. This meant that these checks would need to be embedded and sustained, in order to assure the quality of the service people received.
- The registered manager did not have a business plan in place to support the growth of the service in the future. After the inspection, the registered manager had developed a business plan which looked at this area.
- Surveys were carried out to obtain people's feedback about the service. The information was generally positive.
- The registered manager had introduced spot checks, staff competency assessments, and carried out regular audits. This had given them better oversight of the quality of care provided so they could target improvements if they were needed.
- People were positive about the changes that had been made. One person said, "I am happy the service continues to get better than before. There is better communication week by week." Another said, "Everything is always taken care of. I am always phoned up and they make me aware of any changes. That is good."
- With the exception of one, staff told us improvements had been made. One staff said, "The thing is the [registered manager] seemed to sit back, but since the CQC has been involved they have stepped up."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- Since the last inspection, the registered provider had not taken on the care of any new people.
- Since the last inspection, the number of people using the service had declined from 93 people, to 16. This meant the staff team had significantly reduced.
- With the exception of one staff member, positive feedback was received from staff. One staff member said, "I would recommend this service to my friends and family because I genuinely believe they really care about the people they care for and understand the needs of the people who, wish to continue living in their homes."

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

- Everybody, except for one person, everyone knew who the registered manager was.
- Some people told us aspects of the service had improved. One person said, "It wasn't too good at the beginning. But it's all resolved now."

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

- Assessments and care plans considered people's cultural, spiritual and emotional needs.
- English was not the first language for some staff, and the registered manager was encouraging them to develop.
- People told us that checks had been put in place which monitored the care they received. One person said, "I speak to them, yes." A relative said, "They ask for feedback. Often over the phone." Another said, "I have had a few calls recently asking for feedback."