

# Chase Care and Support Services Limited

# Chase Care and Support

# Services Hednesford

## Inspection report

Block 1, Unit 16 Cannock Chase Enterprise Centre  
Walker's Rise, Rugeley Road, Hednesford  
Cannock  
Staffordshire  
WS12 0QU

Tel: 01543877197

Date of inspection visit:  
19 February 2020  
20 February 2020

Date of publication:  
14 April 2020

## 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

### About the service

Chase Care and Support Services Hednesford is a domiciliary care agency providing personal care to 60 people at the time of the inspection.

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

People felt safe. Staff understood how to keep people safe and effective systems were in place to protect people from abuse. People's risks were assessed and staff understood how to manage risk to people. People were supported by a sufficient number of safely recruited staff. Staff attended calls on time and stayed for the duration of their call. People's medicines were administered to them safely in line with their care plans. Medication administration records were completed to show when medicines had been administered and personal protocols were in place to guide staff when to administer 'as required' medicines. Staff understood how to prevent the spread of infection and wore personal protective equipment. When things went wrong, this was immediately investigated and action was taken to reduce the risk of reoccurrence.

People's needs were assessed in a personalised way and their diverse needs were considered. Care was delivered in line with people's assessed needs. People were supported by well trained staff with the skills required to meet people's needs. People were supported to eat and drink in line with their care plans. People were supported to access health professionals when needed and accessed support in a timely manner. 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.

People were supported by kind and caring staff who treated them with respect. People were supported by a continuity of staff that enable them to build a rapport. People were supported to make decisions regarding their own care. People's dignity was respected by staff and staff ensured they shut doors and covered people when providing support with personal care to protect their privacy. People were encouraged to do as much as they could for themselves to promote their independence.

People had personalised care plans in place that staff understood and followed to ensure their needs and preferences were met. People's communication needs were considered and the provider gave information to people in a way they understood. People were encouraged to maintain positive relationships with their families. Complaints were investigated and responded to in line with the complaints policy. People were confident any concerns would be addressed.

People were supported by a service that promoted an open and person-centred approach that promoted good outcomes for people. The registered manager was open and honest and understood the duty of candour. Effective audit systems were in place to check the quality of the service. Any concerns identified through audit checks were addressed in a timely manner. People and their relatives were involved in the running of the service and asked for feedback via quality review forms. The registered manager was

proactive in learning and improving the quality of care people received. The provider worked closely with health and social care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 27 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Chase Care and Support Services Hednesford

## **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.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

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

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

This inspection was unannounced.

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.

Inspection activity started on 19th February 2020 and ended on 20th February 2020. We visited the office location on 20th February 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 4 relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, operations director, service delivery manager and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "The carers always keep me safe, they are very good."
- Effective systems were in place to keep people safe and protect them from abuse. Accidents and incidents were recorded and action taken where needed to reduce reoccurrence.
- Staff were aware of the types of abuse and understood how to keep people safe. One staff member told us, "We look out for signs of physical abuse such as bruising or if they're withdrawn. Also financial abuse and neglect. If I had these concerns, I would let the office know. I would be confident the office would deal with it, if not we could follow the whistleblowing process."

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed when needed.
- Clear guidance was in place to direct staff how to manage risk and staff understood and followed this.
- Staff understood how to use equipment and maintain people's safety. One relative told us, "[Person's name]'s had a new piece of equipment so the occupational therapist came out and demonstrated to carers how to use it. The carers have been using the equipment correctly since."

Staffing and recruitment

- People were supported by a sufficient number of safely recruited staff.
- People and staff told us they had enough time to provide the care required and staff were on time. One person told us, "The staff turn up on time. They issue a programme every Sunday of who is coming and what time they are coming."
- Late and missed calls were monitored and action taken immediately to reduce the risk of reoccurrence.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken and references were requested prior to staff commencing employment.

Using medicines safely

- People's medicines were administered to them safely and in line with people's care plans.
- Staff completed Medicine Administration Records (MARs) to show when medicines had been administered.
- One staff member told us, "We put [Person's name]'s tablets on a spoon and into their mouth. Once we have administered their medicines, we record it on the MAR sheet."
- Personalised protocols were in place to guide staff when to administer 'as required' medicines.

### Preventing and controlling infection

- An infection control policy was in place and staff understood how to prevent the spread of infection. One person told us, "The staff always put their aprons and gloves on when they come in and always clean up so it's spotless."
- Staff understood the importance of wearing appropriate personal protective equipment (PPE). One staff member told us, "We use hand wash, gloves and aprons and discard rubbish in the correct manner."

### Learning lessons when things go wrong

- When audits had identified staff had not always input the time they entered and left people's homes, this was immediately addressed with staff to reduce the risk of reoccurrence.



# 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 good. At this inspection this key question has remained the same. This meant 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's needs were assessed in a personalised way and included detailed information regarding people's social history and health.
- People's diverse needs were considered in the assessment process. For example, assessment documentation identified people's religious and cultural needs and whether they required support to access sexual health advice.
- Care was delivered in line with people's assessed needs.

Staff support: induction, training, skills and experience

- People were supported by well trained staff who had the skills and knowledge to meet their needs. One relative told us, "The carers are well trained and skilled."
- Staff told us they received a thorough induction and were provided with training opportunities to enable them to provide quality care to people. One staff member told us, "We went through every aspect of care and support in the induction."

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

- People were supported to eat and drink in line with their care plans.
- Nutrition care plans were completed to guide staff how to support people with eating and drinking. For example, one person's nutrition care plan guided staff to cut their food into manageable pieces so they could be picked up with hands or a fork. Staff understood and followed these care plans.

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

- People were supported to access health professionals when needed.
- One person told us where there had been an issue with their relative's medicine, the provider had engaged with the GP, pharmacy and social services and appropriate changes were put in place immediately to ensure the person's health wasn't affected.
- The provider regularly contacted other professionals including occupational therapists, mental health teams and social workers to ensure people's needs were met.

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. We checked whether the service was working within the principles of the MCA

- People were asked for their consent prior to being supported by staff.
- Staff understood the principles of the MCA. One staff member told us, "If I thought someone didn't have capacity, I would look in their files and it would say how to act on their behalf, I would act in their best interests."
- Mental capacity assessments were completed and documented and appropriate best interests decisions were made when needed.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 supported by kind and caring staff. One relative told us, "The carers are always kind and I look forward to them coming as much as my relative does."
- People told us staff built a good rapport with them and treated them with respect. One person told us, "The staff are very, very friendly and very, very nice."

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

- People were supported to make decisions about their care. One relative told us, "They do allow [Person's Name] to make choices when they are able to. They ask every morning if they would like a shower or a body wash and they respect my relative's views."
- People were given the opportunity to express their views regarding care. One person told us, "It's my choice to have two showers a week and that suits me best. The managers asked me what I wanted but two is enough for me."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected by staff. One relative told us, "The carers respect [Person's name]'s privacy. If someone is here when they come, they take her into the bedroom on her wheelchair and close the doors."
- Staff understood how to promote people's dignity. One staff member told us, "We close the curtains when doing personal care. If they live with their family, we close the door and put a towel over their lap so people are not sitting unclothed. We talk to people as we're doing it so they know what you're doing."
- People were supported to maintain their independence and were encouraged to do what they could for themselves. Support plans promoted guided staff to promote people's independence.

# 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 good. At this inspection this key question has remained the same. 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 were involved in the care planning process and in reviewing their care plans which ensured their needs and preferences were understood. One person told us, "I have a care book which has always been in place. The manager will come out and have a look and check it over regularly. They come and see me in person rather than just on the phone. They make me feel needed."
- People had personalised care plans in place that guided staff how to meet their needs in relation to all aspects of their care.
- Staff knew people well and care was delivered in line with their support plans. One person told us, "They do listen to us regarding our wishes and feelings."

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.

- People's communication needs were considered when sharing information. For example, we saw where one person had a visual impairment, they had been provided with their care plan and documentation in large print text.
- Communication plans were in place which guided staff how to ensure people's individual communication needs were met. For example, one person's communication plan guided staff to speak with them face to face and clearly as the person had a hearing impairment.

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

- People were encouraged to maintain positive relationships with their families.
- Staff supported people to engage in their interests and promote their social wellbeing. One relative told us, "One carer brings music to play to [Person's Name]. This does make a difference to my relative."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and complaints were investigated and responded to in line with the policy.
- People and their relatives told us they knew how to complain and would be confident that any complaints and concerns would be addressed. One person told us, "I haven't got any complaints about the home care I'm getting. I have a number for the head office though if I wanted to complaint but if I did want to, I'd just do

it the staff who visit."

- Complaints received were reviewed to identify any trends and any trends identified were addressed.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were supported by a service that promoted an open and person-centred approach to care which empowered them.
- People and their relatives felt supported by the management team. One relative told us, "The managers are marvellous."
- Staff felt included by the management team and appreciated that the management team supported them with providing care when needed. One staff member told us, "Management support with care calls if needs be which is really good as it takes the pressure off."

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

- The registered manager understood the duty of candour and promoted an open and honest culture within the service.

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

- Effective audit systems were in place to check the quality of the service.
- Accidents and incidents were analysed so trends could be identified and action taken to reduce the risk of reoccurrence.
- Medicine administration audits and log book audits were undertaken on a monthly basis which identified errors that had been made or improvements that were required with recording. Where concerns were identified, these were addressed immediately.
- The registered manager was aware of their statutory responsibilities in relation to submitting notifications to CQC and displaying the inspection rating at the service.

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

- People and their relatives were encouraged to provide input to the service. Quality review forms were used to gather people's feedback regarding all aspects of the service.
- People and their relatives felt comfortable in approaching the management team to contribute to the service. One person told us, "You can pick up the phone and speak to them. That's what I like, it make a significant difference."

- Staff were involved in the running of the service. One staff member told us, "We have team meetings. The office are approachable and would take on board my views."

#### Continuous learning and improving care

- The registered manager was proactive in learning to improve care provided to people.
- The registered manager had learnt from a provider level audit undertaken the previous week and told us about changes that would be made to audit systems to ensure higher level quality checks and trends analysis.

#### Working in partnership with others

- The provider worked closely with health and social care professionals to improve the quality of care people received.