

Cambridge Housing Society Limited

CHS Homecare (Domiciliary Care Agency)

Inspection report

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07 October 2019

16 October 2019

18 October 2019

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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

About the service

CHS Homecare (Domiciliary Care Agency) is registered to provide personal care to people living in their flats within three extra care housing complexes and to people living in their own homes in the local community.

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

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely.

Staff received training, supervision and support so that they could do their job well. Staff enjoyed working at CHS Homecare (Domiciliary Care Agency) and were proud to work there. Staff told us that they wouldn't hesitate to recommend the service and would be happy to have a member of their family receiving the service.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy and dignity was respected.

People, and their relatives were involved in making decisions on the care they wanted. Their preference for how staff delivered their care was recorded in their care plans.

The service was well managed by a registered manager, and six care and support managers, two of whom were based in each of the three schemes. The senior staff team were passionate about giving people a high-quality service and ensuring that staff were supported and skilled to deliver the service effectively.

Systems to monitor how well the service was running were carried out. Complaints and concerns were followed up to make sure action was taken to rectify the issue. People were asked their view of the service and action was taken to change any areas they were not happy with.

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.

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

Rating at last inspection

The last rating for this service was Good (published 25 April 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

CHS Homecare (Domiciliary Care Agency)

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

One inspector and one 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. The service also provides personal care to people living in their own houses and flats in the community.

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 72 hours' notice of the inspection. This was because the service operates across different locations 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 07 October 2019 and ended on 18 October 2019. We visited the office location on 16 October 2019.

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 and professionals who work with 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 seven relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a care and support manager, senior care worker, and two care workers. We sampled a range of records. These included four people's care records. We also looked at a variety of records relating to the management of the service, including audits, compliments and complaints and training records.

We received feedback via email from one external social care professional during the inspection period.

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 and their relatives told us that they felt safe receiving the service. One relative told us, "We have no concerns at all and consider ourselves extremely lucky that [person] is here. I know that [person] is entirely safe."
- The service had systems in place to protect people from abuse and avoidable harm. Staff received safeguarding training during their induction. Staff were confident about the safeguarding procedure and knew who to contact to report any concerns.

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe, for example ensuring that staff fit bed sheets securely to ensure that people did not slide out of bed.
- The service stored people's personal information securely in the main offices.

Staffing and recruitment

- The provider had a recruitment process to ensure that staff were suitable to work for CHS Homecare (Domiciliary Care Agency). Records showed, and staff told us, the process had involved a Disclosure and Barring Service (DBS) record check and previous employment checks.
- Staff told us there were enough staff to meet people's needs, and one member of staff said they thought, "There was a good staff to tenant ratio." People and their relatives told us that they didn't need to wait for staff, one person said, "[Staff] are on time and we have all got to know each other."

Using medicines safely

- People and relatives were satisfied with the way staff supported them to take their prescribed medicines. One relative told us, "[Staff] get all [person's] medication ready for them and ensure they have taken them."
- Staff received training and senior staff checked their competency to administer people's medicines as intended by the prescriber.
- Senior staff audited medicine records to check medicines were given in line with the prescriber's instructions

Preventing and controlling infection

- The service had systems in place to ensure that staff practices prevented and controlled infection. Staff told us that they had received infection control training before being able to work with people.
- Staff told us they had access to and used personal protective equipment such as disposable gloves and hand sanitizer.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and appropriate actions taken as a result.

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

- Staff completed assessments of people's needs before they started using the service. They worked with the Local Authority, and health and social care professionals when assessing and planning people's care. A social care professional told us that staff at the service had been, "Very helpful and proactive in ensuring the right level of support was available, from the start of the application process through to the point of delivery."
- People's care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.
- Prompts were written into people's care plans to guide staff to support people with their personal care. For example, ensuring someone was seated in a comfortable position to prevent skin damage.

Staff support: induction, training, skills and experience

- Staff continued to have the training, experience and skill needed to meet the needs of the people they cared for. Staff were given the opportunity to complete a self-assessment to highlight any gaps in their knowledge and experience. Staff were then supported to complete the relevant training to ensure they were competent and confident in these areas.
- Staff members received supervision as individual meetings and they said they could contact the registered manager or senior staff at any time. They felt well supported to do their jobs.
- New staff received comprehensive training and induction into their roles.

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

- People who required them had care plans for eating and drinking. These guided staff to support people to eat and drink enough. For example, one care plan advised staff to ensure that fresh drinking water was left out in easy reach of the person.
- There were communal restaurants in each of the three extra care services, which offered either a two or three course meal at lunchtime to everyone who lived in the schemes. People were supported to access the restaurants if needed to ensure that they were able to attend. A relative told us that staff prepared breakfast and dinner for people and gave them a choice of what they would like to eat.

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

- Staff, and the registered manager told us that people were supported to access health appointments including their GP, dentist, opticians and hospital appointments. People were given a choice during their initial assessment if they would like this level of support, or if they would prefer to continue accessing these

services independently.

- Staff followed external health professionals advice. This helped to ensure that people received effective care that maintained their health and wellbeing. For example, Speech and Language therapists had trained staff and provided guidance to staff and chefs on how to liquidise meals safely for people.
- Staff were provided with a range of tailored training to support them to support people with complex health needs. For example, the registered manager told us that staff had received training in supporting people who required oxygen, and the registered manager had received support to implement a risk assessment to ensure that oxygen was used safely in the building.
- The staff team had worked closely with the nursing team to train staff on how to take people's observations, including their blood pressure. This enabled the staff team to monitor people closely, and alert staff to when a person needs urgent assistance from health professionals.

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

- Staff knew how the MCA and DoLS applied to their work. Staff and the registered manager told us that no-one using the service was deprived of their liberty.
- Where people lacked the mental capacity to make certain decisions, staff supported people in the least restrictive way, to be involved in decision making, and to express their choices.
- The registered manager told us that when decisions were made in the best interests of people, the Local Authority and family were involved in the decision-making process. This included decisions about whether someone needed their medicines stored securely, or if someone needed bed rails to stop them falling out of bed.

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 and relatives made very positive comments about the staff and the service they received. One person told us; "I like them all and they are very thoughtful and caring. They are so friendly and kind."
- Staff told us they would be happy for a member of their family to live in the service. One member of staff told us that they had wished their late Grandmother had been cared for there. Another member of staff said they would, "Absolutely have a relative living here, it is so safe, and it is such a good staff unit."

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

- Staff had enough time to support people properly and, in the way, they want. A relative told us, "[They] seems happy with the care staff. They take the time to sit and reassure [them]. They go out of the way for [them] and when [they] won't go down for lunch [the staff] will bring the meal up."
- Staff told us that they have enough time to be able to speak to people and listen to what is important to them. One member of staff told us that during their induction, they were given the opportunity to meet all people living in the services and were given time to get to know what was important to them.
- Staff told us that people were involved in the choices and decisions made in their care plan, and that this contained a form for people to sign to show that they agreed with what was written. This ensured that staff had the guidance in place to know they were supporting people in the way they want to be supported.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were satisfied that staff were respectful and treated people with dignity. A relative told us, "The care is more than acceptable, and the staff are very respectful; always asking for consent."
- People told us that staff encouraged them to be as independent and active as possible. One person said, "They very much let me do what I can for myself as I am very independent. I can go out when I want."
- Staff told us that dignity was one of the values promoted within the service. Staff were confident of ways to ensure dignity was promoted, including the use of towels and sheets to cover people during personal care and ensuring that doors and curtains were closed. Staff also told us that when supporting people to administer medication, if visitors were present they would ask the person for consent to give them medication in the presence of their visitors.

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 and relatives told us staff supported people in a way that met their individual needs and preferences. One person told us, "They [staff] all know what I like, and I really like it here." A relative also told us, "Most of the staff have got to know [my family member] and [their] preferences, there seems to be a very low turnover of staff which is always reassuring."
- Staff confirmed they reviewed people's care plans and that these provided them with guidance about the support people needed.

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.

- The registered manager told us they were able to provide information in other formats where this supported people to understand it. This included providing information in easy-read format or other languages. We saw that the complaints policy and complaints form were offered in additional languages to English.
- The registered manager told us that they had previously recorded newsletters and information onto tape so that people who could not read could listen to the information being provided. The service was currently supporting a person who was unable to read, and it was agreed that staff would read them their mail and other information.

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

- During our visit, children from a local nursery school were visiting as part of a scheduled activity. The children were singing with people, and it seemed to be a popular and enjoyable activity for people to attend.
- Relatives told us that people were supported to attend appointments not related to their health, including appointments with the hairdresser.
- The registered manager told us that everyone was encouraged to eat their lunchtime meal in the restaurant, and only supported in their flats due to health reasons. This is to ensure people had the opportunity to socialise with other people living in the schemes and avoid isolation.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and had confidence they would be listened to. They told us concerns were always dealt with quickly. One person told us they had had an issue where they had had to wait to be supported to use the toilet and had been very upset, however when they spoke with senior staff they apologised, and it had never happened again.
- The provider had systems in place to deal with concerns or complaints. The registered manager reviewed all complaints monthly to look for trends or themes.

End of life care and support

- Staff were not supporting anyone with end of life care at the time of our inspection.
- The registered manager told us about a document they complete with people called 'Your Choices'. This document included people's wishes and preferences for their end of life care and arrangements following their death. They told us the information in this document had details such as what music one person wanted playing at their funeral. The person's family had been extremely grateful as they had not known this information and they were then able to make the arrangements the person had wanted.

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

- The registered manager and staff were passionate about providing people with a high quality, personalised service that reflected the provider's values. People and their relatives made positive comments about the service they received. A relative told us, "The staff are honest and reliable and the whole thing seems well run. For us the impact is that we know [person] is safe and how [they] are from day to day. We know that they are cared for and that they will let us know of any concerns."
- People and their relatives told us that they had and would continue to recommend the service to other people. One person told us, "It is well run, and I would happily recommend it." A relative told us, "I have recommended them several times already. Both myself and [my relative] consider ourselves very fortunate to have a place here and when it is my time I have already told my children to book me in."
- Staff were committed to providing high quality care and support. A staff member told us, "I am so happy, I really like the way the service is run, and I just hope the tenants are happy too."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on their duty of candour responsibility

- Staff were clear about their roles and knew when and how to raise any concerns. The staff team felt supported, and described the office door as always being open, and that senior staff and the registered manager, "Cannot do enough for you."
- The registered manager and the staff team knew people and their relatives well which enabled them to have positive relationships and good outcomes for people using the service.
- The registered manager told us that they were passionate about the well-being of the staff team and ensured they had the skills and knowledge to support the team. For example, they had recently trained as a mental health first aider which allowed them to be the first point of contact for members of staff who had concerns about their mental health.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service. The service clearly displayed the previous rating which is a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People using the service were given the opportunity to provide feedback formally on an annual basis. The most recent annual satisfaction survey carried out earlier this year showed that people were very satisfied

with the service, and 80% of people rated the service as excellent overall. The survey captured feedback such as "wonderful" and "very attentive".

- People, relatives and visitors were given the opportunity to provide feedback on an ongoing basis, and some comments received included, "I am constantly impressed by the kindness and compassion shown to my mother", and "I could not be happier since moving in."
- People could meet with staff monthly on a one to one basis to discuss their care plans and concerns or issues they had in relation to their care. The service also held monthly tenants' meetings which gave people the opportunity to discuss building issues, flat issues, health and safety or any other suggestions.
- Staff attended regular meetings and shift handovers where they had opportunities to discuss their views on the service provided. Staff also had one to one formal supervision and annual appraisal meetings to review their performance.
- The registered manager and the provider used information gathered from audits, surveys and feedback to develop the service and make improvements. The registered manager and staff were committed to learning and to improving outcomes for people using the service.

Working in partnership with others

- Information received from the Local Authority social services informed us that the service worked effectively and appropriately with other services, providing a positive outcome for people.
- The provider worked closely with Cambridgeshire Fire and Rescue Service to ensure people would be safe in the event of a fire. The registered manager informed us that everyone involved was now satisfied that risks had been assessed and plans in place to keep people as safe as possible.