

CHANMIL CARE LTD

Chanmil Care Ltd

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

About the service

Chanmil Care Limited is a domiciliary care agency providing personal care to adults living with families or in their own homes in the community. The agency provides a rehabilitation and/or reablement service. People were offered the service for a six-week period or in the short-term. At the time of our inspection they were supporting five people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were cared for safely and staff understood their responsibilities to keep people safe from abuse or harm. People's independence was encouraged as well as positive risk taking.

Staffing levels were specific to individuals. One person said, "My requests have always been fulfilled. They provide my care in twos to ensure I am kept safe during transfers." Another person said, "The continuity of carers has been exceptional. They have never been late or missed calls." One relative said, "They make sure they come in twos for the care. We have never been let down." Effective practices were in place to protect people from infection.

Staff were effective in their roles and sought the best outcomes for the people they supported. 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.

Staff were kind and caring and passionate about the care they provided. People's dignity and privacy was maintained. People and their families consistently told us how well looked after they were, and staff were respectful. One person said, "The carers who visit me are very kind and caring. They listen to me and know me and my partner very well. They treat us with dignity and we have always felt respected."

People were given every opportunity to be valued and equal partners in decisions around their care and support. This was reflected in the good quality care and support people received, from a committed, passionate and caring small group of staff. Reviews of people's care were conducted on a regular basis and/or in response to a change.

People said staff supported them to achieve their goals. They told us staff had enabled them to regain confidence to do things. People had individualised care plans which ensured they received person-centred care. Plans considered people's preferences, likes and dislikes and their cultural and religious backgrounds. People knew who to speak to raise concerns and were confident they would be listened to.

The provider was open and honest and strived to look at ways to improve the service. Staff felt well supported and people were confident in the service they received. Staff liaised with health professionals and looked at ways to improve people's life experiences.

The provider had quality assurance processes to monitor the quality and safety of the service provided. Staff told us they felt supported by the management team. People, relatives and staff were encouraged to offer feedback. One person said, "We always share our views and any suggestions are acted on."

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

Rating at last inspection

This service registered with us on 19 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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.

Chanmil Care Ltd

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

This inspection was carried out by one inspector.

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 provider was also the manager registered with the Care Quality Commission. This means that they 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 we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 12 July 2019 and ended on 15 July 2019. We made telephone calls to people and their families on 12 July 2019. We visited the office location on 15 July to see the provider, speak with staff, and to review care records and policies and procedures.

What we did before the inspection

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 three people who used the service and two relatives about their experience of the care provided. We spoke with two members of care staff and the provider/registered manager.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to staff supervision and unannounced spot checks/observations on staff practice. 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.

This key question is rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person said, "Carer is superb, I feel very safe." Another person said, "I feel safe, there is nothing about them that makes me unsafe, they don't upset me, they don't worry me, they don't intimidate me. That makes me feel safe."
- Staff had received training in how to safeguard people. Staff told us what signs to look for to keep people safe from harm or abuse. For example, changes in a person's mood or behaviour.
- Up to date procedures were in place for staff to follow. One staff member said, "Depending on the type of alleged abuse, I would raise a safeguarding and report the situation to my line manager. I would straight away seek clarification to see how I could protect the adult until other services were involved, such as the police."
- The provider understood their responsibilities to keep people safe. Since the agency registered with CQC in July 2018, there had not been any incidences of alleged abuse. The provider was able to explain their responsibilities if this changed, for example to share the concerns with the local authority and notify CQC as required.
- Staff wore uniforms and identification badges to identify themselves, so people could be assured they worked for the service.

Assessing risk, safety monitoring and management

- Before a person received a service an assessment of risks in their environment was undertaken. This was to identify potential hazards in the person's home, such as uneven floors or with electrical appliances, and to look at ways to minimise risks.
- Risks to people had been assessed. One person said, "The service I receive is very safe. This is because everything is done following the care plan and risk assessment, the information is in there to keep me safe. I am fully involved in this process and I have access to it."
- Where a risk had been identified, control measures and guidance for staff detailed how to minimise the risk. For example, to people's health and wellbeing such as when moving around their home, developing pressure areas and showering. Where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to safely assist the person, and the equipment to be used.

Staffing and recruitment

- Staffing levels were specific to individuals. The provider and two employed carers were employed to meet people's needs. One relative said, "There is a choice of three carers who come out and most of the time we have the same person which is great for continuity. They are completely flexible on when they come, based on how [person] is on the day."

- People told us staff were punctual and always stayed for the allotted time. If staff were delayed, people told us they were contacted by telephone for further updates.
- Recruitment procedures were safe. Staff underwent a satisfactory Disclosure and Barring Service (DBS) check before commencing employment. The DBS check helps employers make safer recruitment decisions in preventing unsuitable potential staff from working with people.
- The provider told us that they always ensured people using the service met their care staff before they started supporting them. People confirmed that new staff were introduced by the provider, to support continuity of care. One relative said, "Something that was really nice, the manager told us, she wouldn't introduce another carer, until they had personally introduced them, stating, 'I would never send anyone without introducing them first'. So, the manager introduced us to a carer and now that carer will come this weekend."
- An on-call service was available should people experience any emergencies or staff required support.

Using medicines safely

- People were responsible for the administration of their own medicines; appropriate assessments had been completed.
- Systems were in place to support people with their medicines if there was a need for this. The provider understood the requirement to support people safely with their medicines. Records for the provider and one of the two carers demonstrated they were competent to administer medicines if required.

Preventing and controlling infection

- People were protected from the prevention and control of infection. One person said, "They (staff) always wear gloves. I am happy with how they present themselves, short nails, no jewellery that can get dirty or cause me any injury." Staff were provided with protective clothing such as gloves and aprons and there was information in people's care plans about the prevention of infection.
- Staff were trained in infection control and there was a policy and procedure in place which staff could access. Staff demonstrated a good understanding of how to prevent the spread of infection. For example, staff washed their hands before and after supporting people with their personal care.

Learning lessons when things go wrong

- Processes were in place to monitor and review accidents and incidents, together with lessons learned from the incident.
- At the time of our inspection, the provider told us none had occurred since the service registered. This matched the intelligence we held on our systems.

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.

This key question is rated Good. 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

- Assessments of people's needs included protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity were recorded. This is important information to inform staff and to prevent the risk of discrimination. This ensured that staff were made aware of people's diverse needs and could support them appropriately.
- People and their families told us they were involved in developing their care plans.
- Care plans detailed how people wished to be cared for, what staff needed to be aware of, their likes and dislikes, communication needs and their cultural background.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, and who received the guidance and support they needed to deliver care effectively. Training included, health and safety, emergency first aid, moving and handling, equality and diversity. One person said, "Staff do know what they are doing, I am trusting them with how to support me, they do this very well." Another person said, "Staff are trained in how to support me. They do know what they are doing, I have stair lift and a rollator, they know how to use that. I would highly recommend the agency."
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. Staff were given opportunities through supervision to review their individual work and development opportunities. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed as well as considering any areas of practice or performance issues. Staff told us that they found these meetings useful.

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

- People's nutritional needs were assessed. The provider told us they would monitor people assessed as being at nutritional risk and refer to the person's GP or speech and language therapy (SALT) team if required.
- At the time of our inspection, the service was not supporting anyone at nutritional risk.

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 live healthier lives and were supported to maintain good health. The service worked alongside GPs, district nurses and involved dietitians when required. One person said, "If unwell they will call a GP for me and arrange an appointment, involving my partner. If the care I receive needs to change, then it does. The carers are very adaptable." Relatives told us that they were informed of any changes in

their family member's health.

- Information about people's health and medical history were included in their care plans. This set out the person's health condition, how it affected them and the support and assistance they needed from staff. For example, one person's mobility had weakened, the provider worked in partnership with other health care professionals such as occupational therapists and district nurses and acted on their advice.
- Staff knew to contact the district nurse if a person's skin integrity had deteriorated. Body charts were used to identify and monitor which part of a person's skin was affected.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- At the time of our inspection the provider told us that no one using the service lacked capacity to make decisions regarding their care and treatment.
- Without exception people told us that staff asked their consent before providing care.
- Staff received training in the MCA and were clear on how it should be reflected in their day to day work with people who used the service. Staff told us they asked consent and permission from people before providing any assistance. This showed that people were asked for their consent before care was provided by staff and offered choice.

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.

This key question is rated Good. 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 were complimentary about the staff providing the service and the way they delivered care and support. Feedback from people and their relatives indicated that staff were very friendly but maintained a professional approach. Staff addressed people and their relatives by their preferred names.
- One person said, "The carers are terrific. They are patient, they have a sense of humour, it's just great to have them. A relative said, "The staff are kind and caring absolutely couldn't hope for any nicer people." Another relative said, "They are kind and caring, equally they understand how to balance that with getting the job done. [Manager] has developed a really good relationship, they laugh a lot."
- Staff completed equality and diversity awareness training and told us that they treated everyone equally. One staff member said, "It is a very good place to work. I am a people's person, I like caring. Caring is part of who I am. Helping people is something that inspires me. We all need help in one way or another, being accepted, treated equally and doing what we do, is a big reward."
- Care plans included a section on people's cultural, religious and gender preference of carer. Where people preferred to have a male carer, this had been facilitated. This showed staff treated and supported people without discrimination, and in a caring and kind manner.

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

- People told us they had been involved in developing their care plans and that they were consulted about their care. The provider was aware of the need for people's voices to be heard.
- One relative said, "The care plan outline's what is expected of staff, how the care should be delivered. I am fully involved in that process. It's only been three weeks, but we have already been given a form asking us both for our viewpoints to ensure we are happy with the service and if there is anything that needs to change. There isn't."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. One person said, "I am supported with my personal care and I cannot fault the care. I am treated with dignity and feel very much respected. Consequently, I feel more than comfortable in this area, with the carers who support me. When coming out of the shower, they put the towel round me, I walk with my frame to the bedroom, they make sure I have another towel, so I am not exposed."
- Staff described how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. One staff member said, "Personal care is a priority. We seek to know what the person wants us to do and we design care around their personal needs. One person said, "Right from the start, they were very appreciative

of what they were doing, and how I might be feeling during personal care. They are aware that what they are doing, could upset a lot of people. But they are sensitive to that. I like the care, they know what they are doing."

- Staff understood their role in providing support to maintain people's independence. One carer said, "Our job is to help people, motivate them and promote their independence, not to restrict, but to offer choices." Another carer said, "I see people recover, when they come out of hospital they are down, the difference six weeks can make. They may have a fracture and the little things they struggle with, but after a week I can see a change. They try hard to walk, dress themselves and eat. This is very nice to see health and healing come back again. This job is good. To see recovery and help with that where I can."

Is the service responsive?

Our findings

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

This key question is rated 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

- Care plans could be further developed to include people's goals. The provider told us, the focus of the agency was to support people with their rehabilitation and/or reablement. People and their relatives confirmed the agency had done this to a "high-quality standard." However, care plans lacked information as to what the goal was, that required support for rehabilitation. There was a lack of detail, of how these would be achieved or worked towards. The provider was receptive to this feedback and provided assurances she would review existing plans to incorporate and improve this area.
- Each person had a care plan, which contained information about the care people required at each visit and included their mobility, personal hygiene and health requirements. One person said, "Before they agreed to offer me a service, they made a note of my life up to that moment, to get to know me. My likes and dislikes were discussed and included in the paperwork for staff to know."
- When people's needs changed, this was identified by the staff and changes made to the support as a result to ensure positive outcomes for people. A relative said, "There is a folder kept here, with instructions to staff how to deliver support. They complete the paperwork before they leave. The paperwork is put together by us and the manager. We keep it up to date."
- We asked staff what person centred care meant to them. A staff member said, "It is a way of thinking and doing. It is to enable a person to become more independent in who they are. Working together with the social workers, to help care for the person, delivering it in a way that is personal to the person. Making sure people are treated equally. Each person is unique." Another staff member said, "It means to involve the person. A care plan should be designed around the person. What time do they want to get up, go to bed, would they prefer to have a female or male carer? What would they prefer wear? All these things steer our self-esteem."
- One person said, "I have the same carers each visit, they have got to know me very well. It's not just about what they are there to do, they are genuinely interested in me, as a person and how I like things done."

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 assessed. The provider told us if people needed information in any other format they would accommodate this. Care plans instructed staff whether people wore glasses and how to keep these clean. This meant people were supported to see effectively.
- Staff had completed training in conflict resolution, which included, listening skills, communication skills,

gender responses and evasive action. One relative said, "They have both (carers) developed a good relationship with [person]. They have excellent communication skills. [Person] is pleased to see them each visit. [Person] has greatly improved since they started their care."

Improving care quality in response to complaints or concerns

- A complaints procedure had been implemented and people told us they knew how to raise concerns if necessary. They told us they were confident any concerns would be dealt with seriously if raised. At the time of our inspection, the provider told us there had been no complaints raised since the service registered.
- A relative said, "We have never had any complaints. If we did, we would look in the folder, there is an information pack with details included of how to complain."

End of life care and support

- The provider told us that at the time of this inspection, no one was being supported with end of life care and palliative care needs.
- The service had an up to date end of life policy in place.

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.

This key question is rated Good. 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 and relatives told us they found all staff to be approachable, from care staff to management. One relative said, "[Manager] is a joy. She comes through the door and is a joy beyond belief. So happy. We get on so well with her."
- Staff were motivated and proud of the service. All staff consistently knew people well and felt they worked well as a team. One staff member said, "It is a company to serve people in their own homes, where they feel safer than maybe a care home or hospital. To offer a personal service."

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

- Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The provider understood their responsibilities under duty of candour. She said, "If there is an incident, it's about being honest, sharing information with the relevant people, relatives and professionals. It's apologising for mistakes and taking action to reduce the likelihood of it reoccurring."
- People and staff felt confident to talk with the provider if they needed to. One staff member said, "The manager is very approachable."
- Staff knew how to whistle-blow and how to raise concerns with the local authority and with CQC if they felt they were not being listened to or their concerns acted upon.
- Policies and procedures included disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

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

- Staff had a very clear understanding of their roles and responsibilities. For example, staff understood their role was to assess and promote independence. One staff member said, "My purpose as a carer, is to help, enable, support and care for people. Where possible to improve the quality of care, making sure the purpose of the organisation is maintained. Which is to deliver high quality care to people in their own environment, maintaining high standards of care, living as independently as possible, free from abuse. Enabling people to have a quality of life in their own home. Making sure risk is managed by involving relevant professionals such

as district nurses and GPs. This ensures prompt care delivery and keeps the person safe."

- The staff understood the provider's visions and values. They were able to tell us they included being person centred, supporting independence and respecting diversity. Staff told us they made sure they followed these values when they supported people. New staff had been inducted to fully understand the service's aims and objectives. One staff member said, "I love this company, this job is so brilliant, to help people stay out of hospital. They want to be looked after in their own house. They worry about going into hospital. We are able to help stop this, this makes them so happy."
- The management team carried out spot check visits to people's homes to observe the care practice delivered by staff. These were carried out to ensure that staff were effective in carrying out their role, this included assessing if staff arrived on time for each visit, followed good infection control procedures, respected people's privacy and dignity and followed the care plan. Records and staff confirmed this. Other audits included infection control, health and safety, incidents and accidents.
- The provider demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.

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

- Staff told us they were given opportunities to share ideas and make suggestions to improve the service at team meetings, supervisions and as and when they wanted to.
- People's feedback was regularly sought through reviews, 'spot checks', telephone calls and questionnaires. One relative said, "I can tell with this agency, it's about life style choices not the money, rather than making a fortune. She takes her time."
- Feedback was used to drive improvements. Surveys were provided for people and their relatives at day 10 of their care package and when the care package came to an end. We reviewed the outcome of recent surveys and saw that people had expressed a high level of satisfaction with all aspects of the service.
- Feedback from people included, 'I feel I am extremely well cared for by the staff. I do feel I have the opportunity to express my views, I am always given choices about how the services are carried out. I have no complaints about the service and care I receive.' 'Always reassuring, friendly, cheerful and supportive. No complaints.' '[Manager] always has a smile and is very calm in any situation. We could not have asked for anyone nicer. No complaints.'
- Feedback from relatives included, 'I have found both carers very obliging and willing. [Person] has greatly improved, since they started their care.' '[Manager] has been a great help in aiding [person] steps to a speedy recovery. She has been very helpful, and patient and instilled confidence in [person].'

Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, the local district nursing teams, GPs, occupational therapists and physiotherapists. This was to meet and review people's needs.