Chapter Care (North Devon) Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The first day of this inspection was unannounced. The second day, we gave short notice to enable the registered manager and directors to be available.

Chapter care provides personal care and support to people's own homes in and around the Barnstaple and Bideford area of North Devon. They currently support up to 70 people in their own homes. The service can range from a short welfare check to complex packages of care four times a day and if needed overnight care. The registered manager was supported by a finance director, trainee manager, care manager, care coordinators and administrators in the office. There were also up to 39 care staff, six of whom were new to the service at the time of the inspection, so still completing their induction process.

The registered provider was also the registered manager. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Recruitment processes did not always ensure only staff who were suitable to work with vulnerable people were employed. This was because employment gaps had not been explored and one staff file did not have an up to date police check.

Care plans gave staff a good account of the tasks to be completed on each visit and risks had been assessed and were reviewed as needed. They did not always have details of people's past histories and things that were important to them. We fed this back to the registered manager who agreed to review the information within care plans to ensure a more person centred approach. We also made a recommendation.

A number of effective methods were used to assess the quality and safety of the service provided. People knew who the registered person was and trusted them to provide good care. They said they were very knowledgeable, kind, approachable and listened to them.

Staffing levels were adequate for the packages of care being commissioned. Staff said they had support and training to do their job effectively. This included regular supervision, appraisals and spot check son their work.
Staff understood how to protect people's rights as they had received training in understanding the Mental Capacity Act. Staff ensured people's consent was gained before providing any care and support.

People were supported to manage their medicines safely and effectively.

People were complimentary about the care and support and said care workers were ''very kind'' ''always willing to help with anything'' and ''All the chaps and girls who come are lovely, I can't say a bad thing about one of them.'' Some people had particular praise for individual staff, describing them as ''special and always eager to help.''

We made two recommendations to improve the service and these can be found in the main body of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Recruitment checks did not always ensure staff had been fully checked before beginning work

People said they felt safe. Care workers were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

People's medicines were safely managed

Is the service effective?

Good

The service was effective.

Care workers received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well by a small team of consistent care workers. They supported people to access healthcare support if required.

People's legal rights were protected because care workers had an understanding of the requirements of the Mental Capacity Act (MCA) 2005.

People, where required, were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People said care workers were caring and kind.

Care workers relationships with people were caring and supportive. Care workers knew people's specific needs and how they liked to be supported.

Is the service responsive?

Good

The service was responsive to people's needs.

The registered person was committed to providing a flexible service which responded to people's changing needs.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. People were confident their concerns would be listened to by the registered person and acted upon.

Is the service well-led?

Good

The service was well led.

People's views and suggestions were taken into account to improve the
service.

The registered person's visions and values centred on the people they supported. This reflected in the quality of care provided by care workers.

A number of effective methods were used to assess the quality and safety of the service people received.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 28 November and the first day was unannounced. We gave notice of our intention to return on the 28 as we wanted the registered manager and provider to be available to speak to. The inspection was completed by one inspector.

Before the inspection, we reviewed the information we held about the service and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care. Following the inspection we requested information from the registered person to tell us about the service they provided.

We looked at four care plans and daily notes, reviewed complaints and compliments, checked three staff recruitment and training files and looked at a range of other documents which helped us understand how well the service was being monitored and run.

Following our visits to the office we rang eight people who used the service to gain their views. We also spoke with 10 staff, including the registered manager, trainee manager, care manager, care-coordinator and care workers.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe with the staff who supported them. Most people said they were aware of who was visiting and had become familiar with the care workers. People confirmed care workers provided care and support in a safe way. For example where people needed support with moving and handling, this was done as per the care plan using the right equipment. One person said ''I need two carers for most of the things they need to do during the visits to me. Usually one carer knows what they need to do and if a new carer comes, the others will help to show them how to use the equipment.''

Some aspects of staff recruitment did not fully protect people from the possible employment of staff who may be unsuitable to work with vulnerable people. This was because the agency had failed to ensure a full employment history had been explored with potential new staff. The application forms we reviewed showed a lack of employment history with gaps which had not been fully explored. We also found one staff member did not have evidence of an up to date Disclosure and Barring Service (DBS) check completed prior to them providing care to people unsupervised. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

We recommend the service follows best practice and ensures all newly recruited staff have all required checks in place before they are employed to work with vulnerable people.

Some staff said they had not received training in first aid and food hygiene. This might mean they did not have the right skills to keep people safe. The registered manager said that some staff needed updating on areas of health and safety, but that courses had been booked as well as information and training which could be accessed on line.

There were sufficient staff to meet the assessed needs and packages of care agreed for each person. The registered manager said they were continually recruiting new staff and had just had an intake of several new care staff who were currently going through the induction process. She said they hoped to extend their workload to include more areas in the future, but were conscious to only take on new people if they already had the staff hours available to meet the needs. The care manager explained they tried to plan care staff's rotas so they covered a geographical area, meaning all the people they visited during their shift time, should be close together to reduce travel time for staff. Care staff were paid per shift not for the hours worked, so in this way, the registered manager said they got paid for travel as well as the time spent with people.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example where people were at risk of developing pressure sores, risk assessments were clear about what equipment was in place to help prevent this occurring. This might include the use of pressure relieving cushions, with instructions for staff to ensure these were in situ once personal care had been delivered. Where there may be a possible risk of infection control, detailed instructions were recorded for staff to follow to ensure this risk was minimised. Where people had particular needs for safe moving and handling a risk assessment had been completed to show what equipment was needed and the number of care staff required to safely assist the person. Risk assessments were reviewed as part of the care plan at

least annually or more frequently if required.

The initial assessment of the person and their needs also included a risk assessment of the environment where the care and support was to be delivered. This included whether there was enough space, trips and hazards and whether electrical equipment was in good working order. The care manager said these would be completed before or during the first visit to any new people. This helped to keep both the person and staff safe.

People received varying levels of support when taking their medicines. For example, from prompting through to administration. Care workers had received medicine training and competency assessments to ensure they were competent to give out prescribed medicine safely. Audits were completed to ensure the records relating to administration of medicines were signed and kept up to date. Spot checks were also completed and during these senior staff would check that care workers were following the medicines policy and procedure when assisting people with their medicines.

Staff received training on understanding the safeguarding processes and received a handbook with this information included. Staff were able to demonstrate an understanding of what may constitute abuse and were confident any concerns raised would be dealt with promptly. Some staff were less clear about where else they could raise their concerns to such as CQC. When we fed this back to the registered provider, they agreed they would remind staff of the policy and procedures at the next team meeting.

Uniforms, disposable gloves and aprons were provided to ensure care workers had protective clothing and promote good infection control practices. Staff confirmed there was always a ready supply of these which they could obtain from the registered office or request from a supervisor.

Good

Is the service effective?

Our findings

People said the care workers who supported them understood their needs and knew what task needed to be completed. Most described effective care being delivered. One person said the care workers sometimes didn't stay for the whole time allocated, but had usually completed all the tasks to be done during that visit. One person described the staff as always offering to do extra things to help them and said they were ''bloody marvellous.''

Care workers completed an induction when they started work at the service, which included training. They were also supported to spend time shadowing more experienced staff for several shifts before going out to people on their own. Staff agreed and confirmed they were given opportunities to learn from more experienced staff, although one said they would have liked more time doing this. New staff were also required to complete the new care certificate which came into effect in April 2015 for new care workers. Staff who were in the process of completing this said they had found it useful in providing effective care to people and in understanding the needs of different people.

Care workers received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), first aid, moving and handling, medication, health and safety, equality and diversity, mental health matters, fire awareness and food hygiene. They had also undertaken training in a range of topics specific to people's individual needs. For example dementia, stoma care and PEG feeding (nutrition via a tube). Staff said that condition specific training had proved invaluable to ensuring they met people's needs. One care worker said they would like to see more training in understanding healthcare conditions. The registered provider was keen to pursue some training provided locally by NHS nurse educators. This free training included wound care, diabetes and constipation.

All staff were offered regular supervision; time to discuss with their supervisor, their role and future training needs. This sometimes took the form of unannounced spot checks of care workers providing care to individuals, with feedback given at the end of the visit. This would include that care staff arrived on time, were appropriately dressed and completed the tasks as detailed within the care plan. This was also an opportunity to check staff were recording accurately in people's care files and if assisting with medicines that this was accurately recorded. All staff were also given an annual appraisal to review their years' work and role and to plan any training or support for the coming year. Staff said they felt supported by the senior staff team. One said they had recently felt under pressure to return to work when they had been unwell and had not felt listened to, but agreed they would bring this up in their next supervision meeting with their team leader.

Care workers had received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care workers demonstrated an understanding of the MCA and how it applied to their practice. We did not see any direct examples of where

people had been assessed not having capacity or of the service being directly involved in best interest decisions. We did see an example of where the service believed one person's capacity was variable and advice had been sought in respect of this.

People were happy with the support they had to eat and drink. People received varied levels of support to help maintain good nutrition. One person described how care workers checked with them what they 'fancied' and then prepared a simple meal. Another said ''The visits are not long enough to cook meals from scratch like I am used to, but the girls try their best and do a good job with the time they have.'' Where care workers were responsible for providing meals they recorded and monitored their food and fluid intake to help ensure people stayed well.

Records showed care workers had some involvement with people's health care providers such as the community nurse team and liaising where necessary with the person's GP. The registered manager described having a good working relationship with the local hospital to ensure when people were returning home after an admission; the right package of care was reinstated. Where possible, they would reassess the person to check if their needs had increased following a hospital admission. They liaised with the complex care team, part of the local authority commissioning team about people's changing needs and whether further equipment may be needed to effectively support people when returning home from a hospital spell.

Good

Is the service caring?

Our findings

People described care workers as ''very kind'' ''always willing to help with anything'' and ''All the chaps and girls who come are lovely, I can't say a bad thing about one of them.'' Some people had particular praise for individual staff, describing them as ''special and always eager to help.''

People said they were involved in making decisions about their care and were consulted about changes to their care plan. Where possible, people had signed to confirm their agreement. Where people were unable to sign or be involved in their support plan, they were represented by their next-of-kin or power of attorney. One person said ''My plan is here and I can ask for any changes if needed. It is pretty clear and says what they need to do for each time they come. The girls know my routine off by heart now.''

Care workers were able to describe ways in which they worked to promote people's independence and ensure consent was gained and people were involved in all aspects of their care. One care worker said ''Some people we work with need everything doing for them because of their condition, others needs prompts to help maintain their personal care. We assist and encourage people to do as much for themselves as possible.'' Another care worker said ''We make sure people are comfortable with the support we are giving and this sometimes means slowing down and giving them time.''

Care workers knew how to promote people's privacy, dignity and respect. These areas were covered as part of discussions and scenarios on induction and were also followed up as part of staff supervision. Care workers were all provided with a staff handbook which detailed staff's code of conduct in ensuring a professional approach at all times. People confirmed staff were aware of how to ensure their privacy and dignity. For example, ensuring people were covering during intimate care provision.

Positive relationships had been established between the staff team and people using the service. The service had received many letters and cards thanking staff for their caring approach. Comments included ''Our sincere thanks for the wonderful care you provided to our mum.'' And ''Thank you so much for being so wonderfully caring, for the support you have offered over the years…you are my second family.''

The registered manager said they were keen to ensure they offered people the best possible care at the end of people's life. To this end they had liaised with the hospice to ensure they were following best practice in terms of how to offer end of life care. They also had some care staff who were going through end of life training as well as offering this to all staff as a DVD with work book to consolidate their learning.

Good

Is the service responsive?

Our findings

People and relatives said they were happy with how their or their relative's health and social care needs were being met. One person said they were unhappy with the way their care was organised but said ''This is not the agency's fault; it's about not enough money for people to be properly care for. The visits should be longer but I have been assessed by the council as only needing half hour visits, what can the girls do in that time? They do their best but I really need more care.'' We spoke with this person about approaching their local authority to request a reassessment of their needs. The registered manager had also spoken to the person about getting their needs reassessed.

Staff said they felt their care and support was responsive to people's needs. Where they saw people needing more support due to failing health, for example, they would alert the office staff. This in turn would trigger a discussion with the funding authority and where needed a reassessment of people's needs to increase the package of care if needed. One care worker said ''If I find that one person needs a little extra on one day, I try to fit that in and then if it looks like I can't do everything they want or need within their visit time I will talk to the team leader about reviewing their care plan.''

Care plans gave detailed descriptions for care workers about what tasks they needed to complete on each visit and what to do to mitigate any risks. Staff confirmed plans were useful and usually in place before they commenced a service. One care worker said for a newer person a care plan was in place but it had not covered what needed doing for the evening visit. They said this was unusual and they would raise this with their supervisor. Plans were less clear about people's life histories and what was important to them as individuals. For someone with dementia they may not recall this information but would, benefit from staff knowing it. We fed this back to the register manager and senior team and they agreed to look at making their plans more person centred in the future.

We recommend the service follows best practice in ensuring plans contain people's life histories to ensure a person centred approach.

The service had a complaints process which all people using the service had a copy of with contact numbers of who they could speak to if they were unhappy with any aspect of their care and support. We noted there were a large number of complaints in the last 12 months. These had been fully considered and actions taken to resolve identified issues. For example where someone had complained about an attitude of a particular care worker, the service had taken that care worker off that person's rotas and had provided additional training and supervision, including spot checks of their work. People said they knew how to complain and they were confident that their complaints would be taken seriously.

The service were looking at more informal ways of ensuring people's views and comments were gathered. This included monthly reviews and visits or calls from the care manager. This was to check people were happy with their care and to avert grumbles becoming complaints.

Good

Is the service well-led?

Our findings

It was clear the registered manager/provider had a strong passion for providing a caring approach to the delivery of support to people. She said ''We have never knowingly missed a visit, if our care staff couldn't cover a visit, we would cover it ourselves, everyone here in the office has received training and could fill in if needed.'' She explained that they had grown the business from a very small company over the last 12 years. They had recently joined the NHS framework for care providers so they would be subcontractors for providing packages of care. She said she hoped this would help to improve their training, care plans and systems for monitoring.

The service had used surveys in the past to gain the views of people using the service but had found not many people returned them. They were trying to be more proactive in calling people and offering visits from the team leaders and care manager to help gain people's views more frequently. They hoped this would help to avert any issues developing and promote an open and inclusive approach. They also kept people up to date with a regular newsletter called Chapter Chat which had information about new staff, as we what the core values of the service were. These included respect and dignity, openness and honesty, person centred care, trust and team work. They said their goal was to ensure quality and standards of care. Care workers shared the values and ethos of the service. Most staff we spoke with said they enjoyed working for the service and felt valued and their views were listened to. One or two said they felt communication could be better between the office and care workers, but all agreed they achieved a good level of care and support for people.

Quality assurance checks were completed on a regular basis. As part of their duties team leader workers checked people's care plans and risk assessments, as well as daily records and medicine records. These were checked on a monthly basis when they were taken to the office. This helped them identify when improvements were needed. Where actions were needed, these had been followed up. For example where they noted gaps in people's medicine records, care staff were asked why these were not accurate and if needed further spot checks and training put in place to support the care workers to get their record keeping more accurate.

There were accident and incident reporting systems in place at the service. There was a means to gather the information in order for the registered person to be able to monitor any trends or patterns.

The registered person was meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.