

Charis Care Solutions Ltd

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Inspection report

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Tel: 07427602816

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Charis Care Solutions is a service which provides care for one person living in the community.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

There was a registered manager who had been in post since the service was registered. Since our last inspection people using the service had moved to different providers and the service had not supported anyone with personal care from January 2019 until three days prior to our inspection.

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks while ensuring people could remain independent. Staff had received training to safeguard people from harm and knew how to report concerns.

People's care was person centred and was responsive to their individual needs. Staff had received training to understand how to support them well. Care records provided information in relation to people's backgrounds, interests and care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; systems supported this practice. The registered manager ensured care was based upon good practice guidance to help ensure people received an effective service. Promoting independence was encouraged and people were offered choices.

The registered manager and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was maintained.

Since our last inspection the registered manager had made improvements to how they checked the quality of the service and these were in place to monitor the care provided.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 21 August 2017).

Previous breaches

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection.

Follow up

We will return to visit as per our re-inspection programme which is six months for a service inspected, but not rated. 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 not rated.
Details are in our Safe findings below.

Inspected but not rated

Is the service effective?

The service was not rated.
Details are in our Effective findings below.

Inspected but not rated

Is the service caring?

The service was not rated.
Details are in our Caring findings below.

Inspected but not rated

Is the service responsive?

The service was not rated.
Details are in our Responsive findings below.

Inspected but not rated

Is the service well-led?

The service was not rated.
Details are in our Well Led findings below.

Inspected but not rated

Charis Care Solutions

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 26 July 2019 and ended on 29 July 2019. We visited the office location on 26 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last 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 the registered manager and we reviewed the care records for the person receiving support from the service. 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 Requires Improvement. At this inspection this key question has not been rated.

Systems and processes to safeguard people from the risk of abuse

- The provider's policies and procedures provided staff with guidance of how to keep people safe.
- The registered manager understood their responsibilities to refer any concerns or allegations of abuse to the local authority to be investigated.

Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and documented in care plans.
- Staff had received training in how to support people who may become agitated and how to respond to this.

Staffing and recruitment

- People were supported by enough staff to meet their care needs.
- Staff recruitment files included relevant checks to ensure all staff were suitable to work with vulnerable adults. The provider confirmed staff were unable to start work until these checks were completed.

Using medicines safely

- Staff were trained to administer medication and regular competency checks were planned to ensure they remained safe to do this.

Preventing and controlling infection

- Staff received infection control and food hygiene training.

Learning lessons when things go wrong

- The registered manager was aware of recording any incidents which should occur and the importance of taking any learning from these.

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 not been rated.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service.
- Staff completed the necessary training for example, training in relation to autism, to enable them to carry out their roles. Training was monitored to ensure this remained current.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People using the service had capacity to make some decisions. Staff were aware of the principles of the Mental Capacity Act and that consent was required before supporting people with care.

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

- People's needs were complex, and care and support was provided in line with current guidance.

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

- People were supported to access meals in line with their needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager communicated with other agencies such as occupational therapy and the local authority to ensure people's needs were met.

Adapting service, design, decoration to meet people's needs

- People were supported in the community in their own properties.

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

- The registered manager understood lifestyle factors should be considered to ensure people remained healthy.

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 not been rated.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff completed training in relation to equality and diversity and understood the importance of supporting people around areas such as sexuality and cultural needs.

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

- The registered manager was aware of advocacy services and when these should be considered to support people in relation to making decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they wanted to be. For example, a person was encouraged to choose what clothing they wanted to wear.

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 not been rated.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives and professionals had shared people's needs with the management team before the service started. This information was contained within people's assessments and reflected their preferences.
- Care records were person centred. These contained information which enabled staff to understand about people's likes, dislikes and preferences.
- People's care and support plans had not been reviewed yet, however this was something the registered manager planned to do.
- People had opportunities to follow their interests and hobbies.

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 careers.

- People's information and communication needs were assessed, and staff understood these alongside the AIS. Information was provided to people in a way that met their needs, for example, in a pictorial format.

Improving care quality in response to complaints or concerns

- No complaints or concerns had been received by the provider. A complaints policy was in place for people if this was required.

End of life care and support

- No one at the service was receiving support with end of life care. The registered manager confirmed this was an area they would like to develop further as more people were supported with care.

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 Requires Improvement. At this inspection this key question has not been rated.

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

At our last inspection the providers systems were not always effective to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had received support from external agencies to improve their systems to check the quality and safety of the care provided.
- The registered manager understood the legal requirements of their role including submitting certain notifications to us (CQC).

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and the provider was passionate about developing the service and creating teams of staff to support more people.
- The registered manager had planned for staff to have regular one to one meetings and team meetings in the future.
- The provider understood their responsibilities in relation to duty of candour, that was being open and honest and accepting responsibility when things went wrong.

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

- Views of people were not formally gathered currently, however this was something the registered manager planned to do as the service grew.

Continuous learning and improving care

- Learning from concerns and incidents was something the registered manager understood was good practice and planned to do.

Working in partnership with others

- The registered manager worked with health and social care professionals to support people's care.