

Miss Teresa Killick

# Charisma Services

## Inspection report

The Potting Shed, 73 High Street  
Caythorpe  
Grantham  
Lincolnshire  
NG32 3DP

Tel: 07791238742

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11 March 2020  
17 March 2020

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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

Charisma Services is a care agency providing personal care to 28 people aged 65 and over at the time of the inspection.

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 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 friendly and there were enough staff to ensure people's calls were completed on time and people did not feel rushed when receiving care. Staff received training and support which enabled them to provide safe care for people. People and relatives told us staff knew their needs well and they received personalised support which supported their dignity and respected their privacy.

Care plans contained all the information staff needed to provide care and were reviewed regularly or when people's needs changed. People had been involved in planning their care so that they could be sure it was personalised to their individual needs.

Risks to people were identified and care was planned to keep people safe. Staff had received training in how to administer medicines safely and how to keep people safe from the risk of infection. Staff knew how to keep people safe from the risk of abuse and were confident to raise concerns.

People knew how to complain and the provider had a policy in place to manage complaints. However, people were happy with their care and no complaints had been received since our last inspection. People's views of the care provided were gathered and used to improve the quality of care people received.

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

### Rating at last inspection

The last rating for this service was Good (Published 29 September 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 ●

# Charisma Services

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection 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 11 March 2020 and ended on 17 March 2020. We visited the office location on 11 March 2020.

#### What we did before 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. 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 one person who used the service and three relatives about their experience of the care provided. We spoke with three members of staff including the provider, a senior care worker and a care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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

- Staff had received training in different types of abuse and knew how to raise concerns within the company and to external agencies. Staff told us they were confident to raise concerns.
- Systems were in place to monitor when staff supported people with their shopping to ensure that people's finances were safe.
- People told us they felt safe using the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been identified and care was planned to keep them safe. For example, people's care plans noted if they needed any equipment to support them to move safely around their environment.
- The manager reviewed incidents and identified any changes that were needed to keep people safe. This information was shared with the staff who supported the person immediately, so that the person remained safe while receiving care.

Staffing and recruitment

- People told us there were enough staff available to meet their needs and staff arrived when expected and provided all the care they needed without being rushed. One relative told us, "They turn up on time." This relative told us how they had two regular care workers and that staff, "Have the right skills."
- The registered manager explained calls were grouped into rounds so staff do not have to travel too far between visits. Staff told us that the registered manager went out to support people and so understood their needs and how long staff needed to provide care. If staff felt extra time was needed to provide care safely the registered manager would review and if necessary, raise with family or the local authority.
- Staff were safely recruited and appropriate checks were completed before they started to work at the service.

Using medicines safely

- Staff had received training in the safe administration of medicines and accurate records were kept. People received varying levels of support with their medicines. For example, some people just needed to be reminded, while others needed staff to take the medicine out of the package for them.
- Care plans recorded the level of support people needed to take their medicines in line with the prescription. They also recorded who would be responsible for ensuring medicines were available when needed. For example, if staff needed to collect them from the GP practice or if they would be delivered.

Preventing and controlling infection

- Staff had received training in keeping people safe from the risk of infection.

- Staff were able to describe how and when they would use protective equipment such as gloves and aprons. In addition, they were clear on how to dispose of used equipment and other items which may pose a risk to health.
- People told us staff maintained hygiene standards and used equipment appropriately. One relative said, "They always have an apron and wear it."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment to ensure their needs could be met. Where risks were identified, assessment tools based on good practice guidelines were used to assess how care should be provided to minimise risks and what equipment was needed. The registered manager completed people's initial assessments, this allowed them to be sure staff had the skills needed to meet people's needs before they started to use the service.
- The provider had policies and procedures in place which reflected best practice. These were available to staff through a web-based system. This allowed staff to access information while providing care if needed and ensured that staff had access to the latest information.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to provide safe care for people. New staff were required to complete the provider's induction programme and the care certificate. The care certificate is a nationally recognised training scheme to ensure care workers have the skills needed to provide safe care.
- In addition to the required training, new staff also shadowed an experienced member of staff until they were confident in their skills to care for people. As part of the care certificate staff competencies were assessed to ensure they were of the required standards. Staff's previous learning was taken into account and new staff were required to produce their training certificates when they started to work for the provider.
- Staff received ongoing support and guidance from the registered manager. This included supervisions and spot checks. However, staff told us that the registered manager was always available for them and they would raise concerns immediately.

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

- People's ability to eat and drink safely were assessed and where staff had any concerns about people they were referred for an assessment by a healthcare professional. Where staff had concerns about people's ability to maintain a healthy weight, they raised concerns with the community nurses and GP.
- Staff knew about people's preferences. For example, one person enjoyed eating lots of small meals across the day instead of eating a big meal. Staff ensured they included finger food in the shopping so there was always something available for the person. Staff also told us how they monitored the food in people's fridges and supported people to discard out of date food.
- People were offered a choice of meals from the food available in their home.

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

- Care plans showed staff contacted healthcare professionals when people were not well.
- Care staff told us if a person was not well, they would ask the person if they could contact the doctor for them. If staff were concerned about the person's ability to make the decision, they would ring the office for guidance. People told us they were confident that the staff would identify when people were not well and would raise concerns with the GP or community nurse.

#### 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 had received training in the MCA and understood that people were able to make decisions about their care. Staff we spoke with were knowledgeable about the mental capacity of the people they supported and where aware of who could make their own decisions and who needed support from family or professionals to make a decision.
- People's care plans recorded people's abilities to make decisions for themselves, who they wanted involved in their care and any legal arrangements in place to allow family or friends to make decision on their behalf.

# 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 now 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 we spoke with told us they were supported by a small number of care staff who knew them and their needs well. Everyone told us that the care they received was good.
- People told us they felt supported by the provider. One relative commented, "We are pleased with the care, we are new to this and [registered manager] helped us and we are relieved with the support we have. They helped us access support." A person told us, "It doesn't matter who comes they are all very nice."

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

- People using the service told us that staff were respectful of their choices. One person told us, "If I want anything different, they are very helpful. I have always found them very good."
- Staff told us they supported people to make choices by asking them their opinions and getting to know people's likes and dislikes. For example, by asking which brands they should purchase when shopping for people.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that staff treated people with respect and respected their privacy.
- Staff had received training in how to respect people's privacy and dignity. For example, by shutting people's doors and curtains while receiving care and keeping them covered up as much as possible when providing personal care.

# 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 using the service and their relatives said they had been involved with the service's staff and the social services in preparing care plans designed to meet their care needs. One relative told us, "We have a care plan we are very happy with it."
- People's care plans reflected their needs and were regularly reviewed to ensure they stayed up to date. Staff told us they were able to access all the information needed to support people in the way they preferred. They explained that if they were visiting a person who they did not normally support they would check with colleagues to get to know people's needs.

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 identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's hobbies and likes were recorded and staff always ensured they had everything they needed before leaving. Some people had specific calls scheduled to help them access the community. People were able to choose what social activity they undertook. For example, one person liked to go to garden centres while another preferred to go to the shops.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. People using the service told us they would be comfortable raising a complaint. One person told us, "Any concerns, I would speak with [registered manager]." No complaints had been received since our last inspection.

End of life care and support

- Care plans had been developed when people were approaching the end of their lives and when they felt ready to make decisions about the care they wanted. The provider worked collaboratively with other agencies to provide people with a dignified death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People we spoke with all knew the registered manager by name and knew they could contact them and were confident any concerns would be resolved.
- The culture at the service was person centred and inclusive. Staff were valued for their contribution and their ideas listened to and respected. People told us they were happy with the care. One relative said, "They are a small company and you get a more personalised touch."
- The registered manager explained that as they were a small company it allowed them to get to know people and their needs really well and they ensured when planning calls, they had time to spend with people.

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

- Record showed the registered manager had kept people and their relatives informed about any incidents which had happened. They worked with families and people using the service to provide care which kept people safe.

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

- There were effective audits in place to monitor the quality and safety of the care provided. The registered manager ensured that when any concerns were found action was taken to make improvements.
- The registered manager had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the service. The registered manager had notified us about events which happened in the home.

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

- People and relatives we spoke with told us they had been asked for their views on the care they had received. One relative told us, "I have a questionnaire two or three times a year." Records showed that the registered manager reviewed the results and took any action needed to improve the care people received.
- Staff told us they had regular team meetings to discuss the delivery of care and people's needs. Staff told us they felt supported by the registered manager. One member of staff said, "I have a good working relationship with [registered manager], I can be honest with them. They have always supported me with

things." Another member of staff said, "[Registered manager] is a very good boss. Any problems and they will do their best. For example, to change the rota and get holidays in even if it is short notice. They like to keep everyone happy. They are fair."

#### Continuous learning and improving care

- The registered manager kept themselves up to date with changes in best practice by reviewing CQC guidance and by sourcing training from a company who responded to changes in legislation.
- The registered manager ensured they kept up to date with any changes in safety and medicines. For example, they were reviewing safety on the use of emollients following government advice.

#### Working in partnership with others

- The registered persons had developed partnership working with external agencies such as local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it.