Chenai Holistic Home Care Agency Ltd

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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

We inspected Chenai Holistic on 5 April 2017. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. Chenai Holistic provides care and support to people in their own homes. At the time of our inspection, the service was caring for approximately 58 people.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

The service was safe and had practices in place to protect people from harm. Staff were knowledgeable about safeguarding and what to do if they had any concerns and how to report them.

Risk assessments were thorough and staff knew what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service and staff demonstrated that they had the relevant knowledge to support people with their care.

Recruitment practices were safe and records confirmed this.

Medicines were managed and administered safely and audited on a regular basis.

Newly recruited care staff received an induction and shadowed senior members of staff. Training for care staff was provided on a regular basis and updated on a monthly basis. The registered manager had qualifications to train staff and did so on a monthly basis.

Care staff demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis. Consent was recorded in people's care plans.

People were supported with maintaining a balanced diet and the people who used the service chose their meals and expressed their preferences accordingly.

People were supported to have access to healthcare services and receive on-going support. The service made referrals to healthcare professionals when necessary.

Positive relationships were formed between care staff and the people who used the service and care staff demonstrated how well they knew the people they cared for.

The service supported people to express their views and be actively involved in making decisions about their care. People who used the service told us they felt in control of their care.

The service promoted the independence of the people who used the service.

Care plans were detailed and contained relevant information about people who used the service and their needs. Care plans were reviewed and documented accordingly.

Concerns and complaints were encouraged and listened to and records confirmed this. People who used the service and their relatives told us they knew how to make a complaint.

The registered manager for the service had a good relationship with staff and the people using the service and their relatives. There was open communications between all parties.

The service had effective quality assurance methods in place.

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. People told us they felt safe with their carers.

Staff knew how to protect people from harm.

Risk assessments were completed and updated accordingly.

Staffing levels were sufficient to meet the needs of people who used the service and the service had safe staff recruitment practices.

Medicines were managed safely.

Is the service effective?

Good

The service was effective. People received care from staff who were trained and had the skills to carry out their role.

Consent to care and treatment was recorded in care plans.

People were supported to have sufficient to eat and drink and were offered choice in a personalised manner.

People were supported to have access to healthcare professionals when needed.

Is the service caring?

Good

The service was caring. Positive relationships were formed between staff and people who used the service.

The service supported people to express their views and people told us they felt in control of their care.

People's dignity and privacy was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their

needs.

People's preferences were recorded in their care plans.

Complaints and concerns were encouraged and listened to and people and their relatives told us they knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

Staff had a good relationship with the registered manager and there were open communications.

The registered manager demonstrated good management and leadership.

Quality assurance practices were robust.

Chenai Holistic Home Care Agency Ltd

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 was the first inspection for the service. The inspection team consisted of two inspectors. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we already held about the service, including statutory notifications we had received and we contacted the local safeguarding and commissioning teams for feedback on the service.

During the inspection we looked at six care plans, five staff files including supervision and training records, medicine records, policies, procedures and risk assessments. We spoke with the registered manager and four care workers. After the inspection we spoke with four people who used the service and one relative.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe with their care workers. One person said, "I have lady carers and I feel comfortable. I feel safe with them." Another person told us, "I feel safe."

The service had a safeguarding adult's policy and procedure in place. This made clear that any allegations of abuse had to be referred to the relevant local authority and the Care Quality Commission. Records confirmed that any such allegations had been reported appropriately. Staff told us they had undertaken training about safeguarding adults and they were aware of their responsibility for reporting any safeguarding allegations. One care worker said, "I would report it [abuse] to the office, to the manager, to the police. I would speak out." The registered manager told us about the safeguarding training that they provided stating, "We watch a DVD and have a discussion about what is safeguarding. We then do an exercise to discuss what we have watched and do round table discussions. My staff are confident and know how to report and record. If they're not competent I'll go through it in their 1:1's and put them with a carer they can learn from and I will monitor them on a monthly basis and also send them for training with the local authority." This meant that the service was thorough in their approach with safeguarding and ensuring that staff had a comprehensive understanding of it.

Risk assessments were in place which included information about how to mitigate risks people faced and to keep them safe. For example, the risk assessment for one person stated, "[Person] is able to answer the door but she may take time, so carers will need to allow her time to get to the door. If there is no response carer needs to phone the office to contact [person]. If person does not answer the phone her daughter should be contacted." The risk assessment for another person about personal care stated, "Carers need to ensure that bathroom surfaces are clean and dry, and that [person] is positioned and stable on the shower chair."

People had risk assessments in place about their physical environment. For example, risks associated with adequate lighting, trip hazards and if equipment was properly maintained. Risk assessments were also in place regarding mobility. For example, the risk assessment for one person stated, [Person] uses a walking frame. She can mobilise independently, but as she is weaker [due to medical condition], she needs supervision to ensure she mobilises safely." The registered manager told us, "Risk assessments are about putting measures in place with risks and to protect the client and the carers."

The service had robust staff recruitment procedures in place. The staff recruitment policy made clear that staff must undertake a criminal records check and provide satisfactory references. Staff told us and records confirmed that checks were carried out on prospective staff before they commenced working at the service. These included employment references, criminal records checks, proof of identification and a record of the staff's previous employment. This meant the service had taken steps to help ensure suitable staff were employed. The registered manager told us, "I invest a lot into my recruitment, I spend money on it, and I understand the needs of client's and carers."

The registered manager told us about their staffing levels and how they covered staff absences, "We have more carers now than clients. When someone calls in sick, we have seniors on board and we prioritise calls

and we let the client know that we will need to use an alternative carer to cover the call. We always make sure we contact the client as soon as we know that there is an absence." One person who used the service told us, "Sometimes I'll get a different carer, but it doesn't bother me, they're all nice."

The registered manager told us about their aims to put care workers into close geographical proximity to avoid delays when going from one call to another, "We try to place staff next to where they live. Most of our staff drive so this makes it easier and we do have some that use public transport. I offer cars to care workers which motivates them to get a driving license but no one has taken up the offer yet but it is there is they want it." One care worker told us, "I have enough time between calls and I take the bus. If I'm running late I tell the office." A person who used the service told us, "They're not always on time but that's buses for you. They're not very late, it doesn't happen very often." Another person who used the service told us, "If my carer is going to be late, the office will call and let me know." This meant that the service communicated with people who used the service to update them on any changes to carers or to inform of any lateness.

The service used an electronic system which enabled office based staff to monitor visits carried out to people using the service. Staff logged in and out using a telephone dial system when they arrived and left people's homes. The system alerted office based staff to monitor the visits. The registered manager told us, "If the client doesn't want us to use their phone, then we'll phone the client from the office to check that their care has taken place but we don't have anyone we do this for at the moment." A care worker told us, "You have a log-in system when you get to the house, you call from their phone. If they don't want you to then you use your own phone to call the office."

The service had systems in place for the safe administration of medicines. Staff completed medicine administration record (MAR) charts where they supported people to take medicines. These included the name, strength, dose and time of the medicine to be given. Completed MAR charts were audited by the registered manager who told us, "We will only prompt people using their blister pack, most people self-medicate."

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. Care workers told us they knew what to do in an emergency, for example if there was no answer upon arriving at a call. One care worker said, "If no one answers, call the office to let them know. I would want to find out if they are OK before I left." Another care worker told us, "I will call the office; they'll always know what to do." A third care worker said, "I've had first aid training, I'd know what to do in an emergency."

Good

Is the service effective?

Our findings

Staff undertook an induction programme on commencing work at the service. This included shadowing experienced staff as they provided care to people to learn how to meet individual needs and classroom based training. A recently recruited care worker told us, "It was good training, I did shadowing, first aid training, mental health, health and safety, food hygiene. The training was of a good standard."

Staff received regular training and there was a training matrix which showed details of when staff had last undertaken a particular training course and when they were next due to have it. Training included moving and handling, medicines, safeguarding adults, food hygiene and nutrition, understanding dementia and the principles of person centred care. The matrix indicated that in a small number of instances staff training was not in date. One care worker told us, "I did one weeks training. I did moving and handling, health and safety, emergencies, how to give medication and some other stuff. I did two days shadowing."

The registered manager told us they were qualified to train their staff and said, "I love to train people, it's my passion. I have done 'train the trainer' training in moving and handling and various other courses and I have recently booked myself in on medication training." They also told us how they kept staff up to date with training by having monthly in house training sessions, "I run courses at the office and select staff at random to attend and participate. At the moment we are focussing on pressure sores. We also do regular moving and handling training and we have a training room with a hoist and bed." They also told us, "Staff do not have to wait for formal training, we can do 1:1 refresher training." A care worker told us, "We have monthly refresher training in the training rooms." This meant that care workers were given opportunities to keep up to date with training and the registered manager had the resources to support staff with their training and development needs.

Records showed staff had an annual appraisal of their performance and development needs. This involved discussing with their manager about how their performance could be improved over the coming years. In addition to this, staff undertook regular one to one supervision with a senior member of staff. Records showed these included discussions about supporting staff with their personal development, how staff felt about their current role and issues relation to people who used the service. One care worker told us, "We get supervision, we discuss clients, their families and any issues we may have and it is quite thorough. I give feedback, it's a good experience."

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. The service had a policy about the Mental Capacity Act 2005. This set out the framework and guidance for staff to work within to operate within the legislation. The registered manager told us about the training they gave to staff in respect of the Mental Capacity stating, "We have group chats and use scenarios in discussions. I find that if I use scenarios with them, they

understand better."

Consent to care was recorded in people's care plans. People who used the service signed a consent form to indicate they consented to having information about them recorded and care staff having access to that information. They also signed to agree to let the service seek information about them from other agencies such as health and social care professionals. A person who used the service told us, "The carers ask if there's anything I want done and they always ask my permission."

Care plans included information about supporting people with food preparation. For example, the care plan for one person stated, "[Person] is able to prepare herself a sandwich and hot drink but is unable to prepare herself a cooked meal." The care plan for another person stated, "Make [person] breakfast, she likes either toast or porridge with a cup of tea." One care worker told us, "I have one client, anything red she loves it. For example a jam sandwich or strawberry yoghurt. If she doesn't have an appetite, I know what to offer her and try her with red foods." This meant that care workers used a personalised approach to meet the needs of people who used the service.

The service supported people to access health care professionals. For example, the assessment for one person had said they would benefit from equipment to help make their bathroom more accessible. Records showed a referral had been made to the occupational therapy team about this.

Good

Is the service caring?

Our findings

One person who used the service told us, "I'm happy with my carers. I'm very lucky, they're all very good and they're caring." Another person who used the service told us, "The carers, they're pretty good." A third person told us, "I'm really happy." A fourth person who used the service told us, "My husband, he's very happy with my carers too and he has a laugh with them. When I have my granddaughter here the carers are so friendly to her." A relative of a person who used the service told us, "I'd recommend Chenai Holistic to anyone. The ladies who come here are brilliant, they make a 110% effort with my wife and I am more than happy."

Care workers told us how they promoted people's dignity and respect. One care worker told us, "For example with showering I ask them if they want a bath or shower and check the water temperature. We cover their private parts, it's important to respect people." Another care worker told us, "I have to talk to my clients, I ask how they are feeing, always having a chat." A person who used the service told us, "They help me have a shower every morning and they do treat me with dignity and respect when giving me a wash, they cover me up. They help me have a better life." Another person who used the service told us, "I've had the same carer from the beginning and she knows me well. She washes me and changes me and makes sure the door is shut and covers me with a towel."

On promoting people's independence, one care worker told us, "I let [people who use the service] make their choices. For example, I ask them what they want to eat. What they want to wear I show them different things and they choose their clothing." Another care worker told us, "One of my regulars has dementia. Sometimes I see that she is hungry but will refuse to eat so I give her lots of options and this helps."

One care worker told us about their caring attitude towards the people they cared for stating, "It's something within, I don't see it as a job, I see it as everyday life. I get my clients involved and I promote their independence." They also told us, "I have four main clients who are very used me. I know them very well. I take them to the park, I enjoy what I do." Another care worker told us, "I always ask what they want, for my regulars I know what they like, especially one service user, she loves music and we put music on every morning and have a dance and I give her options on what to wear and it is very enjoyable for her." They also told us, "It's about patience, you treat people how you want to be treated, I think about if it was my mum or my nan."

Good

Is the service responsive?

Our findings

After receiving an initial referral, the service carried out an assessment of the person's needs. This was to determine what they needed support with and if the service was able to meet the support needs of the individual and included aspects such as personal care, mobility, physical health needs, medicines and activities. One care worker told us, "When I get a new client I get a briefing on the phone and I check their records. When I go in [to persons home] I talk to them." The registered manager told us, "I try to match the carer to client as much as possible. I ask them about their preferences and any language requirements. If I can't meet the needs, I won't take the service user. If I can't accommodate, I'm not afraid to say no and will let the local authority know." They also explained, "The clients like me and openly talk to me if they have any concerns, they will call me. If we have a new client, I'll call them to see how they're getting on and to see if it's a good match with their carer."

Care plans were in place which set out how to support people. These included a timetable of care so it was clear what support was to be provided at each visit to a person and the level of support a person needed and how to provide that support. Areas covered by care plans included dressing/undressing, personal hygiene, hair care, care of teeth/dentures, managing continence, mobility and medicines. Care plans included personalised information about the individual and about how to support them to maintain their independence. For example, the care plan for one person stated, [Person] is forgetful so she needs to be prompted to wash and dress. She has no continence problems and can access the toilet." The care plan for another person stated, "When giving a bed wash there are two flannels, use one for washing upper body and one for washing lower body." This meant that care plans were personalised to people's individual needs. One care worker told us, "There is enough information in care plans and if I'm not clear on anything I call the manager straight away."

Care plans contained information about people's past life history and other personal things. For example, about their previous employment, where they lived, and their family. This information helped care staff to get to know the person and to build good relationships with them. Care plans also included details of what the person preferred to be called which helped promote their dignity. The registered manager told us they aimed to make care plans personalised and stated, "Personalisation is all about what the client needs, for example something small like if they like to use a blue cup for their cup of tea or a red cup. It's about capturing the importance of this."

Care plans were subject to six monthly reviews which meant they were able to reflect people's needs as they changed over time. Daily records were reflective of the care provided to people at each visit and echoed what was stated in their care plans. This meant it was possible to monitor the care given on an on-going basis.

Care plans included information about supporting people with the communication needs. For example, the care plan for one person stated, "Although [person] has lost part of her tongue she is still able to converse in her native language. English is not her first language and her son and husband communicate her needs to her carers."

The service had a complaints policy that identified time frames for a response and contact numbers for external organisations. The service kept a record of all complaints and we saw that they were responded to within the timeframes promised within their complaints policy. A person who used the service told us, "If I was unhappy I'd tell someone. I've got no complaints, I'm in control of my care." Another person told us, "I'd tell someone [if I wasn't happy]. I'd call the office and speak to the governor. I've not had to do that yet." A relative of a person who used the service told us, "I have no complaints to make."

Good

Is the service well-led?

Our findings

Staff spoke positively of the registered manager and the working environment at the service. One care worker told us, "I think she [registered manager] is brilliant. If you have a problem you can talk to her. She lets you know what is going on in the company." Another care worker told us, "There's an open door policy, the registered manager is always ready to listen." A third care worker explained, "The registered manager is a very nice lady and is helpful. She takes everything on and she'll visit when I'm on call to see how we are working. I am happy working here."

The registered manager told us, "I used to work as a carer and co-ordinator. This is my passion, I can do the job and show them [care workers], I can go out and do the job and feel comfortable doing it and my carers use me as their example, I lead by example." The registered manager also told us about the support they received, "My previous manager and I are still very close and she is very supportive. I also get a lot of support from the local authority and I attend provider meetings where I meet a lot of providers like myself. I like to call on more experienced providers for advice." The registered manager told us what happens when she is on annual leave, "I am very confident with my staff but I am always on email...and I have my laptop with me when I am on holiday to ensure that I can always be contacted." They also told us about their management style stating, "I am very friendly but I can be firm, I am a perfectionist and I like to learn. I need to keep my staff and I can't do this alone, I need to know my clients are happy. I get along with my staff and they can come and see me at any time."

Team meetings took place on a monthly basis and records confirmed this. Team meeting discussions consisted of new staff starting, filing, on call, systems and procedures, training and sick leave. One care worker told us, "We have staff meetings; we get to meet other workers. We talk about the caring of people and what's going on in the company."

The registered manager told us and records confirmed that spot checks were carried out on a monthly basis on care workers, looking at time keeping and attendance, care plans, medication records and professionalism of the care worker. One care worker told us "She [the registered manager] comes around to check what we are doing."

The service carried out annual customer surveys to ascertain the views of their service users. Service users who completed the surveys were asked to rate aspects of their care out of 10, with 10 indicating that they were most satisfied. We looked at examples of the most recent survey which was completed in 2016 and saw that people had rated the service "9" for their ability to understand the service user's needs, "9" for punctuality and also for the reliability of care workers; however we saw that people had also expressed that care workers were sometimes late. One person wrote, "A more robust arrangement for when staff are coming late." Another person stated, "Sometimes staff are late". There registered manager told us that these surveys were important to pick up on information and come up with ways to improve on the service. They informed us that since the last survey, changes had been made to staffing and that they expected better feedback in 2017 regarding staff lateness. They told us, "With the lateness, we experienced a lot of it and I did an audit to find out what was happening and as a result I changed a lot of carers." The registered

manager told us, and the survey's reflected that people were most unhappy with their carers in August 2016. The registered manager explained, "In August, I did let go of quite a few staff, which was reflected in the surveys but I think we are stable with them now. I'm spending a lot more money on recruitment." When we spoke to people as part of our inspection, one person who used the service told us, "Sometimes the carers are late but it's not very often." Another person who used the service said, "Not always the same carers but I don't mind that, they're all good to me."

The service had recently introduced a staff satisfaction survey and the registered manager told us the survey was to monitor how happy staff were and to ascertain whether there were any improvements that could be made from the results of the survey. Examples of questions asked in the survey were whether staff felt personal accomplishment from their work and whether they had the tools and resources to do their job well. We looked at examples of completed staff surveys and care staff returned them with positive feedback.

The service had an annual 'quality audit' that was carried out by an independent consultant which looked at an overview of aspects such as the amount of safeguarding alerts and complaints. The registered manager used this information to ensure that safeguarding alerts were raised as soon as possible and that in relation to complaints, that responses were timely. The registered manager kept a record of the reasons that people were complaining and whether the complaints were increasing or decreasing each year. This meant that the registered manager had a system in place to monitor complaints and was able to focus on areas that received the highest amount of grievances.