

Charismatic Care 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

About the service

Charismatic Care Ltd is a domiciliary care agency providing personal care to people in their own homes. The service is set up to provide support to young adults under 65, older people and those living with dementia, people with a physical or learning disability and autistic people, those with mental ill health, misuse of drugs and alcohol and people with eating disorders. At the time of our inspection there was 1 person using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were enabled to have a good outcomes and a good quality of life with the support they received. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests.

Staff supported people to have the maximum possible choice, control and independence. Staff supported people to make decisions, in line with best practice guidance. Staff gave people time to communicate their views, using their preferred communication method.

The service supported people in a holistic manner which promoted their wellbeing. Staff enabled people to access health and social care support when needed and liaised with professionals for the benefit of people they supported.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

People received kind and compassionate care. Staff treated people with respect and dignity. They knew people well and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to keep people safe. Staff had training on how to recognise and report abuse and they knew how

to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People who had individual ways of communicating, such as body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care. Staff had the necessary skills to understand them.

People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People's risk assessments were completely fully to understand the risks and how to mitigate them.

Right culture

People led inclusive and empowered lives because of the ethos, values and attitudes of the management and staff. The whole service placed people's wishes, needs and rights at the heart of everything they did.

People were supported by staff who were trained and understood best practice in relation to people's strengths, impairments or sensitivities and working with people with a learning disability and autistic people. This meant people received care that was tailored to their needs.

People and those important to them were involved in planning their care.

The registered manager evaluated the quality of support provided to people, involving the person, their representatives and professionals as appropriate. They had regular contact with staff and people/relatives using the service, which minimised the risk of closed cultures developing.

People's quality of life was enhanced by the service's values and culture and the desire to improve people's lives.

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

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Rating at last inspection

This service was registered with us on 2 November 2021 and this is the first inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Charismatic Care Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 the registered manager would be in the office to support the inspection.

Inspection activity started on 30 November 2022 and ended on 15 December 2022. We visited the location's office on 5 December 2022.

What we did before the inspection

We reviewed information we held and had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity which took place on 26 September 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative, 1 staff member and the registered manager, who was also the director of the service. We had email information from 3 staff, 1 relative and 1 professional. We reviewed a range of records. This included 1 person's care plan, policy and procedures and training undertaken by the staff and the registered manager. We also looked at the processes they had in place for overseeing and monitoring the quality of the service.

Following the inspection visit, we continued to seek further clarification from the registered manager to validate evidence found and this was provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.
- Training had been undertaken in safeguarding people from harm and staff knew how to identify and report any concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care and their living environment had been identified and assessed. People had risk assessments in place which included how risks to people could be minimised. A relative said, "The risk assessments are detailed, and I feel [person's name] is safe."
- The registered manager and staff had received appropriate training to enable them to meet people's needs and to monitor the risks to people's safety and wellbeing.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Staff had access to an app on their phone where they recorded their daily notes and checked updates about people's care. This app includes a system called 'Walki talki' whereby staff can summon assistance or advice from the registered manager or other staff when needed urgently.

Staffing and recruitment

- There were enough staff to meet people's needs in a personalised way.
- There was a system in place for the recruitment of staff and staff were recruited safely and in line with the requirements and the law. The registered manager was able to tell us how they would safely employ more staff as the service grew.

Using medicines safely

- There was a system in place for the administration and management of medicines. The registered manager and staff had received training to carry this out.
- People were supported by staff who followed safe processes to administer, record and store medicines. A relative told us, "Staff are very able to deal with the medicines and I have no concerns about this."
- Where staff supported people with 'as and when' needed medicines, they followed guidance to make sure medicines were taken as prescribed.
- Assessments and care plans considered the risks and preferred ways of people taking their medicines to ensure they were taken correctly and with people's consent.

Preventing and controlling infection

- The provider's infection prevention and control policy and procedure were up to date and followed the current guidance.
- The registered manager and staff had completed training in infection prevention and control to ensure they could safely care for people.
- Staff were aware of the need to follow good hygiene practices to prevent the risk of infection to themselves and those they cared for.
- Staff were using personal protective equipment (PPE) effectively and safely. The registered manager checked that staff were following the correct PPE guidance and acted if guidance was not being followed.

Learning lessons when things go wrong

- The registered manager managed incidents affecting people's safety well.
- Staff recognised incidents and reported them appropriately. The registered manager looked into any incidents and discussed the findings with staff, actions to take and lessons learnt.
- Lessons were learnt and used to improve people's care. We were given examples of where the response from staff to particular situations could be dealt with differently to provide better outcomes for people. A relative told us, "If anything does not go right, the staff use reflective practice to think about how they could have done things better."

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to commencing the service so they could be met appropriately. People's protected characteristics such as age, ethnicity and religion were recorded. The registered manager agreed to amend their care plan assessment process to include discussion about people's gender and sexual orientation to ensure they could meet people's diverse needs effectively.
- People's support needs were reviewed regularly to ensure care continued to be delivered as required.
- The registered manager kept themselves aware of good practice guidance and delivered care and support in line with the standards expected.

Staff support: induction, training, skills and experience

- Systems were in place for the induction, training and supervision of staff. A staff member said, "The induction was good, lots of training and being with the manager and getting to know them."
- The registered manager and staff had completed all relevant training and had the skills and experience to care for people safely and effectively.
- People were supported by staff who had received relevant and good quality training, both face to face and online. The registered manager told us about the comprehensive induction and training programme provided to staff before they started work.
- The registered manager ensured staff working with people received specialist training in line with any specific needs people had. A staff member told us, "Just one example of the support I have received was being encouraged and motivated to attend courses to expand my knowledge and career."
- Relatives told us the staff team was experienced and knowledgeable. A relative told us, "The staff have a lot of knowledge and experience and have had a positive impact on [person's name] life."
- The service checked staff competence to ensure they understood and applied their training. A member of staff told us, "I attended all the training for three days when I first started which included safeguarding, fire safety and moving and handling people. The manager also participated in the training, so they were up to date like us."

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

- People were supported to have a balanced diet and were involved in preparing their meals. They had choice about the food and drink they wanted and were guided to make decisions about eating well and understanding what their body needed to stay healthy.
- Where there were risks to people's eating and drinking, these had been assessed and strategies put in place to assist them to manage this. A staff member told us, "[Person's name] is encouraged to help with preparing their meals and is learning for example to know when things are hot and not to touch them."

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

- The registered manager was knowledgeable about the range of health and social care professionals and services available to support a person should they need to make a referral.
- There was effective joint working and good communication with health and social care professionals to ensure the service was providing good care. A professional told us, "They [Charismatic Care] have worked hard to develop a positive relationship with [person] and their relatives and have been successful in working in partnership."
- Support was offered to access healthcare services and appointments should this be needed.

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 MCA 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.

- People's capacity to make their own decisions had been discussed during the assessment process. This made it clear if the person was in charge of their care or if there was a nominated representative to make decisions on their behalf.
- People's care plans provided information about their ability to make choices and decisions and how staff should support them in a safe way whilst maintaining their independence.
- The registered manager and staff had completed MCA training and had the knowledge and skills to support people to make their own choices and decisions, where they could. For example, staff had learnt to communicate and understand a person's preferred method of communication to guide and encourage them to make choices and decisions in their daily life.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a process for matching staff with people in order to introduce staff and start to build relationships and routines. A staff member told us, "I was introduced to [person's name] and worked with the family to get to know [person's name] and their likes and dislikes and routines. We slowly, very slowly built up a relationship to assist us to be good with them before going it alone. It's a very good way of working."
- People felt valued and safe with the staff who showed genuine interest in their well-being and quality of life. A relative told us "The staff have created a special bond when caring for [person's name] and the house is full of happiness, laughter and love."

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

- People and their representatives were included in the planning and control of their care arrangements. The registered manager told us how they had completed the assessment process for a new person using the service. This had included listening to what they needed, explaining how they would work together and how they would communicate to make sure the service met their needs.
- People were asked their views during regular reviews. A relative said "[Registered manager] took time to listen to details of the care and support needed and how any future care would look like. They communicated openly, promptly and honestly with me and provided all the information I needed."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful, caring and considerate of the people they were around. A professional told us, "In a short space of time staff are already making progress towards the goals of supporting [person's name] to become more independent by involving them in daily living tasks in the home and in accessing the community."
- People had the opportunity to try new experiences, develop new skills and gain independence. A staff member told us, "I think we have done a lot with [person's name], activities during the day and supporting at night. I think they are happy to be with us and [person's name] sees us as part of my family now."
- The registered manager led by example in how they spoke about people in a caring and respectful way. They had worked collectively with people and their relatives to ensure good outcomes for people and this was reflected in the positive feedback we received from staff, a relative and a professional. A relative said, "Not only has [Person's name] life changed beyond recognition, having Charismatic Care has had an incredible impact on all of the family."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Care plans were written in a respectful way, recognising people as individuals, their strengths and personalities. Where a person had expressed a preference of staff gender, we found their preference had been accommodated.
- People had support plans in place which detailed their personal preferences and wishes and day to day life. Following discussion at the inspection, the registered manager changed the layout of the care plan to put key information about people at the beginning so staff would be able to know a little about the person and who they were before they provided care.
- People had copies of their care plan at their home so that staff could follow people's routine. One example included a person having their day to day activities in picture form so they could remember what they were doing or what had been planned. A relative said, "[Person's name] has a weekly planner but often requests spontaneous things to do, for example, one night they wanted to see all the lights, so they wrapped up warm and off they went. The staff are so flexible and focussed on their needs all the time."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place to record and monitor complaints. At the time of this inspection the service had received no complaints.

End of life care and support

- The service was not supporting anyone at the end of their life. However, the registered manager told us they would contact the appropriate healthcare professionals should this arise and seek refresher training for themselves and the staff.
- The registered manager discussed people's end of life wishes with them or their representative as and when appropriate. We saw information written in a clear and sensitive way about a person's wishes and who

would make decisions on their behalf.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was enthusiastic and committed to providing a service to people that was individual, person centred and met their rights to live a life of independence in the community. They were open, approachable and willing to adapt the service to make sure people received the best care possible. A relative told us, "Charismatic Care identified two staff which were really well matched with [person's name] needs and who they could connect with and enjoy being around."

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

- The registered manager understood their role and the standard of care expected of them. They told us they were looking to expand their care team as and when they had more people using the service.
- Systems were in place to check the quality of the service. These included audits of medicines management, infection prevention and control and care records. All documentation was electronic and could be accessed quickly, assisting with the oversight and management of the service.
- The registered manager had oversight of the service and communicated well with staff, people who used the service and their representatives.
- The registered manager understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service. At the time of our inspection there had been no incidents to report.
- The service has a contingency plan in place which looked at support and cover available in an emergency. They had an agreement with another care agency to support them in the event this was needed.
- The registered manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use the service and other people acting lawfully on their behalf in relation to care and treatment.

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

- The service was inclusive, and people and their representatives were partners in their care arrangements. A relative told us, "I felt involved in shaping [person's name] care and was listened to every step of the way."
- Staff were involved in discussions about people's care arrangements, with introductions and they felt able to make suggestions to ways of working in the best interests of the people they supported. A staff member

said, "[Registered manager] listens to what we say and does all the checks and keeps an eye on what we are doing."

Continuous learning and improving care; Working in partnership with others

- The registered manager kept abreast of current good practice and training opportunities for themselves and the staff in order to continually improve the service.
- The registered manager had knowledge of health and social care professionals to call upon for advice and support when needed. A professional said, "Communication between Charismatic Care, my department and the person and their relative has been excellent throughout."
- Effective communication and joint working between organisations to support people to achieve their goals was working well with good outcomes for people. A relative told us, "I feel the company is well led and driven by providing a high-quality service, giving me peace of mind and reassurance of the high standard of the care they provide." A professional said, "The registered manager and the care staff have all gone the extra mile in supporting [person's name] and the service is highly person centred and successful."