

Chennai Holistic Home Care Agency Ltd

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Inspection report

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26 May 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Chenai Holistic Care Home Care Agency Ltd is a domiciliary care agency providing personal care to people living in their own homes. 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. At the time of our inspection there were 111 people receiving personal care support.

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

The provider's processes for reviewing the quality and safety of the service were not always effective and systems in place to monitor people's care visits were not robust. We could not be assured the deployment of staff was appropriate to people's needs. We have made a recommendation about the provider's processes for monitoring the deployment of staff. The provider had systems in place to recruit staff safely; however, not all checks were fully documented. Risks to people's safety were assessed; however, some information lacked personalisation and detail.

People and relatives spoke positively about the staff and management team. Staff understood people's needs and how they liked to be supported. 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. People and relatives told us staff were kind, caring and respectful in their support.

Staff knew how to report any concerns or signs of abuse. People and relatives told us they had no concerns about safety. Staff had access to appropriate personal protective equipment [PPE] and the provider had ensured there was updated guidance in place to manage any infection control risks. Staff supported people to take their medicine safely and people's care plans contained information about their medicines support needs.

People and relatives felt involved in the service and the provider sought monthly feedback to ensure people were satisfied with their care. Staff told us they felt supported and were able to contact the management team if they had any queries or concerns. The provider worked in partnership with other health and social care professionals in order to meet people's support needs and respond to any changes in their health.

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 20 December 2021) and there were breaches of regulation.

At this inspection not enough improvement had been made and the provider was still in breach of

regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections

Why we inspected

We carried out an announced inspection of this service on 21 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement.

Enforcement and Recommendations

We have identified a breach in relation to the provider's oversight and governance processes. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chennai Holistic Home Care Agency 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 24 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 May 2023 and ended on 26 May 2023. We visited the location's office on 16 May 2023.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 6 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, compliance coordinator and care staff. We also received feedback from 2 health professionals who have contact with the service.

We reviewed a range of records. This included 11 people's care records, 3 staff files in relation to recruitment, feedback and satisfaction surveys from people and relatives and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had an electronic system in place to monitor staff arriving and leaving people's care visits. A specialist CQC team analysed data from this call monitoring system, to check the duration and punctuality of people's visits. We found staff were not always staying for the agreed length of time. We also found issues with staff punctuality and the amount of time provided to people who required 2 staff to support them. This meant we could not be assured the deployment of staff was meeting people's agreed care needs.
- Despite these concerns, people we spoke with said they were generally satisfied with their care visits. People and relatives told us they were kept up to date about any delays and staff completed all of their tasks before leaving. Comments included, "There are times when they're running late but they do call, they're generally on time though", "They don't seem to be rushing" and "They always ask what I want them to do. Sometimes they cut it short, but not very often."
- People told us they were supported by a consistent team of regular care staff who understood how they liked to be supported. Comments included, "I have the same carer for 5 days, then the following 2 days I get a relief carer" and "Generally [person] has a couple of staff who come. There hasn't been any staff turnover."
- We spoke to the provider about our findings from the call monitoring analysis and they showed us their weekly reports reviewing staff punctuality and performance. However, we found these reports were not sufficiently detailed to highlight concerns with the timing of people's individual care visits.

We recommend the provider reviews their processes for monitoring the deployment of staff

- The provider completed recruitment checks for new staff prior to them starting work. However, in the files we reviewed, we found one member of staff did not have a full employment history recorded. Following our feedback, the provider responded promptly and confirmed a full employment history was now documented.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and risk assessments were in place for specific areas of people's support such as their mobility and health conditions. However, some risk assessments were not personalised and lacked clear guidance about how to keep people safe. For example, one person's epilepsy risk assessment lacked detail about their seizures. Another person's risk assessment for support during periods of distress, provided only general information about how staff should stay safe but did not give any guidance about the person's own safety or emotional support needs.
- The provider told us they based their risk assessments on the information shared by people and relatives during the initial assessment and they reviewed these assessments regularly, adding more information once

known. Following our feedback, the registered manager confirmed they were continuing to review the assessments to ensure they were more personalised.

Preventing and controlling infection

At our last inspection, the provider did not have effective infection prevention and control systems in place. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- The provider had processes in place to protect people from the risk of infection. Staff had received infection prevention and control training and people told us staff wore appropriate personal protective equipment (PPE) when providing support.
- The provider had an infection prevention and control policy in place and the registered manager was aware of current government guidance relating to the control of infection. The provider shared any updates with staff to ensure safe practices were being followed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received safeguarding training in order to understand the different types of abuse and how to respond appropriately. Staff told us they would report any concerns to their line manager straightaway.
- The provider was aware of their responsibility to submit safeguarding notifications to the relevant authorities. Safeguarding concerns were investigated and the provider had documented their findings and any actions taken.
- People told us they felt safe and their relatives confirmed they had no concerns about people's safety.

Using medicines safely

- People were supported to take their medicines safely. People's care plans contained information about what their medicines were and what level of support they required.
- The provider completed medicines audits and spot checks with staff to ensure medicines were being administered safely and documented correctly.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- The provider had a process in place to learn from incidents and accidents. The registered manager shared outcomes with staff and put actions in place to minimise the risk of reoccurrence.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- People told us staff were caring and relatives spoke positively about the support people received. Comments included, "They're very helpful. I couldn't do without them, they're very good", "The company have tried to make sure the same person comes, they have built a really good bond" and "[Person] is always happy to see them, they're all very friendly."
- People's care plans contained a breakdown of their daily routine and the support they required at each care visit to ensure staff understood their personalised needs and preferences.
- Staff had undertaken an equality and diversity training module as part of their initial induction to support their understanding of how to respect people as individuals and promote their rights.

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

- People and relatives told us they were able to make decisions about the care provided. Staff offered people choices and asked their consent prior to supporting them.
- Staff had guidance about what decisions people could make independently and when they may need support with their decision making.
- The provider regularly asked people and relatives for their feedback via telephone calls and home visits. The registered manager told us this enabled them to check people were happy with their care and whether they would like to make any changes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. People's care plans highlighted what tasks they were able to do for themselves and what areas they needed support with to ensure staff were offering the right level of support.
- People and relatives told us staff were respectful of people's privacy and dignity. One person told us, "They're very respectful and very gentle." One relative said, "They treat [person] with respect and dignity."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the provider did not have adequate systems in place to assess and monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvements had been made and the provider remained in breach of Regulation 17.

- The provider's processes for monitoring the quality and safety of the service were not always effective and had not identified the concerns found during the inspection.
- We were not assured the provider had robust oversight over people's care visits. Despite people providing positive feedback about their care, we found a significant number of their visits were half the agreed length of time. The provider was not able to evidence how they analysed this information to ensure people's care was not being impacted.
- A number of staff rotas did not incorporate travel time between people's care visits. We found no evidence the provider had reviewed this to ensure staff were given sufficient time to travel from one call to the next without cutting down people's allocated time for care.
- The provider had completed audits of people's care plan files; however, we found information relating to risks to people's health and safety was not always detailed. A staff recruitment checklist was in place; however, the provider had not always ensured all appropriate documentation was in place.

The provider had not ensured effective processes were in place to monitor the safety and quality of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the registered manager told us they had now implemented weekly telephone calls to people to check on the timings of their care visits.

Continuous learning and improving care; 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 provider had arranged for an external consultant to carry out quality assurance audits of the service in order to support them to make improvements in people's care. The registered manager told us they had created an action plan and this was continuously reviewed as actions were implemented.
- The provider understood their responsibility to be open and honest with people, and those important to them, when incidents occurred. The registered manager was aware of their regulatory responsibility to submit the relevant notifications to CQC when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the management and culture of the service. One relative told us, "We have regular contact with them [the registered manager]; they're a breath of fresh air." Another relative said, "[Registered manager] is good, they do quite frequent quality checks."
- The provider engaged with people and relatives using different methods of communication to gather feedback, depending upon their preferences. People confirmed they were consulted about the service. One person said, "The manager comes about once a month; they ask how things are going and if I'm happy with things."
- Staff told us they felt supported in their roles and were able to speak to the management team about any concerns. One member of staff said, "The management is supportive and I feel valued." Another member of staff told us, "I feel comfortable talking to them."

Working in partnership with others

- The provider worked in partnership with a number of different health and social care professionals in order to support people's needs including the GP, local authority, and district nursing team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured effective processes were in place to monitor the safety and quality of the service.</p> <p>This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>