Chloe Drury Limited

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Inspection report

Pandora House
41-45 Lind Road
Sutton
Surrey
SM1 4PP

Tel: 02088194439
Website: www.caremark.co.uk/locations/sutton

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The service is a domiciliary care agency which is a Caremark franchise. It provides personal care to people living in their own homes, flats and specialist housing. It provides a service to older adults and younger disabled adults. There were 96 people using the service at the time of this inspection.

This inspection took place on 12 July 2018. We gave two days' notice to the provider to ensure someone was available to assist us with the inspection.

We last inspected the service in April 2016 and found the provider was meeting the fundamental standards. We rated the service 'Good' overall. At this inspection we found the service continued to be 'Good'. However, the provider had not always provided care in line with the Mental Capacity Act 2005 (MCA) so we rated the key question 'Is the service Effective?' 'Requires improvement'.

People felt safe with the staff who cared for them and the provider had systems in place to safeguard people from abuse and neglect. Staff received training in safeguarding and understood their responsibilities in relation to this.

Risks relating to people's care were reduced as the provider assessed and managed risks.

Systems were in place to manage people's medicines safely and the provider was improving the frequency of medicines audits to check people received their medicines safely.

There were enough staff deployed to care for people and staff were recruited through processes to check their suitability.

Staff received a suitable induction with regular training in topics relevant to their role. Staff received supervision with the line manager although this had been less frequent than planned due to senior staff changes. A programme of staff supervision was planned going forwards. The provider checked staff provided care to people in the best ways through spot checks and supported staff to improve where necessary. Staff felt well supported by the provider.

People received the support they required in relation to maintaining their health. People received food and drink of their choice and any support they required in relation to eating and drinking.

The provider assessed people's care needs by meeting with them and their relatives to find out their needs and wishes. The provider also reviewed any professional reports in developing care plan for people.

People's care plans contained sufficient detail to guide staff on people's physical, mental, emotional and social needs and informed them of their personal history.

Staff were caring and developed good relationships with people. Staff knew the people they cared for. Staff treated people with dignity and respect and people's privacy was maintained. People were supported to maintain their independence and people were involved in decisions about their care.

The provider investigated concerns and complaints and used them as part of improving the service.

The registered manager was on long-term leave and were soon to terminate their employment. A new manager had been recruited who would register with CQC. The service was led by two competent directors in the meantime. One director won several awards in the past year in relation to the way they led their business. Staff also understood their role and responsibilities.

The provider had systems in place to oversee the quality of service including audits and gathering feedback from people, relatives and staff. However, this system had not identified the issues we found relating to the MCA. The provider communicated openly with staff and external professionals.

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 continued to be Good.

Is the service effective?

Requires Improvement

The service was not always effective. The provider did not always ensure people received care in line with the MCA.

Staff received training and supervision.

Staff supported people appropriately in relation to eating and drinking and their day to day healthcare needs.

People's care needs were assessed by the provider.

Is the service caring?

Good

The service continued to be Good.

Is the service responsive?

Good

The service continued to be Good.

Is the service well-led?

Good

The service continued to be Good.

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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 inspection visit to the service took place on 12 July 2018 and was announced. We gave the managing director 48 hours' notice to give them time to become available for the inspection. It was undertaken by a single inspector and an expert by experience. An expert by experience is a person who has direct experience of care services.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR contains information about the service and how it is managed by the provider. We reviewed this, as well as other information we held about the service such as statutory notifications. Statutory notifications are used by the provider to inform us about information such as safeguarding allegations and police incidents, as required by law. We also sent questionnaires to people using the service, their relatives, staff and professionals to gather their views on the service. We received responses from seven people who used the service, one staff member, six relatives and friends and no professionals. We reviewed all responses received as part of our inspection planning.

During the inspection we spoke with the two directors and four care workers. We looked at ten people's care records to see how their care was planned, records relating to medicines management, three care workers' recruitment files and records relating to the management of the service.

After our inspection our expert by experience spoke with 13 people using the service and two relatives. Our inspector contacted five health and social care professionals and we received feedback from one.

Good

Is the service safe?

Our findings

People were safeguarded from abuse and neglect and the provider responded to accidents and incidents. People felt safe with the staff who supported them and one person told us, "I always feel safe when they are here, they don't stress me at all." The provider trained staff to recognise the signs of abuse and neglect and to respond to any concerns appropriately. The provider reported any safeguarding concerns to the local authority and reviewed any incidents as part of improving the service people received. Any accidents and incidents were clearly recorded and the provider reviewed these to be sure people received the right support. Staff we spoke with understood their responsibilities to keep people safe and also to report any accidents and incidents, concerns and near misses.

People were supported by staff who the provider checked were suitable to work with them. These checks included any criminal records, qualifications, identification, the right to work in the UK, training and employment history with references from former employers. The provider retained information required by law in staff files to evidence they carried out proper recruitment checks. The directors told us they always looked for a caring attitude in any potential staff.

People were supported by sufficient numbers of staff as people, staff and relatives told us there were enough staff deployed to meet people's needs. The provider told us they carefully assessed whether they could accept new referrals and would turn down packages if they were unable to safely meet people's needs.

People's medicines were managed safely. One person told us, "They are careful about writing down that they have given me my tablets." A relative told us, "If a tablet is running low they always tell me and then I arrange for more. They are good at keeping in touch with me." The provider assessed the risks relating to people's medicines and put guidance in place for staff to follow in administering medicines to people. Staff recorded medicine administration clearly so there were clear records. The provider audited medicines administration charts although there was no set frequency for this and audits were not always recorded. This meant the provider could not be sure audits would identify and address any issues consistently. However, the directors told us they were in the process of putting in place three monthly audits which would be recorded and this addressed our concerns. The provider trained staff in medicines administration each year and carried out competency assessments to check staff had the required skills and knowledge to administer safely.

Risks relating to people's care were reduced by the provider. Our discussion with staff showed they understood the risks relating to people's care. For example, staff understood risks relating to a person injuring themselves or others due to their behaviour and how to respond to this. The provider had assessed the risks and put detailed guidance in place for staff to follow. The provider was due to meet with others involved in the person's care to ensure the risks were being managed in the best ways possible. Risks relating to infection control were also managed as staff were trained to understand the risks and to use personal protective equipment (PPE) when providing care to people. Risks relating to other people's care included moving and handling, falls and malnutrition. The provider reviewed risk assessments annually or

more often if risks changed.

Requires Improvement

Is the service effective?

Our findings

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.

Staff received training in the MCA and our discussions showed they understood their responsibilities in relation to the Act. Although the provider had processes in place to assess people's mental capacity and make decisions in their best interests they had not always followed these processes. The directors told us most people had capacity in relation to their care. However, for one person the directors told us they suspected lacked capacity, the provider had not carried out MCA assessments to establish their capacity. We queried this with the provider during the inspection and they told us they would check whether the person's relatives had legal authorisation to make decisions on their behalf or, if not, forward us the MCA assessments, once located. However, after our inspection the provider did not forward us these documents. When we queried this again with the provider they confirmed the person's relatives did not have legal authorisation to make decisions on their behalf and told us they would carry out MCA assessments in the future where necessary.

We recommend the service seeks advice and guidance from a reputable source regarding providing care in line with the MCA.

People's needs and preferences in relation to their care were assessed by the provider. People told us the assessment process was appropriate and care was delivered to them appropriately in line with their assessed needs. The provider reviewed people's physical, mental health and social needs through meeting with people and their relatives to find out more about their needs. The provider also considered any professional reports, such as those from social services, as part of their assessment. The provider continued to assess people's care needs throughout the year to check their care continued to meet their needs.

People were supported to live healthier lives. The provider recorded details of people's healthcare needs and the support they required in relation to these. This information meant staff had clear information and guidance to give people the support they needed. The provider liaised with external professionals as necessary to ensure people received any additional support in relation to their health.

People receive their choice of food and any support they needed in relation to eating and drinking. One person told us, "I defrost something during the day and they put it in the oven and dish it up. They know that I don't like things to be microwaved." The provider assessed people at risk of malnutrition and dehydration and staff monitored the intake of those at risk. The provider recorded the support people required in their care plans as well as their preferences to guide staff.

People were cared for by staff who were well supported by the provider. Most people felt staff were well

trained although two people wanted staff to be better trained in tasks specific to their care. We discussed this feedback with the provider who told us they reviewed these specific needs with staff. New staff completed an induction which followed the 'care certificate'. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. A director told us staff had not received supervisions as regularly as planned due to the long-term absence of senior staff. However, records confirmed staff received regular spot checks which supported them to improve in their role. In addition, staff told us the office staff were available to offer informal supervision at any time they required and they felt well supported. The provider had recruited to the vacant posts and a programme of regular staff supervision was now in place. Staff received regular training in a range of topics relevant to their role including moving and handling using a range of equipment, safeguarding, first aid and fire safety. Staff were provided specialist training to meet people's specific needs such as in relation to administering emergency medicines, Parkinson's disease and using equipment to help people breathe.

Good

Is the service caring?

Our findings

People liked the staff who cared for them. One person told us, "[My care worker] goes the extra mile. She never rushes off. Staff are happy to let me talk about issues in my life and I feel comfortable with them." A second person told us, "We have a laugh. They make things joyful that would otherwise be horrible." Staff told us they enjoyed caring for people and making a difference to their lives and our discussions showed they were motivated in their roles. Staff spoke about people in a way which was compassionate and respectful. The provider sent out messages to staff to remind them to take extra precautions in relation to people's well-being, such as to drink more water in hot weather. The provider also sent out birthday cards to people as part of making them feel they mattered.

Positive relationships developed between people and staff. One person told us, "I'm very happy with the people who come, I have got to know them." A second person told us, "They bend over backwards to give me the carers that I particularly like." The directors gave us examples of when they carefully matched staff with people to help positive relationships develop. The provider matched a younger adult with care workers of a similar age, interest and personality which the person responded well to. The provider matched other people with staff with complimentary personalities and shared interests where possible. Staff understood what was important to people in their care as well as their needs, preferences and backgrounds and our discussions with staff showed they understood the people they cared for.

Most people received consistency of care from the same support workers which also helped good relationship to form. One person told us, "I have two main people who know my quirks. I wouldn't put up with lots of different people and they know that." However, two people told us their regular care workers had left and they were waiting for the care workers to become more consistent. People told us they were usually introduced to new care workers before they began providing care. However, two people told us there had been occasions when a care worker they did not know provided care and they would prefer to have been introduced beforehand. In addition, some people told us they sometimes received a rota showing who would provide their care but this was inconsistently sent out by the provider. The provider told us they always aimed to provide care which met people's needs and would review this feedback.

People received choice in relation to their care. People told us they were involved in making decisions relating to their care and staff respected their choices. The provider gathered people's views in relation to their care and ensured care was delivered in line with people's choices. People had choice in who cared for them and were able to refuse staff they felt were not a good match for them. The provider supported some people to be visited by therapy dogs to help their wellbeing.

The provider encouraged staff to understand people's diverse needs. Staff received training specific to people's needs such as dementia and acquired brain injury. Staff also received training to help them understand and challenge their 'unconscious biases' to promote care without discrimination. In addition, a director told us they were developing a programme to help staff understand people's needs in relation to their sexuality and gender identity. People's needs in relation to their sexuality and gender identity were discussed with staff before they began to provide care to ensure people received care from staff who were

understanding and accepting. The provider held 'cultural Friday' events in the office where they shared food and facts about different countries to help promote understanding of other cultures.

People were treated with respect and people's privacy and dignity was respected and promoted by staff. One person told us, "If they are ever going to be late they let you know." A relative told us, "They are very good at shutting the bathroom door when they are helping [my family member] as it's a very busy house." People and relatives told us staff treated people with dignity and respect. The registered manager trained all staff in privacy and dignity during their induction and ongoing to help them understand how to provide appropriate care. Staff were allocated sufficient time to care for people in a personal-centred, dignified and respectful way. Staff told us they had sufficient time to care for people and to travel between visits which meant they did not have to rush when caring for people. The directors told us they carefully reviewed the amount of time people required for their care and liaised with social services if the time allocated was insufficient.

People were supported to be as independent as they wanted to be. One person told us, "They help me to cook a meal on one day which keeps me being a bit independent. It's good to be able to still do something even if it's with help." Staff gave us examples of how they encouraged people to be involved during personal care. People were also encouraged to maintain their daily routines as far as possible to help maintain their independence. For example, one person was supported to attend business meetings in London.

Good

Is the service responsive?

Our findings

People were involved in planning the care they received. People told us staff read their care plans and understood the information about them. Our discussions with staff also showed this. The provider gathered people's views and preferences in relation to their care, including their levels of independence and quality of life, and incorporated these into their care plans. People's care plans reflected their physical, mental, emotional and social needs and their personal history. Staff provided people with as much choice and control as possible by following information in their care plans. Care workers were trained to recognised when people's care needs changed and to prompt a review of their care.

People were helped to access meaningful activities when this was an agreed part of their care. One person told us, "We watched some of the football together and it reminded me of when my husband was here. I enjoyed the company to watch it and it was all very jolly." For one person who received live-in care, staff supported them to access daily activities including boxing, cycling and cooking. Other people were supported to walk their dogs, visit the cinema and garden centres. The provider was involved in the local community and held coffee and cake mornings to raise money for charity.

The provider used concerns and complaints as part of improving the service. People told us they would contact the office staff if they needed to complain. The provider recorded any concerns or complaints along with the action they took in response. Records showed the provider investigated complaints and took action to improve the service. Information regarding the complaints process was included in the 'service user guide' given to people before they began receiving care to guide people on making complaints. We also viewed records of compliments received by the service and saw many people were grateful for the care they received. A recent compliment read, "Your carers are amazing, they go to the limit to show care and consideration and office staff are exceptionally well informed."

The provider invested in technology to support people to receive timely care and support. One person told us, "They have improved a lot with timekeeping" and other people and relatives were satisfied with staff timekeeping. However, one person told us, "They gave me a choice of time when I started but they are not good at sticking to it." The provider equipped care workers with mobile phones as part of a system to monitor the times people received care. This enabled the provider to check the times staff arrived and left people's homes and were alerted if staff were late. This meant the provider was then able to make arrangements to ensure people received their care in a timely manner.

Good

Is the service well-led?

Our findings

The current registered manager was on long-term leave during our inspection and would leave their employment soon. A new manager had been recruited who would register with CQC. In the interim the two directors were in day to day charge of the service which meant the service continued to be overseen by leaders who knew the service well. 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.

People told us the service was well-led. One person told us, "The office staff are kind when I have to call to change a visit because of an appointment. They try to accommodate and it can't be easy." A second person told us, "One staff in the office manages me well and I am not the easiest of characters. She listens, takes note, is never defensive and always finds a solution." A third person told us, "They are one of the best I've ever worked with. They work with you, listening and don't just stick to their own pattern of what they think you will need." It was clear from our inspection findings and discussions with the directors they understood their roles and responsibilities. Staff knew who the directors were complimentary about them saying they were accessible and approachable. The directors were visible leaders in the service. One director was applying to stand on the board of a national body who advise and support care agencies. The other director had won a number of awards in the past year including the British Franchise Association young franchisee of the year and franchisee of the year in 2017, an emerging woman in franchising award in 2018, a new business award and a Caremark achievement award. The directors attended training to keep their knowledge and skills up to date and one director was recently trained in counselling to impact positively on the way they listened to people, relatives and staff. One director set up a website as a resource for people using the service and the general public who required adaptations to live independently.

Staff also had a good understanding of their roles and responsibilities. People told us this and our discussion with staff confirmed this too. Staff told us they worked well together as a team when this was required in providing care to people as a pair and in covering each other during leave. This meant people received care from staff who were positive and supportive of each other.

The provider had systems in place oversee the quality of service, although their systems had not identified the issues we found relating to the MCA. A person told us, "They just pop in to look at the plan and that's quite often." The provider monitored the care people received with regular spot checks. The provider had systems to check the quality of care records and other records related to the running of the service. The provider monitored the training staff received to check they were offered refresher training in a timely manner. The provider oversaw staff recruitment and ensured each staff file had the documents required by law.

The registered manager gathered feedback from people, relatives and professionals as part of monitoring the quality of care they received and had systems to communicate with them. One person told us, "I give regular verbal feedback." The provider telephoned people and relatives to gather their feedback and sent

out annual questionnaires. The provider also gathered feedback from people during spot checks and reviews. The provider listened to people's suggestions and took action to improve the service when necessary. The provider held regular meetings with staff to encourage them to share any concerns and suggestions for improvement. The provider informed staff about any developments within the company during these meetings.

The provider worked openly in partnership with key organisations. For example, the provider liaised with the London Fire and Emergency Planning Authority (LFEPA) to deliver training to care workers on fire safety. The provider reported any concerns to people's social workers or healthcare professionals where relevant and helped people get any additional support they needed. The directors also attended provider forums arranged by the local authority and national bodies to learn and share best practice. The provider submitted notifications to CQC of significant events to help us to monitor the service and plan inspections.