

Mrs Charity Kelechi Earnshaw

Charity Earnshaw

Inspection report

High View (off Greenbank)
High Street, Newton Poppleford
Sidmouth
EX10 0DZ

Tel: 07482167528

Website: www.charityearnshaw-homecareagency.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Charity Earnshaw is a domiciliary care service, supporting adults in the community who require assistance with personal care. This included people living with dementia, physical disabilities, mental health needs and sensory impairments. 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 seven people using the service.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

At our previous inspection in April 2021 the provider did not have adequate systems in place to monitor and review the quality of care and ensure the service was meeting people's needs safely and effectively. At this inspection this was no longer the case. Following our inspection in October 2020 positive conditions were placed on the provider's registration. Since this inspection CQC have received monthly documentation and audits from the provider.

The provider continued to act on feedback, advice and guidance from relevant health and social care professionals. They had a comprehensive on-going service improvement plan in place to continually strive to provide people with a safe and good quality service. The provider had continued to engage an external consultant to support them with this.

Systems were in place to monitor the quality and safety of the service. This included a comprehensive range of audits; observations and quality assurance questionnaires. Audits were completed on a regular basis as part of monitoring the service provided. Where actions were needed, these had been followed up. For example, care plans and risk assessments updated.

We discussed with the provider about their plans to grow the service. They explained that they would be taking on new packages of care slowly in order to test out their systems and processes to ensure they are robust enough and embedded in practice.

At our previous inspection in April 2021 risk assessments were not always consistent or accurate, which placed people at harm. At this inspection this was no longer the case. Risk assessments contained clear and detailed guidance for staff about how to minimise risks and were consistently in line with people's care and support needs. For example, to mitigate risks around continence care, falls, nutrition and hydration and diabetes management.

Information in risk assessments correlated with that of people's care plans and daily notes. Care plans contained information in line with and addressed people's assessed risks, and how to reduce or prevent them. This enabled clear oversight and enabled changes in a person's physical or mental health to be escalated to relevant health and social care professionals.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The provider worked proactively with relevant health and social care professionals and acted upon feedback, guidance and advice to ensure people received safe care and support in line with best practice guidance.

At our previous inspection in April 2021 the provider had failed to establish and operate effective systems to prevent abuse to people. At this inspection this was no longer the case. The provider had continued to be proactive in liaising with the local authority and Care Quality Commission making timely safeguarding referrals in a consistent way. The provider and their staff team demonstrated an understanding of their safeguarding role and responsibilities. There were clear policies for staff to follow.

At our previous inspection in April 2021 the provider had failed to holistically assess people's needs and develop accurate care plans. At this inspection this was no longer the case. The providers systems to assess people's needs and develop care plans were effective. The information in care plans consistently reflected the information in assessments.

People felt safe and supported by staff in their homes. Comments included, "I feel safe with my carers" and "I have absolutely no concerns about my carers keeping me safe." Information was available for people on adult safeguarding and how to raise concerns.

Medicines were safely managed on people's behalf. Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. Everyone said staff were following good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic.

There were sufficient staff to meet people's needs. People confirmed that staffing arrangements met their needs. People confirmed staff always stayed the allotted time. Comments included, "My carers always turn up on time and stay the correct time" and "I usually have the same carer."

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Staff spoke positively about communication and how the provider worked well with them and encouraged their professional development.

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 16 June 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 3 December 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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, Effective and Well-led which contain those requirements.

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 changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charity Earnshaw on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Charity Earnshaw

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

One inspector completed the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The provider is also the manager and is registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 February 2022 and ended on 7 March 2022. We visited the location's office on 17 February 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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 three members of staff, which included the provider.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided, three staff files in relation to recruitment and various audits/reports relating to the quality and safety of the service to ensure people received safe care and support specific to their individual needs. We requested a variety of records were sent to us relating to staff training and regards the management of the service.

After the inspection

After our visit we sought feedback from people using the service, relatives, staff and health and social care professionals to obtain their views of the service provided to people. We received feedback from three people using the service, one relative, three staff and four health and social care professionals. We continued to seek clarification from the provider to validate evidence found. We provided initial feedback to the service on 7 March 2022.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our previous inspection in April 2021 risk assessments were not always consistent or accurate, which placed people at harm. 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.

- Risk assessments contained clear and detailed guidance for staff about how to minimise risks and were consistently in line with people's care and support needs. For example, to mitigate risks around continence care, falls, nutrition and hydration and diabetes management.
- Risk management considered people's physical and mental health needs and measures to manage risk were as least restrictive as possible.
- Information in risk assessments correlated with that of people's care plans and daily notes. Care plans contained information in line with and addressed people's assessed risks, and how to reduce or prevent them. This enabled clear oversight so any changes in a person's physical or mental health could be escalated to relevant health and social care professionals.
- Systems were in place for staff to escalate concerns to the office, where referrals were made to relevant health and social care professionals or contact with family members as required.
- The provider continued to use a secure communication channel to facilitate immediate communication with the staff team. This effectively provided timely updates about any changes in people's level of risk or need for staff to be aware of to ensure people received safe care and support.
- Emergency contingency plans were in place. They addressed issues which potentially affected service provision. For example, adverse weather conditions, staff sickness and COVID-19. People were prioritised according to their level of need, with alternative means of support identified if necessary.

Systems and processes to safeguard people from the risk of abuse

At our previous inspection in April 2021 the provider had failed to establish and operate effective systems to prevent abuse to people. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper 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 13.

- The provider had continued to be proactive in liaising with the local authority and Care Quality Commission making timely safeguarding referrals in a consistent way.
- The provider demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.
- Information was available for people on adult safeguarding and how to raise concerns.
- People felt safe and supported by staff in their homes. Comments included, "I feel safe with my carers" and "I have absolutely no concerns about my carers keeping me safe."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

Learning lessons when things go wrong

- Accident and incident documentation was in place. This was completed in detail by staff, including actions taken and outcomes. Any injuries were recorded on body maps.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.
- The provider worked proactively with relevant health and social care professionals and acted upon feedback, guidance and advice to ensure people received safe care and support in line with best practice guidance.

Using medicines safely

- People received varying levels of staff support when taking their medicines. For example, from prompting through to administration.
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The provider checked medicine practice whilst working with staff in the community and via records. This was to ensure staff were administering medicines correctly.
- The provider's quality assurance checks were robust to determine whether people had received their medicines as prescribed. This included daily monitoring of medicines administration records (MAR), and regular medication audits.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People confirmed that staffing arrangements met their needs. People confirmed staff always stayed the allotted time. Comments included, "My carers always turn up on time and stay the correct time" and "I usually have the same carer."
- Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The provider explained staffing arrangements always matched the support commissioned and staff skills were integral to this, to suit people's needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.
- Where a person's needs increased or decreased, staffing was adjusted accordingly. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The provider explained that regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. Contingency plans were in

place to deal with adverse weather conditions.

- An online review from a relative commented, "My father needed night care and afternoon care at short notice. Charity Earnshaw responded very quickly and provided carers the same day at the initial meeting/assessment. The carers provided very good care and treated my father with respect and dignity. The office staff were available at weekends and bank holidays and always dealt with enquiries efficiently and effectively."
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. Everyone said staff were following good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.
- The provider circulated regular updates to staff on preventing infection and COVID-19 along with any new legislation/guidelines that would affect the way they worked to ensure they followed best practice in order to keep people safe.

Is the service effective?

Our findings

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

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

At our previous inspection in April 2021 the provider had failed to holistically assess people's needs and develop accurate care plans. 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 providers systems to assess people's needs and develop care plans were effective. The information in care plans consistently reflected the information in assessments. For example, regards to PRN (as required) medication, moving and handling to support people to mobilise safely and pressure area care.
- The provider had the relevant knowledge and skills to ensure care was delivered in line with standards, guidance and law. This was through relevant training and regular professional supervision with an external consultant. This enabled them to support their staff team in line with current best practice to provide people with evidence-based care and support according to their individual needs.

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

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care.
- People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis. For example, GP and community nurses. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves.
- People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005).
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care.

Staff support: induction, training, skills and experience

- People said they thought the staff were well trained and competent in their jobs. Comments included: "The carers are well trained" and "The carers are very competent and are kind and caring"
- Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a probationary period, so the organisation could assess staff competency and suitability to work for the service.
- Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling, infection control and a range of topics specific to people's individual needs. For example, catheter care, diabetes and nutrition, hydration and dysphagia (swallowing difficulties). Staff had also completed nationally recognised qualifications in health and social care. A staff member commented, "I received training when I started and a thorough induction. I have been able to do train the trainer moving and handling training, so I can help train other staff."
- Staff received on-going supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager. A staff member commented, "I feel well supported." This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

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

- Those people who needed assistance with meal preparation were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant systems and processes had been established but these needed to be fully embedded in practice.

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; Continuous learning and improving care

At our previous inspection in April 2021 the provider did not have adequate systems in place to monitor and review the quality of care and ensure the service was meeting people's needs safely and effectively. This was a breach of Regulation 17 (Good governance) 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 17.

- Following our inspection in October 2020 positive conditions were place on the provider's registration. Since this inspection CQC have received monthly documentation and audits showing continuing improvement. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations.
- The provider continued to act on feedback, advice and guidance from relevant health and social care professionals. They had a comprehensive on-going service improvement plan in place to continually strive to provide people with a safe and quality service. The provider had continued to engage an external consultant to support them.
- Policies and procedures were in place and the service worked consistently in line with them to ensure a safe service.
- Systems were in place to monitor the quality and safety of the service. This included a comprehensive range of audits; observations and quality assurance questionnaires. Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments updated.
- Spot checks were also conducted on a random but regular basis. These enabled the registered manager to ensure staff were supporting people appropriately in a kind and caring way.
- The service was open, honest and transparent with people when things went wrong. The provider recognised their responsibilities under the duty of candour requirements and followed the service' policies.

- The provider had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and community nurses. Regular reviews took place to ensure people's current and changing needs were being met.
- Professionals commented, "(Provider's) attitude is responsive to any advice and guidance. We have good lines of communication with (provider)", "(Provider) has implemented everything asked of her. The next test will be when the service grows and whether processes are robust enough and are embedded in practice" and "(Provider) is so passionate about the care and support she provides to people."
- We discussed with the provider about their plans to grow the service. They explained that they would be taking on new packages of care slowly in order to test out their systems and processes to ensure they are robust enough and embedded in practice. The provider acknowledged that a lesson learnt when things had gone wrong was the value of regular liaisons with a range of health and social care professionals in order to ensure the service could meet people needs.

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

- Staff spoke positively about communication and how the provider worked well with them, encouraged team working and an open person-centred culture. A staff member commented, "(Provider) runs the service well, is willing to listen and takes on board anything I raise." Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system to ensure consistency of care and support.
- People's views and suggestions were taken into account to improve the service. The service sought feedback from people who use the service, staff and professionals to identify areas for improvement. The survey asked specific questions about the standard of the service and the support it gave people. Where comments were made, these were appropriately followed up. For example, improving communication when informing people of changes to rotas. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's service user guide documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Charity Earnshaw. For example, people were constantly encouraged to lead rich and meaningful lives.