Chandlers Homecare Limited

Chandlers Homecare

Inspection report

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22 March 2022

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Chandlers Homecare is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 16 people using the service.

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.

People's experience of using this service and what we found
Although actions were taken when incidents occurred, there was room for improvement in how investigations were documented and learning shared.

We have made a recommendation about learning from incidents.

Appropriate recruitment checks were not always carried out.

We have made a recommendation about the recruitment of staff.

There was a lack of systems and processes to ensure oversight and governance of the service and people had not been asked for feedback on the care they received.

There were enough staff to care for people safely. People were supported with their medicines as prescribed. There were practical and effective systems to manage risks from COVID-19. There were systems and processes to safeguard people from the risk of abuse.

The registered manager promoted a caring culture which ensured people received personalised and flexible care. Care plans and risk assessments provided staff with guidance to support people safely and meet their needs. Staff received training to ensure that they had the skills and knowledge to provide people with person-centred care in line with their preferences.

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 told us they were treated with dignity and respect. Staff were caring, kind and considerate. Care plans included people's goals and what was important to them. They were involved in their care arrangements and able to make decisions about how care was provided.

Staff communicated with people in ways they could understand. People knew how to complain if required.

End of life care was provided if needed.

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

Rating at last inspection
This service was registered with us on 6 December 2019 and this is the first inspection.

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

We have found evidence that the provider needs to make improvements. Please see the well led section of this full report.

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? 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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Chandlers Homecare

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 team consisted of one inspector and one 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.

The service had a manager 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 7 March 2022 and ended on 22 March 2022. We visited the location's office on 15 March 2022.

What we did before the 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
When we contacted the service to announce our inspection, the provider told us they were not available, so we delayed our visit to the office. During this period, the provider sent us additional information via email, as requested. We received feedback from two family members and five staff.

During our visit on 15 March 2022, we spoke with the registered manager and care co-ordinator.
We reviewed a range of records relating to the management of the service, including two people's care records, two staff files and training records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at another person's care record and spoke with eleven people and their families. We spoke with one member of staff.

Good

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Senior staff had completed detailed and personalised risk assessments to provide staff with practical guidance on how to keep people safe and minimise risk. These included risks identified when supporting people with moving and handling, and in the environment.
- The system generated a missed visit alert if staff had not logged in within five minutes of the visit time. This meant staff at the office or on-call would be prompted to investigate.
- At the time of our inspection, no incidents had been logged. There was a policy and form to complete but we were told there had not been any incidents. However, we identified some examples through review of records and talking to staff.
- Although it was not always clear what action had been taken in response to incidents and shared with staff, the registered manager was able to describe what had happened in those we identified, as discussed further in the well led section of this report.

Staffing and recruitment

- Most people told us there were enough staff to meet people's needs and provide good quality care: "If they're short staffed, one of them (a manager) comes out and I still get my wash, breakfast and the curtains opened."; "Some days they come earlier than others, but I know they're coming. If anything was really wrong, I know somebody would ring me."
- Some people told us that not all staff stayed for the full visit time and sometimes they felt rushed. One mentioned an occasion when a call could not be provided but added, "They don't let us down very often."
- Staff told us, "There are enough staff to ensure that our service users can feel supported and cared for. Even if there was to be someone that is off sick then we have the support of our manager and coordinator and admin that are more than willing to come out and help on the ground."
- There were recruitment systems which included looking at staff's recent experience and past employment. However, we found some unexplained gaps in employment history. The registered manager told us the application form would be amended to ensure this was completed fully.

We recommend the registered manager ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff. Would need this added to summary if used.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people, including a dedicated safeguarding lead.
- Staff had received safeguarding training and would report any concerns to the office team.

● All the people we spoke with told us they felt safe. One told us, "I'm very safe, contented and happy with the carers. They turn up every day."

Using medicines safely

● Staff supported people to take their medicines safely and as prescribed. Most people managed their own medication. One told us, "I take my own medicines usually before the carers come. But they check up on me every day." Where administration was required, there was a medication support plan which included details for staff such as whether it was in a blister pack or the original box and potential side effects.

● Staff had the skills to support people with their medicines. They received training and regular competency assessments.

● The system generated an alert if staff had not confirmed medication had been administered in the electronic record; this meant office staff would be able to investigate promptly.

Preventing and controlling infection

● The provider had practical and effective systems to manage risks from COVID-19. Throughout the pandemic, the office staff worked from home to reduce the chance of spreading the infection and enabling them to cover if care workers were self-isolating. Only one service user had tested positive and this had been managed by one member of staff providing care to that person for ten days.

● Staff had access to the necessary equipment, such as masks and gloves, to enable them to support people safely. People said staff continued to wear masks and gloves all the time. They felt protected from COVID-19 as much as possible.

● As well as infection prevention control training, a separate course specific to COVID-19 was provided to staff.

Good

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

- Senior staff had completed assessments of people's needs, consulting with the person and their representatives as required. We discussed how the provider ensured the assessment was proportionate to the person's needs. For example, how much information was necessary if a person managed their medication independently.
- People's care plans were detailed and personalised. They provided the necessary information to ensure staff met people's needs, in line with current guidance and standards.
- Care plans showed people had been involved in the initial assessments and included details of what they were able to do independently. One person told us, "Staff came out for a visit and asked a lot of questions. They were very thorough". However, they had not had a review since, and the review process was unclear with no evidence of people's involvement. People we spoke with were unaware if or how reviews occurred. One said: "I'm unsure how they review my care plan."

Staff support: induction, training, skills and experience

- Staff received good quality training and guidance to ensure that they had the skills and knowledge to provide personalised care. One told us, "I have had lots of training which has involved shadowing calls to be introduced to new clients and learning a client's routine. E-Learning training has been very helpful to know and understand all of the current legislation and guidelines."
- The provider had arranged for some staff to receive specialised training to ensure they could support a specific need.
- Staff told us they felt well supported, one said, "I know I can ask anything and be heard. It's a great comfort to have such a supportive manager and makes my job all the more easier and enjoyable."

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

- Care assessments included discussion of food preferences and whether support was required as well as prompts relating to any special diet or nutritional needs.
- People and their representatives told us staff provided the necessary support to ensure people ate and drank in line with their preferences. A person said, "They all usually help get my meals and ask if I want a drink before they go." A family member told us," They get [relative's] shopping for me and I notice it in the fridge. One carer is good and tries to give her different things."
- Team meeting minutes we reviewed included a concern raised about a person who was not eating much. Suggestions were given for different meals to try, collecting a take-away or for staff to stay with the person while they ate.

Staff working with other agencies to provide consistent, effective, timely care
● The service worked with health and social care professionals to help support people to maintain their health and wellbeing such as referrals for occupational therapy.
● The service had contacted a continence nurse to arrange specialist training.

Supporting people to live healthier lives, access healthcare services and support
● Staff had practical information to support people with their healthcare needs. There was a care summary which highlighted any key risk areas, such as allergies.
● Staff provided support with exercise . A family member told us, "The carers do have the right skills and training. They make sure [relative] is sitting in her chair right and do their exercises."

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.
● Staff had received MCA training and understood about people's rights to make decisions about their care. One member of staff told us that if a person refused medication they would encourage them to take it but could not force them; this demonstrated that they understood their right to refuse.
● Most of the people using the service had capacity to make decisions. They told us they were given choice by staff. One said, "They do ask what I like and what I don't like." A family member told us, "The care is good…they chatter to [relative] and always give her choices." Another told us, "if they suggest a shower and I don't want one, I don't have one."

Good

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

- Most staff were described as kind and caring, giving respectful, dignified care. Comments included, "They're quite caring, they always ask how you are today. We chat and we laugh while they're here", "Without fail, they have all been fantastic", "We are extremely satisfied with the service and we have a good relationship with all the carers."

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

- Person-centred care plans included people's goals and what was important to them. As well as support needs, information was gathered on their family and friends, past and current hobbies and interests.
- One person said: "Staff came out for a first visit and listened while we explained what [relative] required. They generally just follow that, and we've had no problems at all."
- There was flexibility around the times and level of care provided, for example one person told us they can do more for themselves on some days than others. A relative said, "[Relative] tells them what he wants them to do and they do it." Another said that staff would come later if required if there was something they wanted to watch on TV.

Respecting and promoting people's privacy, dignity and independence

- Care plans included details of what people were able to do for themselves, for example cleaning their teeth. This ensured staff promoted people's independence. However, some people told us they felt rushed by some staff, who did not give them time to, for example, wash the areas they could do on their own . One person who experienced being rushed by a member of staff said they were the exception rather than the rule, "They do everything I want them to do and the good carers become friends."
- Staff respected people's privacy and dignity. One person told us, "They make sure the door is shut when they do [relative's] personal care." Another said, "Nobody makes me feel embarrassed - they cover me up with a towel." And another said, "I wash myself and they make sure I do it right. They are all very respectful".

Good

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

- People received a personalised care plan based on their assessed needs. In addition to support required, care plans described what service users were able to do for themselves as well as details about their families, interests and anything else of importance to them.
- There was clear involvement of people in the development of the care plans with names of those involved recorded in the initial assessment.

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. The Accessible Information Standard 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.

- Staff communicated with people in ways they could understand. For example, one family member told us "They have a routine and [relative] can let them know if they are not happy. There's always a pen and paper there and they write things down." Another told us: "[Relative] cannot always hear the carers from a distance with their masks on so they stand near enough so [relative] might hear better."
- The care plans were written in practical, plain English. They gave staff information about people's communication needs.

Improving care quality in response to complaints or concerns

- At the time of the inspection, no formal complaints had been received, but there was a procedure to follow.
- All the people we spoke with felt they could raise concerns or complaints.
- The registered manager continued to provide direct care. This gave her insight into what was happening in the service and the ability to resolve concerns informally.

End of life care and support

- At the time of the inspection there was no one who required end of life care.
- If a person had completed advanced decisions, this would be documented in the care plan.
- We saw a care plan template which would be used to provide staff with detailed information should a person require it in future.

Requires Improvement

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 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.

Continuous learning and improving care

- Audits of records involved office staff reviewing and noting any action taken. These were lacking in detail and we did not see any evidence of changes made or information shared as a result. More robust systems to ensure the manager had full oversight were needed.
- We identified some incidents with minimal information documented. The registered manager was able to describe in detail what had happened, and the actions taken. They told us that as well as what was recorded in the visit log for care workers to read before their next visit, they would receive a phone call from the office if there was anything they needed to know. They also had an encrypted messaging app group for communication.
- Staff described an incident that occurred, and action taken to prevent it happening. However, the lack of formal documentation meant we were not assured themes from incidents would be identified.

We recommend the provider ensures that when something goes wrong, there is an appropriate thorough review or investigation documented and that lessons learned are communicated widely.

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

- There were some quality assurance checks, but there was room for improvement in the monitoring and effectiveness of these. There were no system reminders when care plan reviews were due, and we found no evidence of people's involvement in the reviews.
- The registered manager arranged for staff to have regular supervision, spot checks and appraisals. The list we saw to monitor these was not robust. There was no evidence in the records we reviewed that any areas for improvement had been identified or positive feedback given. The registered manager had recognised that the form used did not support meaningful supervision and planned to amend it. They also told us that they spoke with staff informally on a regular basis.
- The registered manager minimised risks resulting from the challenges in recruiting social care staff by keeping the service at a manageable size to ensure people continued to receive care. Three of the office staff were able to provide care if the usual staff were not available. However, we were also told that staff are never available to contact in the office in the afternoons. One person said, "There's a general feeling they're a bit tight on staff."

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

● We were told that there was an annual service user survey and were shown three examples from the April 2021 survey but none of these people were currently using the service.

● No one we spoke with recalled being sent a survey or asked for feedback and no one had been informed they may receive a call from us.

● Whilst the registered manager appeared to be visible within the service, the lack of formal systems meant that not all issues were being identified. For example, if the quality monitoring processes were more robust or feedback sought, some of the concerns we were told about such as staff being out of the office or people feeling rushed may have been addressed.

● The duty of candour requirement was referenced in the incident policy. We found no evidence of incidents where duty of candour applied.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

● Staff we spoke with felt they were part of a strong team and described good working relationships with the office, other staff and the people they provided care for. Comments included, "Whatever the issue, I go to the office and it's always sorted straight away" and, "There has been challenging moments over the last year and a half through COVID 19 trying to keep service users and carers as safe as possible and not knowing what was coming next, but we always managed to pull through and resolve any problems as a whole company."

● There was very little evidence of the service working with other organisations. However, we were given one example whereby the service worked closely with the district nurses following concerns about a person who was refusing medication. They identified staff who tended to be successful in encouraging them to take the medication and stayed at the visit longer.