Chapter Care (North Devon) Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Chapter Care provides personal care to people in their own homes. They provide this care in the Barnstaple, Bideford, Ilfracombe and South Molton areas of north Devon. 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 this inspection the service provided care and support to approximately 140 people in their own homes.

People's experience of using this service and what we found
People said they felt safe and well cared for. One person said, "They saved my life, I would not be here without their support." Another person said, "They are generally very good, they have helped me out at a time of crisis, and they have never missed a visit."

At the previous inspection we found recruitment needed some improvements. At this inspection we saw recruitment checks were fully implemented to keep people safe. Staff understood how to keep people protected from risks and what and who to report any concerns to.
Medicines were being managed safely and staff had training and support to ensure they completed this safely and effectively. Medicine records were monitored. There had been a recent safeguarding issue in relation to missed medicines, but this had been resolved.

Staff were knowledgeable and understood people's needs, wishes and preferences. Staff had training and support to do their job effectively.

Where people needed support to prepare and eat meals and drinks, this was clearly indicated within care plans. Daily records showed what support people had received each day, including what drinks, food and snacks had been given or left for the person to have later.

There was sufficient staff for the number of visits required. This was closely monitored by the coordinators and care manager. New packages of care were only taken on if there was staff available to do this.

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 were protected because risks had been assessed and any measures needed to mitigate these were fully documented.

People were supported where needed to maintain good nutrition. People's health and emotional wellbeing was closely monitored and responded to when needed.
Staff were knowledgeable about people's needs and wishes. People were treated with respect and their dignity and privacy was upheld.
The service had an open and inclusive culture, complaints were taken seriously. People and staff voice mattered, and the registered manager looked for ways to capture this.
There were quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

Rating at last inspection – At the last inspection this service was rated good overall with requires improvement in Safe. (Report published January 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

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

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 caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Chapter Care (North Devon) 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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

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

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 domiciliary care 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 18 June and ended on 3 July 2019. We visited the office location on 18 June

2019.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We reviewed four care plans, daily records and medicine records at the registered office. We also looked at three staff recruitment and training files. We reviewed a range of other documents including complaints, compliments, risk assessments and quality audits. During our time at the office we spoke with five staff, including the registered manager, care coordinators and a care worker.

We visited four people in their own homes to gain the experience of using the service. We also spoke with six people and two relatives via phone calls to gain their views and experiences.
We spoke to a further four care workers via phone calls to check their views of how well the service was being run.
After the inspection –
We asked the provider to send some further information about their training and quality monitoring processes. We followed up with one healthcare professional about an issue that had arose during the time the inspection was taking place.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.
• People said they felt safe and well cared for. One person said, "They saved my life, I would not be here without their support." Another person said, "They are generally very good, they have helped me out at a time of crisis, and they have never missed a visit."
• Staff understood how to keep people protected from risks. They knew when and how to report any concerns and were confident these would be addressed by the management team.
• The service had policies and procedures to ensure staff understood about abuse. This was backed up with regular training and discussions.

Assessing risk, safety monitoring and management
• People were protected from risks associated with their care needs. This was because risks were identified as part of people's assessment and ongoing monitoring. Where risks had been identified, staff were guided about how to reduce these risks. This might include risk of poor hydration and nutrition, risk of falls and risk of pressure damage.
• The service worked in conjunction with healthcare professionals to monitor risks and ensure the right equipment was in place where needed. For example, a specialist mattress to reduce the risk of pressure damage.
• The service assessed environmental risks to ensure staff and people were safe as far as practicable.

Staffing and recruitment
• There were sufficient staff for the number and needs of people currently using the service. They had micro zoned areas to ensure staff worked in a specific area to reduce travel time and ensure people had visits at the right time.
• Most people said their visits were generally on time. No one said they had missed a visit. People said they were aware of who would be visiting because they generally received a visit list showing them which care workers would be visiting for that week. One person said their visits were always late and not for enough time. We fed this back to the provider who explained the visits for this person had been agreed with them but that they would discuss the issues raised with the person and their family.
• At the previous inspection we found recruitment was not always robust. At this inspection we found improvements had been made. Staff were only employed once all relevant checks and references had been received. This ensured only staff who were suitable to work with people who may be vulnerable, were employed.

Using medicines safely
• People said they were assisted to take their medicines at the right time.
• Staff received training in safe medicines management and this was checked via monthly audits to review the medicine recording sheets.
• A recent safeguarding alert had been raised in respect of medicines for one person. There had been some confusion in respect of the local authorities care plans which stated medicines needed prompting. The definition of prompting differed to that of the service, but this has now been resolved.
• We had received some information of concern which said staff were not getting the right training to assist people with their medicines. We fed this back to the registered manager who gave assurances that staff only assisted with this task once they received training and had been signed off by someone senior. This meant their competencies had been checked before they completed this task without supervision.

Preventing and controlling infection
• Staff received training in infection control and understood the importance of ensuring this was embedded in their everyday practice. People confirmed staff wore protective clothing and washed their hands.
• There was a plentiful supply of gloves and aprons for staff to use when out on visits to people.

Learning lessons when things go wrong
• Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, when a worker realised they had given a medicine to someone when it was not prescribed for them, they immediately called the office and actions were taken to ensure the person was safe and would suffer no ill effects. The management team carried out an investigation and their findings were shared with the person's family. Lessons learnt were also shared within the organisation for other staff to understand what could go wrong and what action to take.
• The service had learnt from an incident where a person was refusing care. Staff had not always been clear in their daily records that the person was asked but refused support with their personal hygiene. This resulted in some self-neglect. Staff had been reminded to discuss with care coordinators if someone was refusing support on an ongoing basis. This meant they could follow this up with the local authority and/or the person's family.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People confirmed their needs and wishes were discussed in order for a detailed care plan to be developed. This included what support people needed to stay safe and healthy. It also looked at people's wishes and preferences.
• Copies of care plans were made available within each person's home. Staff also had access to information via their phones using the electronic system. Plans were detailed and enabled staff to understand people's needs and provide consistent care and support.
• Where needed guidance and best practice was sought to enable care to be delivered effectively. For example, the service consulted with the stoma nurse specialist for some people. They also had regular contact with the community nurse team and people's GP's.

Staff support: induction, training, skills and experience
• People and relatives were positive about the skills and experience of the care workers who visited them. One person said, "They are angels, they really understand my needs and help me with anything."
• Staff felt they had opportunities for enhancing their skills via regular training, support and supervision. Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.
• Staff who were new to care were expected to complete the Care Certificate, which is considered best practice induction training. Alongside this staff also completed an in-house induction and were able to shadow experienced care workers before going on visits alone.
• At three months the care manager or care coordinators checked staff competencies and aligned this with the care certificate. This meant there was key evidence of them having the right skills. This had been a new initiative set up by the care manager as a way of monitoring how effective their induction was and improving the outcomes for people receiving care and support.

Supporting people to eat and drink enough to maintain a balanced diet
• Where indicated in the care plan, people were supported to maintain good nutrition and hydration to keep them well.
• Staff knew people's likes and preferences about what food and drink to prepare.
• People confirmed staff always ensured they had drinks and food available to them. One person said, "Look how well they care for me. That's my lunch ready for later and (name of person) will come back later in their own time to make sure I have eaten it." One person said they did not always have their lunch prepared for them as the visit was too short and staff ran out of time. We fed this back to the service to follow up.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• There was evidence within daily records that care staff spoke with community nurses GP's and other healthcare professionals to provide consistent and appropriate care and support to people.
• Some staff had attended training with another provider in understanding dementia. This was a dementia tour bus giving insight into the sensory issues relating to living with dementia.

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 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.

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.
Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty
We checked whether the service was working within the principles of the MCA.
• Most care plans had signed consent documents which people had signed. No one was subject to court of protection.
• People confirmed care workers always sought their permission before assisting them with any care or support.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 confirmed staff treated them with kindness, respect and upheld their dignity. One person said, "They are angels, they are so kind and will do anything for you." Another said "Although some are better than others, I can't say any have not treated me with respect. They have even come in as an emergency to help me out. That was very kind!"
• People's equality and diversity was respected. This was achieved through having personalised plans which people had developed with the service.
• The registered manager said "We have implemented the "This is Me" section of our folders and revamped our assessment paperwork with myself and others to ensure we were capturing the right data and so that we knew exactly who we are looking after.This in turn makes for good conversation between the carers and the clients as they have more insight into the person they are with."
• Staff had developed strong bonds and relationships with people. One person said their care worker often returned in their own time to check they were ok and had eaten enough.
• One member of staff was awarded an external award for their caring approach. This included taking the person's dog out for a walk in their own time.
• Staff worked flexibly to meet people's needs. For example, one worker assisted someone with their main meal, then went on another visit before returning to assist the first person with their puddling. They felt this met the person's needs better than completing the support in one visit.

Supporting people to express their views and be involved in making decisions about their care
• Before the service started a new package of care, the care manager or senior person ensured they met with the person and discussed their needs and wishes to include in their care plan. People confirmed they were visited prior to their care service beginning.
• People were asked whether they had any preferences with regards to the gender of their carers and these preferences were respected. For example, one person said "I only like male carers and they always make sure I have a team of men to work with me. Other agencies were not able to offer this. I wouldn't use any other agency"
• One worker had made some flash cards to help a person communicate their needs and to be less anxious between visits.

Respecting and promoting people's privacy, dignity and independence

• People confirmed staff promoted their independence where ever possible. One person said staff always ensured they had their frame next to them. This enabled them to move around safely when the care worker was not there to support them. Another person said the care workers always left drinks and snacks to hand to ensure they had everything to hand.

• Staff understood how to promote people's independence. We heard examples of how they had worked with people through a rehabilitation period post operatively until people were confident to do things for themselves.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 care and support in a way that was flexible and responsive to their needs. For example, if visits needed to be rearranged to assist someone to get to a hospital appointment, the rotas were altered to accommodate this. If people's needs changed, care workers fed this back to the office staff. They in turn spoke with commissioners and if possible, more care was organised to meet an increased need.

• Since the last inspection, the service had expanded to take on a wider area. They had zoned areas to ensure care workers were not having to to do much travelling between visits.

The registered manager said, "With the implanting of dynamic zoning that we brought in – colour coding each area, giving an area a team of staff and a supervisor to oversee them, we have ensured continuity of care on a normal regular basis. This changes at times of holiday and sickness but as a whole the company has started to settle into set runs and set routines."

• People confirmed they had a small team of known workers unless there was sickness or holidays.

• One person confirmed they had some say about who worked with them. They explained they had not "Clicked" with one care worker and asked for them not to support them. Their request was listened to and actioned.

• The service had received thank you cards and compliments about how responsive they had been toward ensuring people's needs were met. One said "Thank you so much for all the help you provided dad, even though he felt he didn't need it, he always enjoyed talking to people- all your carers were very helpful and caring and importantly said they enjoyed looking after a unique and stubborn character."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• Care plans detailed if people had specific communication needs and equipment to assist them. This included hearing aids, visual prompts and flash cards.

• All information can be provided in large print and the service were looking at ways to incorporate more pictures into their information as a way of helping people understand information.

Improving care quality in response to complaints or concerns

• In each person's care file held in their home, there was a copy of the complaints process. This was clear and identified who people should contact if they had a concern or a complaint.
• People said they could make their concerns known. One person said her family would do this on their behalf. Another said they had made the service aware of some issues and was satisfied these had been dealt with.
• The complaints log showed clearly what actions had been taken following a complaint. We received one complaint from a family who did not believe they had received all the information following a medicines error. We checked the correspondence relating to this and found the registered manager had fully addressed the complaint in a letter.

End of life care and support
• Care plans contained a section about people's end of life wishes. These were completed if people wanted to complete this section.
• Staff received some training and support around the end of life care for people. The registered manager said they often worked closely with the community nurse team when someone was nearing their end of life.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The senior team within the service had been expanded in recent months. The registered manager over saw the running of the service. She was supported by a care manager, operations manager and three care coordinators. They worked together to ensure the service was staffed to meet people's needs. They also ensured staff within the community had a point of contact at all times, so they could talk to a senior person if there was an issue.
• The senior team and supervisors had been working hard to change care plan documentation so that it was more person centred and not just about the tasks care workers needed to do.
• Staff said they were welcomed in the office at any time. They confirmed seniors team members were available to chat to and on evening and weekends there was an on call service they could refer to.
• The senior management team were looking at ways to improve communication so outcomes for people improved. This included having weekly updates to staff about people's changing needs. They were also holding more regular team meetings. Minutes of these showed staff were asked for their views.
• The registered manager and senior team members had recently attended the Skills for Care- Lead to Succeed course. This helped them to promote and inclusive environment. For example, instead of calling their spot checks on staff which were deemed to provide a negative impact, they renamed and rebranded these as support checks. The registered manager said "support checks are exactly as they say; they offer support and mentoring on shift and provide an opportunity for carers to be open and honest about their experiences, expectations and gaps in training etc. These support checks form a basis of good supervision."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The registered manager had acted swiftly on all concerns and complaints. They had provided written responses and where things had gone wrong they had apologised for their mistakes. For example, a care worker gave someone their partners medicines. They immediately spotted their mistake. The service worked swiftly to ensure the person was not in any danger from taking the wrong medicine. Moving forward they looked for ways they could ensure this sort of mistake did not occur again.
• We saw one complaint where things had gone wrong because the person had been resistant to personal care being delivered. As a consequence, their health had deteriorated. Learning from this had been shared at a team meeting where staff were reminded to always record where people were refusing care but also to

talk to the office staff, so this could be shared with other stakeholder.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.
• Staff were positive about how the registered manager and senior staff team worked to promote a high-quality service.
• The registered manager was aware of their responsibilities to provide the Care Quality Commission with important information.

Continuous learning and improving care; Working in partnership with others
• The registered manager understood the importance of ensuring staff had the right support and training. She had changed the spot checks to enable care staff to have time to reflect on their practice and to discuss their training needs.
• CQC had received some concerns that staff were not being training to do their job. The training matrix and discussions with senior staff and care workers showed training was considered as essential and all staff were required to have updates to keep their skills and knowledge up to date.
• We saw copies of surveys staff had been asked to complete following their induction. These showed that staff were required to complete a detailed induction. It also showed most staff completing this felt the induction training gave them the essential training to do their job.
• The service worked in partnership with the local GP's and community nurse team to help people stay as well as possible.