

Churchill Health Care Ltd

# Churchill Health Care (Harrow)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Churchill Health Care (Harrow) is a domiciliary care agency. The agency provides personal care to people living in their own homes in the community in the London boroughs of Harrow and Ealing. There were approximately 82 people using the service at the time of our inspection, most of whom were living with conditions associated with ageing, including dementia. 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

Care staff were safely recruited, and essential pre-employment checks had been carried out. The provider had acted to address concerns we found at our previous inspection about staff punctuality when attending care visits. An electronic call monitoring and care recording system had been introduced and this had led to improvements in people receiving care in a timely manner.

People were protected from potential risks. Risks to people's health and wellbeing had been assessed. Risk assessments contained guidance for care staff on minimising risks to people.

There were suitable arrangements to ensure that people received their medicines as prescribed. Care staff had received medicines administration training and knew how to administer medicines safely.

People's care needs had been assessed. They and their representatives, where appropriate, had been engaged in the development of care plans and risk assessments. Regular reviews of care took place. The provider's electronic care recording system ensured staff were immediately notified of any changes in people's needs.

People were protected from the risk of abuse or harm. Care staff had received training on how to safeguard people. They were aware of their responsibilities if they suspected that people were at risk of abuse or harm.

People who used the service had been treated with dignity and respect. They and their relatives told us they felt safe when supported by care staff.

People were aware of the provider's complaints' procedure and knew how to complain or raise concerns. The service's records indicated that complaints had been responded to.

The provider had made improvements to their quality monitoring system. Regular audits and reviews of care and safety had taken place.

Staff had worked closely with other health and social care professionals to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for the service was Requires Improvement (published on 30 July 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.

At our last inspection we recommended that the provider reviewed its communication with staff to ensure they received up to date information about people's needs. At this inspection we found the provider had acted on this recommendation and had made improvements.

#### Why we inspected

We carried out an announced focused inspection of this service on 8 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive 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 Churchill Health Care (Harrow) on our website at [www.cqc.org.uk](http://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 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.

# Churchill Health Care (Harrow)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

#### 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 reviewed the care records for eight people, and eight staff records. We reviewed a range of records relating to quality assurance and management of the service. We spoke with twelve staff including the registered manager, director, care coordinator, field care coordinator and care staff. We received feedback from two people and six relatives.

# 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.

### Staffing and recruitment

At our last inspection we found a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had not adequately deployed sufficient numbers of suitably qualified, competent, skilled and experienced care staff to meet the needs of people who used the service. At this inspection we found the provider had made improvements.

- The provider had recruited and deployed enough staff to ensure people's care and support needs were met. They had developed an electronic recording system to ensure they were able to monitor in real time when staff logged in and out of care calls and immediately address lateness or absence.
- The provider had ensured staff were safely recruited. Pre-employment checks had been carried out. These included references, identity, eligibility to work in the UK and Disclosure and Barring Service checks. 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.
- New staff members were required to complete a successful induction prior to working with people
- People's relatives told us they were satisfied with staff attendance and punctuality. One relative told us, "Sometimes staff are late, but they let us know if they are going to be." Staff told us they had enough time to travel between care calls.
- Staff logged in and out of care calls using an electronic call monitoring system (ECM). The system was monitored throughout each working day and any failure to log in or out was immediately followed up with a call to the staff member. The provider reviewed the call logs on a regular basis.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. The provider's policies and procedures reflected best practice in safeguarding adults. Care staff had received training. They knew what action to take if they suspected people were subject to, or at risk of abuse or harm.
- People and their relatives told us that people felt safe with the care staff provided.
- We reviewed the provider's safeguarding records. There had been no safeguarding concerns raised during the 12 months prior to this inspection.

### Assessing risk, safety monitoring and management

- People's needs were assessed prior to their using the service. Risks to their health and wellbeing had also been assessed. These assessments had been used to develop people's care plans.
- People's care plans and risk assessments included detailed guidance for staff on how to support people in

accordance with their needs and preferences whilst minimising identified risks.

- Care staff told us they had been advised of people's care needs prior to visiting them. They were knowledgeable about people's needs and knew what they should do if there were any concerns about potential risks to people.

#### Using medicines safely

- People's medicines were managed safely. Care staff had received training in the administration of medicines. Refresher training had also been provided. The provider's spot checks of staff practice included medicines administration competency.
- Not everyone being supported by the service required support with their medicines. Where they did, staff used Medicine Administration (MAR) charts to record the administration of medicines to people. The MAR charts we reviewed were correctly completed with no unexplained gaps.
- The provider had carried out audits of MAR charts to ensure their medicine administration procedures were followed.

#### Preventing and controlling infection

- The provider had ensured suitable arrangements were in place to protect people from COVID-19 and other infections. Their infection control policies met current best practice and government guidance.
- Care staff had received Infection control training. They were knowledgeable regarding infection prevention and how to protect themselves and people.
- The service had sufficient stocks of personal protective equipment (PPE) such as shoe covers, gloves, and aprons kept in the office for use by care staff. People and relatives told us that their care staff observed hygienic practices and wore PPE when attending to people's care.

#### Learning lessons when things go wrong

- The provider had systems in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, guidance was in place to prevent re-occurrence.
- The provider acted to address concerns, including concerns related to incidents and accidents. Where appropriate, other professionals had been involved in developing plans to ensure incidents were not repeated or minimised as far as possible.
- Staff told us they had been provided with information about reducing risks following incidents.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

- The provider had ensured people were enabled to have choice and control and their needs and preferences were met.
- At our last inspection we recommended the provider reviewed its communication system to ensure that all care staff were fully aware of the care to be provided for people. At this inspection we found improvements had been made. The provider ensured staff were immediately informed of any changes in people's care through its electronic care planning system. Care staff told us they received the information they required to undertake their roles.
- People's care plans were person centred and had been developed in partnership with people or their relatives or other representatives where appropriate.
- People's daily care records were completed electronically by staff. This enabled the registered manager and office-based staff to review and audit records live, without the need for retrospective records to be brought into the service's office. System alerts were raised on the electronic system if staff had failed to complete a person's daily care record. We reviewed a sample of people's daily care records and noted these had been completed appropriately.
- The registered manager informed us that care staff were provided with information regarding the needs of people prior to their visits. This was confirmed by care staff we spoke with. People and their relatives stated that their regular care staff knew the needs of people and carried out tasks as agreed in their care plans. One relative said, "We have no problem with the care [relative] gets. It can be difficult when our regular carers are away because they know her well, but the staff who replace them are competent."

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.

- The provider had a communication policy. People's communication needs had been assessed and information and guidance for staff on meeting these needs was included in their care plans.
- The registered manager advised that, where possible, people would be matched with care staff who were familiar with people's languages and cultures.
- We saw the provider had translated some information into large print, or other languages or picture assisted formats where required.
- The provider had set up a system to enable people and their relatives to access their electronic care

records on-line at any time. People's relatives spoke positively about their ability to check how and when care was being carried out via this system. One relative told us they were happy with the system but was speaking with the provider about the possibility of also having paper care records at their [relative's] home in case of emergency.

Improving care quality in response to complaints or concerns

- The provider had a formal complaints procedure. We looked at the records of concerns and complaints received since our last inspection. These showed complaints had been dealt with promptly and action taken to improve care where required.
- People and their relatives knew how to make a complaint. One relative told us the service had improved when they had complained.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. The provider had not always acted swiftly and effectively to address complaints and concerns in relation to the reliability of staff care calls to people. At this inspection we found the provider had made improvements.

- The provider had acted to develop systems and procedures to improve the quality and reliability of the care people received. The provider had developed and introduced an electronic call monitoring system. This was monitored daily by office staff and any failures in relation to lateness were addressed immediately.
- Staff worked in geographical 'patches' to reduce the likelihood of being delayed by transport disruptions, Staff providing care to people who required support from two care workers were linked during their working days. This ensured people received support from care staff who arrived at the same time.
- The service had introduced an electronic system for recording of care plans, risk assessments and care records. This meant staff had immediate and up to date information about any changes in people's needs through the applications on their mobile phones. The service was able to identify and monitor gaps and failures in people's care records immediately. The registered manager told us this had resulted in improvements in staff care practice.
- Staff members told us they were supported to discuss their learning needs at regular supervision sessions and team meetings. The service's records showed issues in relation to care practice and improvements were discussed at these. Additional training and guidance had been provided for staff following these meetings. People and their relatives told us they felt staff were skilled and supported by the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive culture which was open and non-discriminatory. Care staff had received training on ensuring equality and diversity was supported. The feedback we received indicated that people felt that their care workers treated them with respect and dignity.
- The provider actively sought the views of people and their feedback was recorded in their care records. People were consulted on how they wanted their care to be delivered. Regular visits or calls were made to people to ensure they were able to express their views about the support they received.

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 was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things went wrong. They knew when they needed to report concerns and incidents.
- Registered providers are required to inform the CQC of certain incidents and events that occur whilst providing the service. The registered manager was aware of their responsibility and notifications had been submitted when required.

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

- Staff and managers were clear about their roles and understood their responsibilities in relation to quality performance.
- The provider had ensured regular monitoring of the quality of care had taken place. Audits of a wide range of areas had taken place. The provider's electronic recording system enabled the registered manager to ensure concerns were managed and addressed immediately. We saw there were audit trails and actions recorded in relation to issues in relation to quality of care.
- Quality assurance checks included spot checks of care staff working in people's homes to ensure they performed their duties effectively and sensitively. These included checks on punctuality, behaviour and ability to carry out tasks required. Checks and audits were also carried out in areas such as staff training, care reviews, spot checks, medicines administration and care documentation.
- The provider had a range of policies and procedures available to provide guidance for care staff on how to fulfil their roles and responsibilities. These met current best practice information and guidance.
- Care staff spoke positively about the management and support they received

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

- There were systems in place to gather feedback about the quality of service from people, their relatives and staff. The views of people and their relatives, where appropriate were sought regularly. We reviewed recent records of feedback from people and noted these were positive.
- The service had considered the equality and diversity needs of people and had taken action to address these. People had been matched to staff who understood their languages and cultures. The provider had developed information in easy read and other languages and formats where people required this.

Working in partnership with others

- The service maintained good working relationships with partner agencies. This included working with other health and social care professionals, such as community nurses, occupational therapists and social workers. People's care records showed the service had engaged regularly with specialist professionals where this was required.
- Management staff had engaged with local authorities and provider forums.