Care Quality Commission

Churchill Health Care Ltd

Churchill Health Care (Ealing)

Inspection report

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Date of inspection visit:
14 January 2020

Date of publication:
27 January 2020

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
Churchill Health Care (Ealing) is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of the inspection they were offering support with personal care to 17 people. The majority of people were older adults, although the agency also provided a service to younger adults with disabilities. 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
People were happy with the service they received. They felt involved in making decisions about their care. They told us the agency listened to them and provided a service which was personalised and met their needs.

Care plans were clear and included details about people's individual needs and how they wanted to be cared for. The agency had assessed the risks involved in providing care and had developed plans to minimise these.

People received their medicines in a safe way and as prescribed. They also had the support they needed with preparing meals, shopping and accessing the community. The agency carried out regular checks to make sure staff were providing safe care and to reassess any changes in people's needs.

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.

The staff were happy working for the agency. They told us they would recommend working there to others and they felt supported. The provider's recruitment procedures made sure the staff were suitable. They undertook a range of training to ensure they could provide effective care. The staff were regularly supervised and had good communication with managers.

People had the same regular care workers assigned to care for them. They arrived on time and stayed the agreed length of time, completing all assigned tasks. There were enough staff, and the agency made sure they had enough time to travel between visits, so they were not late and did not feel rushed. There were electronic call monitoring systems, so the managers could identify if a care worker did not arrive for a visit, or if care tasks were not completed.

There were effective systems for monitoring the quality of the service and receiving feedback from stakeholders. The managers knew everyone who used and worked at the service and had regular contact with them. Feedback they had received was positive, and where they had received complaints, they had

acted on these and learnt from them. There were appropriate systems for dealing with accidents, incidents and emergency situations. These were being followed.

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

Rating at last inspection
This was the first inspection of the service since it was registered on 27 March 2019.

Why we inspected
This was a planned inspection based on the date of registration.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led. Details are in our well-Led findings below.	**Good**

Care Quality Commission

Churchill Health Care (Ealing)

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 conducted 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.

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 14 January 2020 and ended on 16 January 2020. We visited the office location on 14 January 2020.

What we did before the inspection
We looked at all the information we held about the provider. This included information we received when they registered the location. We also looked at the provider's own website and public information about the

agency.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We looked at the care records for five people who used the service, records of medicines administration and logs of care visits. We also looked at records of accidents, incidents, complaints and safeguarding alerts and the provider's systems for assessing and monitoring the quality of the service. We viewed the recruitment, training and support records for five members of staff, along with information shared with staff and meeting minutes.

We met the care manager, registered manager and one of the directors. We also met other staff working in the office, including the field care supervisor and quality assurance manager. Two care workers visited the office, and we spoke with them. We received written feedback from four other care workers.

After the inspection
We spoke with the relatives of five people to ask for feedback about their experiences. We did this on 16 January 2020.

Good

Is the service safe?

Our findings

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

This was the first inspection of the service. At this inspection this key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● The provider had procedures for safeguarding adults from abuse and whistle blowing. The staff received training in these and understood what constituted abuse and what they would do if they suspected someone was being abused.

● The provider had raised alerts with the local safeguarding authorities when they had identified potential abuse. They had worked with other agencies to investigate these.

Assessing risk, safety monitoring and management

● The risks to people's safety and wellbeing had been assessed and planned for. Care plans included risk assessments for people's physical and mental health needs, mobility, the equipment they used, skin integrity, eating and drinking and medicines. The assessments were appropriately detailed and included guidance for staff to show how risks could be minimised or mitigated. There was an emphasis on supporting people to remain independent and do things for themselves if they were able and wanted this.

● The agency had also carried out assessments of people's home environments. They had identified any risks for the person or staff within the environment and recorded how these risks should be managed.

● Risk assessments were regularly reviewed and updated. This meant the staff had clear, relevant and up to date information about how they could safely care for people and manage risks.

Staffing and recruitment

● There were enough staff to keep people safe and meet their needs. The care manager explained they did not take on new packages of care unless they had the staff to support these. The staff worked in specific geographical areas to minimise travel time between visits. They told us they had enough time for each visit and travel. People's relatives told us the staff usually arrived on time and were not rushed during visits.

● There was an electronic call monitoring system which the staff used to log arrival and departure times. The managers oversaw this and could identify if a care worker was running late for a visit or had not arrived. They had systems to ensure cover was arranged if needed. The staff received their rotas in advance and told us they usually cared for the same regular people.They told us the managers contacted them by telephone if there was a change to their normal schedule to make sure they were aware of this.

● The provider had processes to make sure only suitable staff were employed to work at the service. They carried out checks on staff identity, eligibility to work, references from previous employers and checks on any criminal records. All staff attended two formal interviews before they were offered their jobs. They then shadowed experienced workers and undertook a range of training before they were assessed as competent to work alone.

Using medicines safely

● People received their medicines as prescribed and in a safe way. There were procedures for the safe handling of medicines and all staff received training in this area. The managers assessed their competencies, knowledge and skills following the initial training and then at regular intervals.
● Information about people's medicines was clearly recorded. The managers told us they regularly contacted GPs and pharmacies to discuss changes in people's medicines and make sure the information they held was accurate. Staff completed medicines administration records, and these were checked by managers each month. We saw discrepancies in recording were investigated and followed up with the staff concerned. This allowed the provider to address any problems and make sure people were receiving their medicines correctly.
● The provider was in the process of introducing electronic medicines recording systems which would not allow staff to log out of a visit until they had signed to state they had administered medicines in accordance with the care plans. This system had been set up, and staff were due to be trained shortly after the inspection so they could use this effectively. This would provide extra checks to make sure people were receiving their medicines.

Preventing and controlling infection
● People were protected by the prevention and control of infection. Staff received training about good infection control and hand hygiene. The managers regularly assessed whether the staff were following procedures when they observed them providing care to people. Their observations were recorded and they addressed any concerns directly with the staff members.
● People's relatives told us the staff wore gloves and followed safe practices. Staff explained there was always protective clothing, such as gloves and aprons, available when they needed these.

Learning lessons when things go wrong
● The provider had systems for learning when things went wrong. There were procedures for dealing with complaints, accidents and incidents. We saw these had been investigated and the outcome shared with relevant people, such as those effected by the incident and their families. The care manager told us they also shared key findings with staff during meetings and in newsletters, so they could make improvements where needed.

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 was the first inspection of the service. At this inspection this key question was 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
● People's needs and choices had been assessed before they started using the service. Relatives described how they had met senior staff, who had asked them and the person using the service questions about their needs. One of the senior staff explained how they also spoke with and gathered written information from health care professionals and commissioners to understand people's holistic needs.
● Care plans included detailed assessments of needs, information about people's preferences and personalised details about how they wished to be cared for. These assessments had been regularly reviewed to make sure care plans were up to date and reflected any changes in people's needs.

Staff support: induction, training, skills and experience
● People were cared for by staff who were well supported and had the training, skills and experience needed to provide effective care. The staff told us they were given written information about their role and a handbook they could carry with them, which included links to guidance and good practice.
● The provider employed their own trainers who trained and assessed new staff. The training packages they had created met the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities. They also developed other training where they had identified a need. The staff completed written and practical assessments before they were permitted to care for people.
● Staff renewed their training regularly and completed additional on-line training courses. The managers had an overview of when staff training needed to be renewed. They worked with other professionals to provide bespoke training where there was an identified need. For example, using a specific piece of equipment or when someone needed a care intervention which the staff had not previously undertaken.
● The staff told us they felt supported. They had regular individual and team meetings with the managers and these were recorded. The staff were asked their opinions and whether they had any needs which the provider should support them with. The meetings included discussing a range of different topics, policies and procedures.
● The managers carried out observations of care workers each month. These included checks on how they cared for people, how they presented themselves and their skills in certain areas, such as moving people safely and administering medicines. These observations were recorded, and we saw they had acted where they identified a concern.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional and hydration needs had been discussed as part of their assessment. Identified needs and risks had been recorded and planned for.

● The staff supported some people at mealtimes. The relatives we spoke with were happy with this support and explained the care workers made sure people had access to drinks and were well hydrated.

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

● Care plans included information about important healthcare professionals and who to contact in an emergency or if someone became unwell. Relatives told us the staff had been proactive in this area.
● For people who had a long-term health condition, there were detailed records to show what this was, how it affected the person and whether there were any care needs associated with this. Records of care provided included information about people's health and wellbeing. When staff were concerned about this they had contacted the agency offices and people's families so this could be monitored.

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.

● The provider was working within the principles of the MCA. They had assessed people's capacity to make decisions and had information about people's legal representatives and who should be involved in best interest decisions. People, or their representatives, had signed consent to their care plans and had been involved in developing these.
● For people who lacked the mental capacity to make decisions about their care, the agency had assessed and recorded the risks relating to this and any actions which were needed to reduce these risks.

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 was the first inspection of the service. At this inspection this key question was 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
● People were well cared for and had good relationships with the care workers. Their relatives told us this. Their comments included, ''They are all very courteous'', ''They do a good job and we grateful'', ''We are very happy, they are lovely and helpful'', ''[Person] has a good relationship with the carer who does a fantastic job'' and ''They are brilliant, I cannot fault them.''
● People's diverse needs had been assessed and the managers told us they tried to match care workers to people's needs and personalities. Where people had a specific request for a member of staff who could speak the same language, they tried to meet this. They also respected people's choices and wishes for same gender care workers. One relative explained how the care workers had a good understanding of the person's cultural needs and how they liked food prepared.
● The care manager explained they were looking at additional training for staff to better understand how to provide support to people who identified as LGBT+ (Lesbian, Gay, Bisexual and Transgender). This is important because people who identify as LGBT+ can sometimes feel disempowered when they start using care services and need to feel they can trust staff and there is no prejudice against them.

Supporting people to express their views and be involved in making decisions about their care
● People were consulted about their care. Their views and preferences were recorded as part of their care plan. They were also able to make choices during each care visit. Their relatives confirmed this, and we saw guidance for the staff emphasised the importance of this.
● The managers checked this as part of their observations of care staff. They also asked people about this when they carried out telephone monitoring. This meant they were able to identify and respond when staff were not promoting choice or allowing people to make decisions.

Respecting and promoting people's privacy, dignity and independence
● Relatives told us the care workers respected people's privacy and dignity. They provided care behind closed doors, made sure curtains were closed and addressed people by their preferred names. They also told us care workers were respectful in the person's home and with other family members who lived there.
● People were supported to be independent where they were able. Care plans explained where people were able to do things for themselves and how staff should encourage and support this.

Good

Is the service responsive?

Our findings

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

This was the first inspection of the service. At this inspection this key question was 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 personalised care which met their needs and preferences. Relatives described how the managers at the agency had consulted the person about their needs and had developed care plans which reflected these. They also explained how the agency had a flexible approach and had adjusted the care package following requests for change, when people's needs changed and when something had not worked. Relatives commented this approach had been proactive and made sure people were receiving the right care.
● Care plans were detailed and personalised. They included information about how each task should be performed, the support people needed, risks relating to this and the desired outcome for the person. The staff recorded each care visit. These records showed how care plans had been followed. Relatives confirmed this, telling us the staff always carried out the required tasks, and sometimes helped in other ways as well.
● The agency regularly reviewed care plans through visits by managers, telephone calls to people using the service and their relatives and through responding to concerns raised by staff or people about changing needs.

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 and assessments included information about people's communication needs and how they should be supported. For example, staff were reminded to be mindful about where they stood, distracting noises and how they approached people with sensory impairments to make sure the person felt safe and had opportunities for meaningful communication.
● The care manager and other office staff spoke a range of languages and were able to communicate using these with people if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● The agency supported some people to access day centres, places of worship and other community facilities. The agency was also setting up a monthly coffee morning for people who wished to meet them for a social event or to discuss their experiences. This had been advertised in the most recent newsletter.

End of life care and support

● No one was receiving palliative care at the time of our inspection, although the agency had provided support with this to others in the past. The care manager told us they had worked closely with the healthcare teams to make sure people received the right care and treatment. We spoke with one care worker who had recently supported a person with end of life care. They demonstrated a good awareness of the sensitivities around this and supporting the person's family as well.
● The agency had links with other health care teams who provided onsite training for staff when needed, for example when people's needs changed, and they needed additional equipment or different care. The care manager told us visiting nurses had provided training and guidance for the staff when supporting people with palliative care needs in the past.
● The agency was developing a training package for staff to better understand supporting people at the end of their lives.

Improving care quality in response to complaints or concerns
● There was a suitable complaints procedure and people had copies of this. Relatives told us they knew who to speak with if they had a concern and felt confident doing this.
● There was a record of complaints and how these had been investigated and responded to. The agency had taken appropriate action in respect of these and had learnt from them to make improvements to the service.

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.

This was the first inspection of the service. At this inspection this key question was rated good.
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

- There was a positive culture at the service. Relatives told us the service was person-centred and this was also reflected in the provider's own feedback they had received from stakeholders. People felt the agency had responded to their needs and listened when they wanted changes. People had a good relationship with care workers and managers. Comments from relatives included, ''The service has been very useful and flexible'' and ''We are very happy, we have a good relationship with them.''
- Care workers told us they felt supported and happy working for the agency. They told us they would recommend it as a place to work with one care worker commenting, ''There is a good positive relationship working with this company. I feel valued and appreciated.''
- The agency signed up to a staff support helpline, which offered confidential counselling and support to any staff who needed this.

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 provider had policies and procedures which outlined their responsibilities under duty of candour. We saw they had apologised to people involved in individual incidents and complaints, admitting their responsibilities and explaining what they would do to make sure the service improved.

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

- There was a team of managers overseeing the service. The registered manager was also a director with the company and oversaw the running of their other two branches. There was also a care manager, employed solely to manage this branch. They were undertaking a management in care qualification and were experienced. They told us they would be applying to be registered as manager in the future.
- The staff told us the managers and directors were all involved and supportive. They said they were knowledgeable about the service. Comments included, ''I feel supported by my manager, they always ask my opinion and listen to me'', ''We have a team meeting every month which is helpful and the manager is very helpful'' and ''My manager is very good, she listens to us and asks our opinion.'' The directors had previously owned and managed another care agency and had transferred some of the staff and people using the service to this agency when it was set up.
- There were two other established branches and the management team had a good knowledge of regulations and good practice guidance. They kept their knowledge up to date through regular training and

networking.
● The provider had a range of policies and procedures which were regularly updated and had been created in line with legislation and national guidance. They used the support of an external company with human resources and meeting employment laws.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider engaged with people using the service and other stakeholders. They made monthly telephone calls to people to ask for their feedback. They had also organised a regular coffee morning where people could share their experiences. There were monthly team meetings where staff had opportunities to voice their opinions.
● The provider produced a newsletter for people using the service and another one for staff each month. These kept them informed about changes, important and interesting information they needed to be aware of and how to contact the agency if they needed.

Continuous learning and improving care
● There were effective systems for monitoring the quality of the service and making improvements. These included calls to people using the service, team meetings and observations of care workers. Records of these showed where concerns had been identified and the provider's response to these.
● The provider had introduced a new electronic call monitoring, medicines recording and care planning system. This meant they had a better overview of the service in real time and could respond to any concerns immediately.

Working in partnership with others
● The managers had good links with other organisations, such as commissioners, hospital discharge teams and healthcare teams. The care manager told us they arranged meetings with these networks to discuss how they could improve the service and meet people's needs.
● There were examples about how the agency had worked with individual healthcare professionals to make sure people's needs were assessed and met. For example, when staff identified a person needed a specific piece of equipment, the agency had contacted the relevant professionals to make sure this was in place.