

Chamomile Care Ltd

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Inspection report

Unit 2, Home Farm Barns
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Oxfordshire
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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Chamomile Care Ltd is a domiciliary care agency providing support and personal care to people in their own homes. 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 the inspection nine people were receiving personal care.

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

People received compassionate care and felt respected and valued as individuals. Staff exceeded expectations to ensure people's needs were met and they were comfortable and safe.

People said that they were treated with dignity and respect by friendly caring staff who they described as 'brilliant'. People said they were involved in the planning of their care, that assessments carried out prior to receiving care were thorough. People were supported with end of life care by care staff in conjunction with health professionals.

People told us they felt safe when care staff supported them. There were sufficient staff to meet people's needs. People always received their care calls and were contacted if staff were going to be late. Staff had been recruited safely and received training in safeguarding and other areas of risk. Staff ensured they kept people safe from the risk of infection by wearing appropriate PPE and following infection control practices.

People's care needs, risks associated with their care and environmental risks had been assessed and mitigated. Where people needed support with their medicines it was done so safely by suitably trained and competent staff.

Where needed care staff supported people to maintain a balanced diet and supported people to access health care when required, including contacting people's GP and district nurses.

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 the management team were approachable and listened to them. People told us they would recommend the service to others. The management team communicated well with staff to ensure people's needs were met, including at the end of their life.

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

This service was registered with us on 26 August 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time since they were registered with the CQC to provide personal care.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally 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 ●

Chamomile Care 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 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 18 January 2022 and ended on 24 January 2022. We visited the location's office on 18 January 2022.

What we did before the inspection

We reviewed information we had received about the service since they had registered with the Care Quality Commission. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four members of staff, including the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three people who used the service. We also received feedback from health and social care professionals who worked with the service.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were systems and processes in place to keep people safe, protecting them from the risk of harm and abuse.
- People felt safe in their homes when care staff supported them. A person told us, "I definitely feel safe."
- Staff received training in safeguarding, giving them the knowledge necessary to keep people safe from the risk of abuse.

Assessing risk, safety monitoring and management

- The provider had assessed the risks people faced and had made plans to minimise the risk of harm.
- Staff had access to up to date information on the electronic system about risks and due to the low number of staff and continuity of care, were knowledgeable about individual risks.
- Records included guidance about risks people faced such as catheter and stoma care; risk of falls and diabetes.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. The registered manager told us that they would not take on new care packages unless they had staff availability to support new clients.
- The provider had an electronic system in place which flagged up when calls had been made. This enabled them to monitor and take any action necessary if a call was very overdue.
- People told us there were no missed care calls. People said that the service communicated with them if their care staff was going to be late. One person said, "They are always on time and I haven't had any missed calls."
- Staff were recruited safely to ensure they were suitable for working with people. The provider had carried out the relevant checks such as obtaining work histories, right to work documentation and criminal record checks.

Using medicines safely

- People who required support with their medicines were supported to do so safely. The provider had checked staff were competent at administering medicines before they started doing it on their own.
- People who had capacity and were able to administer their own medicines were encouraged to do so. The provider contacted health professionals where concerns were noted. For example, one person was struggling to manage their medicines. The provider suggested putting in control measures such as assisting the person with their medicines. They also proactively enquired about measures for one medicine prescribed that could have safety implications.

- Medicines audits were carried out by the registered manager to ensure safe administration of medicines.

Preventing and controlling infection

- The provider had measures in place to prevent and control the spread of infection.
- Staff had received training and used personal protective equipment (PPE) safely.
- Staff told us they were supported to access testing to help ensure people were kept safe.

Learning lessons when things go wrong

- Systems and processes were in place for the reporting and follow up of accidents, incidents, safeguarding's and medicines errors. These systems were reviewed and enabled learning to take place and actions to be taken.

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

- People's needs were assessed to ensure these could be met by the service.
- Once information was gathered and the care package had started, technology was used to ensure important and up to date information was available to staff immediately. This supported the registered manager and staff to ensure people received their care as planned.
- The provider had a system to assess people's needs to ensure their care was of a good standard. The provider visited people to gather relevant information before care and support was delivered.

Staff support: induction, training, skills and experience

- The provider supported staff to develop the necessary skills to carry out their role. The registered manager had received training from Oxford Health to deliver delegated health support tasks such as providing stoma, catheter care and applying compression stockings. This meant care packages could be started promptly. Management staff had also undergone Train the Trainer learning which meant they could deliver training directly to their staff.
- Training records showed staff had received the required training to meet people's needs. All new staff completed an induction and were paired with experienced staff to learn how to meet people's needs.
- Staff told us the management team provided constant support when needed and the training they received had been useful. A staff member said, "This company is the best company I've worked for. There are good care companies and not so good. Chamomile Care is the best I have worked for. I had my review at the end of last year and I was expecting it to be just about my work competence but I was asked how I am, how I feel about my level of support and if there is anything more the company can do for me in my job role and outside of job role."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people who had been assessed as needing support to maintain a balanced diet. People told us they were supported to eat and drink enough. Records contained information about people's preferences and daily notes showed these were followed.
- The registered manager and the staff worked with other agencies to ensure the health and wellbeing of the people they supported. For example, providing information to a health professional about what a person needed, such as a dementia clock and other equipment required to improve a person's comfort to meet their updated needs.
- Staff communicated with each other and management to inform when people were unwell so that

relevant actions or referrals were made. Records confirmed people had received support from GPs and district nurses.

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. 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.

- The service was working within the principles of the MCA. Staff had received relevant training and understood how to apply the principles to their work.
- People told us that staff asked for consent before providing care. One person said, "They always ask my permission before any tasks are undertaken."

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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were highly skilled and committed to ensuring people were supported to express their views, wishes and preferences and be involved in decisions that affected them.
- The provider worked closely with people to advocate their views in order to resolve any issues where other sources of support were not readily available to people. For example, we saw the service had worked with a family who were facing many challenging issues. This support included liaising on their behalf with appropriate bodies to resolve issues which were having a detrimental effect on them. The outcome of these interventions and support had improved the family's situation markedly and also assisted other external bodies who were working with the family to improve the situation.
- A social care professional provided feedback about the service and said, "I have used this care agency for both my professional work as [job role] and personally. I have found that [care manager] is exceptionally good. She is very quick to respond to messages and shows a genuine want to help her clients, going above and beyond to ensure the clients wellbeing is prioritised. Just before Christmas we had a client whose agency was going to withdraw two days before Christmas, and we could not find anyone to replace them. [Care co-ordinator] assessed and said she would cover the Christmas period herself because otherwise the family would be without care. This showed a genuine warmth and kindness towards clients. Feedback from my clients have been brilliant, and they have commented on how good the care staff are. I would use them again and recommend them to others."
- People were involved in the planning of their care and supported to express their views about their care. The service adapted if people asked for changes in their package of care.
- Staff were particularly sensitive to times when people needed caring and compassionate support. The service helped people explore their needs and preferences in relation to personal and family support. For example, we saw a person who had stated their outcome was to remain at home and be in comfort. We saw measures the service had taken to ensure this preference was met, ensuring pain relief was optimised, and the person was able to remain at home until their death.
- Staff provided advice and information to people and their families, about other organisations and sources of general or specific advice, support or advocacy about conditions, care and support. They also helped people to contact potential sources of support and advice, and provide advocates or other advisors with any information they need
- The service made sure staff had the time, information and support they need to provide care and support in a compassionate and person-centred way. This included appropriate staff rotas to meet people's preferences.
- Care notes demonstrated that tasks were done with people's consent and involvement.

Respecting and promoting people's privacy, dignity and independence

- Staff often went above and beyond to provide practical and emotional support as needed. People were supported to maintain and develop their relationships with those close to them. For example, a person whose family member was getting married initially felt they could not attend the ceremony due to health issues. After discussion, the service agreed to support the person so they could attend the ceremony purchasing a mobility aid at the provider's expense. The person gave feedback to us about how much they valued this support and that without the support they could not have attended and were so grateful.
- People were encouraged to maintain and develop their independence and supported to realise their ambitions including social needs. For example, care staff supported a person to consider what social activities or groups they may like to attend by looking at local resources.
- Recruitment, training and support for staff was underpinned by the key values of kindness, respect, compassion, dignity in care and empowerment. The registered manager said, "Quality not growth is important".
- People's right to privacy and confidentiality was respected. Staff had a clear understanding of the boundaries of confidentiality and worked within these.

Ensuring people are well treated and supported; respecting equality and diversity

- The service had a strong, visible person-centred culture. Staff were highly motivated and offered care and support that was exceptionally compassionate and kind.
- The service ensured people were always treated with kindness. Staff had the right skills to make sure that people received compassionate support and had enough time to get to know them, including having enough time to enable them to understand people's care and support needs, wishes, choices and any associated risks. This was consistently reflected in the feedback from people who used the service. Comments included, "I can't fault them at all. They are brilliant."
- Staff were recruited by exploring their attitudes, values and beliefs to ensure they had the appropriate attributes to support people well. Staff would undertake necessary additional tasks to ensure people's care was appropriate.
- People were treated with dignity, respect and kindness in order to remain as independent as possible within their own homes.
- We saw care plans were audited to ensure they were respectful. One action had been to ask for amendment in someone's records to describe a condition, with a suggestion to re-word to more respectful terminology.

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

- Staff and management were committed to plan and deliver care and support using a strong person-centred approach. We saw in the Caring section of this report, examples of staff delivering kind, compassionate person-centred care and support.
- The provider planned person-centred care to ensure people received support in line with their preferences. People told us they were involved in planning their care. Care plans and daily care notes were highly personalised and contained information about their interests and detailed information about their care needs.
- We had feedback from an external professional who said, "Since Chamomile took charge of a resident of ours there has been amazing changes with our client such as very good hygiene and also having day to day change of clothes. [Name of care staff] and her team have done an amazing job from the first day they started to present, building a very good and professional relationship with [person]."

End of life care and support

- The provider had systems in place to support people at the end of their life. The provider had embedded a caring attitude amongst staff with an emphasis on incorporating people's cultural and religious wishes. We saw the care manager had emailed the team to inform them of a person they had supported dying. It thanked staff for the care and support, and it said there was a card in the office for them to sign.
- During the inspection, a person died and we observed how the registered manager and care staff were liaising with other professionals in order to support the relatives.
- We saw that the End of Life policy and procedures had been recently reviewed and improvements made such as ensuring contact details were always gathered.

Improving care quality in response to complaints or concerns

- The provider listened to people and had a system to respond to complaints and concerns. There had not been any formal complaints since the service was registered with CQC.
- The provider said meetings discussed the importance of using any feedback, both negative and positive, to improve the service.
- People told us that they would contact the registered manager if they had anything to complain about.

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.

- Peoples individual communication needs were assessed as part of their initial assessment process and there were clear details in people's support plans about these such as hearing aids or glasses.

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 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

- The provider was passionate about providing good quality care and the importance of staff satisfaction.
- The provider had achieved accreditation as an 'Oxford Living Wage' employer. The Oxford Living Wage is an hourly minimum pay that promotes liveable earnings for all workers and recognises the high cost of living in Oxford. The City Council runs an employer recognition scheme and encourages employers who pay the Oxford Living Wage to gain accreditation so they can get wider recognition. The Living Wage Foundation found 'living wage' employers had seen a significant improvement in their reputation, staff retention, staff motivation and staff relationships.
- Staff said they enjoyed working for Chamomile Care and felt supported by the registered manager. One staff member said, "Chamomile Care really looks after their staff. It honestly feels like a big family community. How could you not work hard for a company that treats you so well. Everyone from the carers to management are just lovely and the pay is really good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team and staff had a culture of continual learning as they wanted to improve the care they delivered to people.
- The management team completed spot checks on staff to check their performance was of a high standard. A person said, "I would absolutely recommend them to others."
- The provider was also QMS ISO 9001:2015 compliant. The principles of this are effective engagement with people; customer focus; leadership; process approach; improvement; evidence based decision making; and relationship management.
- Regular meetings were held and we saw notes of these discussed areas such as communication; care; positive culture and team management; partnership working and outcomes; new clients; complaints; roles; conflict management; safeguarding and recruitment.
- The management team led by example and were visible on the ground working with staff to provide care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems and processes were in place to ensure the people using the service were happy with the care they were receiving.
- Staff felt consulted and listened to during conversations and meetings about the delivery of the service.

- People told us they had the opportunity to provide feedback and said the staff were approachable and listened.
- Records confirmed the provider worked well with health and social care professionals when required. For example, liaising regarding medicines and equipment to ensure these were in place.

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 understood their duty of candour which is to apologise when things go wrong and take steps to put things right. There had not been any incidents that required this action.
- The registered manager knew to report serious incidents to the CQC in the form of statutory notifications. The registered manager understood the importance of being transparent when things go wrong.