

Mrs Lorraine Rita Ive

Christie Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Christie Care is a domiciliary care service providing personal care to people living in their own homes. At the time of our inspection there were 16 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider did not have systems in place to assess the risks to the health and safety of people receiving care and support.

The provider had a recruitment procedure in place which included seeking references, but the checks were not complete for some staff.

The provider had a training programme in place which included formal induction, moving and handling, health and safety and medicines administration. However, there were no induction records for two staff.

We were not assured that the provider's infection prevention and control policy was up to date.

The provider did not have an effective system in place to monitor the overall quality of the service and therefore had not identified the concerns we found during the inspection.

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 systems in the service supported this practice.

The provider had systems in place designed to safeguard people from the risk of abuse. People were supported to take their medicines, and supported to eat and drink, if this was part of their care plan. Staff had a good supply of personal protective equipment, such as masks, aprons and gloves.

People's needs were assessed to ensure the provider could meet people's needs before they agreed to provide care and support. The service liaised with other professional teams to support peoples' needs.

People were supported by staff who treated them well. People were able to express their views and were involved in making decisions about their care. Staff told us they always asked for consent before they started to support someone. Staff received training in maintaining people's privacy and dignity.

Care plans and assessments showed people had been involved in planning their care. Care plans showed a

good level of detail regarding people's needs and preferences. The manager understood the importance of providing information in ways people could understand.

People and their relatives gave us positive feedback about the care and support provided and felt able to talk to the provider about their care needs. People were involved in a review of their care and changes were made as necessary. The provider sought people's views on the service provided, through telephone quality assurance calls and at their care reviews

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 5 February 2021 and this is the first inspection.

Why we inspected

We undertook this inspection so we could give this newly registered service a rating.

We found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Christie Care

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.

The service was not required to have a registered manager. The provider was also the manager.

Notice of inspection

This inspection was unannounced.

We visited the location's office on 1 March and 8 March 2022.

What we did before the inspection

We reviewed all information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the provider, two people who use the service, three relatives and three staff members. We received written feedback from one health and social care professional. We looked at care records for four

people. We looked at a range of records, including recruitment files for five staff and policies.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records which were sent to us electronically.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not have systems in place to assess the risks to the health and safety of people receiving care and support, for example, environmental risks in people's homes. Risk assessments were not undertaken which also meant information was not in place for staff to respond to and manage risk.
- We talked to the provider about the lack of risk assessments and they confirmed these were not in place. Planning and delivery of care should be based on risk assessments that balance the needs and safety of people using the service with their rights and preferences.
- Providers should also use risk assessments to make required changes to premises equipment needed, staff training, policies and procedures.

We found no evidence that people had been harmed, however, the failure to assess risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had a recruitment procedure in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, one staff file did not have a reference from the staff member's last employer, who was also a care provider. Recruitment records did not show satisfactory evidence of conduct in, or the reason staff left their previous employment in health or social care settings, which is a requirement of the legislation.
- Some staff's employment histories did not show the date of each period of employment which meant gaps in employment may not be identified. Where gaps were identified, the reason for the gaps had been explored and recorded.
- One staff file did not contain the staff member's identification documents. We raised this with the provider who later rectified this.

We found no evidence that people had been harmed, however, the failure to carry out appropriate employment checks as detailed in Schedule 3 was a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People gave us positive feedback about the staff who supported them. One person told us, "I get on with them." They said if staff had been unavoidably delayed, they were usually informed and the staff were, "always apologetic."

- People and their relatives confirmed staff stayed the right amount of time.
- One relative told us, "The staff communicate with me, if there's any concerns. They don't look at their watch constantly and go early."
- A social care professional told us, "The service users that I have referred to [the provider] have felt confident, safe and extremely satisfied with the on-going care that Christie Care has provided."

Using medicines safely

- People were supported to take their medicines, if this was part of the care plan. Staff completed electronic records to show they had given people their medicines. The electronic system ensured staff completed this task before they could finish the visit.
- Staff told us they received training during their induction on how to support people with their medicines.
- The provider told us they assessed staff competency to ensure they could administer medicines safely. However, we looked at the records for four staff and found only one contained a competency assessment. One assessment for another staff member was found after the inspection. One staff member was said to have not supported people with medicines and therefore their competency had not been assessed whilst they were employed and there was no record for the fourth staff member.
- The provider told us some staff had undertaken further training in the safe administration of medicines but was not able to demonstrate who had completed this training.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place designed to safeguard people from the risk of abuse.
- The manager knew how to report concerns and had made referrals to the local authority when necessary.
- Staff told us they had received safeguarding training and were aware of the different types of abuse. Staff knew what to do if they suspected a person was being abused.

Preventing and controlling infection

- The provider's infection prevention and control policy was not up to date. The policy did not include information and guidance about COVID-19. This meant there was not an up to date infection control policy in the service during the pandemic.
- We were assured that the provider was using personal protective equipment effectively and safely. Staff told us there was a plentiful supply of aprons, gloves and masks.
- We were assured that the provider was accessing regular testing for COVID-19 for staff.
- Staff received training during as part of the induction and were provided with information leaflets on subjects such as handwashing. Handwashing was monitored during management spot checks.
- The provider received infection control updates from the relevant professional organisations.

Learning lessons when things go wrong

- The provider's ethos was to reflect on practice and to learn lessons if things went wrong. They told us they tended to pre-empt situations before anything went wrong and make the necessary changes beforehand.
- Team meeting minutes showed staff were updated where any changes had been made in response to any issues being raised.

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 requires improvement. This meant the effectiveness of people's care, treatment and support may not always achieve good outcomes or could be inconsistent.

Staff support: induction, training, skills and experience

- The provider had a training programme in place which included formal induction, moving and handling, health and safety and medicines administration. The induction training included supporting people with personal care, privacy and dignity and use of personal protective equipment. The provider told us new staff would not work without completing induction training, however, for two staff there were no induction records. The provider did not provide evidence these staff had completed their induction.
- The provider did not have a clear system to demonstrate what training staff had completed, when. The electronic system did not allow the provider to create lists or search the training records. This meant we were not assured staff had appropriate training in a timely fashion to support people's needs. There was a named staff member whose role included ensuring training was up to date. They told us they checked the electronic records system once a week to ensure the allocated training had been completed. The system also notified them when training was due to expire so they could assign staff refresher courses.
- Some staff expressed the view that moving and handling training was not sufficient, as not all staff had face to face training in using equipment such as hoists. The provider had accessed face to face training, but this was twice a year, so new staff would not immediately access this training. The provider told us staff did not support people who were supported with hoists unless they had been trained. Staff also confirmed they were not currently supporting people with hoists or similar equipment. Further training was booked for later in the month.
- Five staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff shadowed colleagues before they worked alone. They shadowed initially for two or three days and this could be extended if needed or requested.
- Additional training had been provided to meet people's needs, such as for catheter and stoma care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the provider could meet people's needs before they agreed to provide care and support.
- The manager visited people at home or in hospital, to meet with them and discuss what they needed from the service. The manager would consider whether the service could meet the person's needs, dependent on staffing levels and training.
- The manager told us they tried to work with, "a week or so lead in time" as that gave them time to manage the staff rota.

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

- People were supported to eat and drink when this was part of the care plan. Care plans detailed people's specific needs around food and drink, such as needing soft food.
- A relative told us, "Staff encourage him to eat and drink and sit with him whilst he eats."
- Care notes showed what people had to eat and drink as well as recording when people needed their drinks to be thickened.
- Staff we spoke with were knowledgeable about people's assessed needs around mealtimes.

Staff working with other agencies to provide consistent, effective, timely care

- The service liaised with other professional teams to support peoples' needs. Examples included local authority social work teams and GPs.

Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access healthcare when they became unwell.
- A relative told us, "I don't have to worry when I'm at work. They take action to get an ambulance or whatever is needed, they don't leave it for me to do when I finish work."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider understood the impact of the MCA in their work and knew when to undertake a best interests process. The manager gave an example whereby various professionals and family members had been involved.
- Staff told us they always asked for consent before they started to support someone.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who treated them well.
- One relative told us the agency was, "really good, really kind and make a big difference. Staff actually care. [My relative] is getting the treatment he deserved a long time ago. They get on with it, I don't have to tell them what to do."
- Records showed what staff did to support people, detailing the practical tasks they had completed. However, notes also recorded non-practical care and support they had given. For example, one person's notes stated, "Played some music and we had a little dance."
- The manager and staff spoke about people in a respectful and insightful way. Records were also written in a respectful way.
- A social care professional told us, "[The provider] takes great care in ensuring the service user's dignity and choice are adhered to."

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

- People were able to express their views and were involved in making decisions about their care.
- Care plans and assessments showed people had been involved in planning their care. This included their preferred name, how they liked to be supported, what their routines were and asking about their hobbies and interests.
- Daily notes showed people made choices about what they wanted to eat at mealtimes.

Respecting and promoting people's privacy, dignity and independence

- Staff received training in maintaining people's privacy and dignity.
- A relative told us staff were "very good" at supporting personal care whilst being mindful of their dignity.
- Staff told us they respected people's wishes around their privacy and always offered to close doors and windows.
- Staff supported people in ways which promoted their independence. For example, if a person could undertake aspects of their own care, staff promoted this and only assisted where the person wanted or needed support.
- The provider told us they monitored how staff respected privacy and dignity during spot checks.

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.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and told us there was information on how to complain within the terms and conditions document. However, not every person had a copy of the terms and conditions because they did not directly commission their care. The provider told us they had not received any formal complaints.
- Following the inspection, the provider drafted a complaints leaflet, but this did not contain all the necessary information so was not ready to be sent to people.
- However, people we spoke with and their relatives told us they would know how to complain. One person told us, "If I'm not happy, I'll say."
- One relative told us they had raised a concern. They said, "I spoke to the manager and she said she would speak to the staff." Other relatives told us, "I would feel able to complain" and "I would contact the office and speak to the manager."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place which showed a good level of detail regarding people's needs and preferences.
- We received positive feedback from people and their relatives, who said the service was responsive to their needs.
- One person confirmed staff knew their routine and supported them how they wanted them to. They told us, "Sometimes, I want to change the [visit] times, I let them know and they always say yes."
- One relative told us, "The manager wants perfection, she wants to keep us and the carers happy. I'm really happy with the manager. It feels like it is a triangle, working as a team to provide care for [my relative]. One carer stayed extra time when [my relative] became unwell unexpectedly. [My relative] likes consistency in carers and he is now starting to have the same carers." They also said the provider had arranged for an extra visit to be put in place to meet the person's changing needs.
- Another relative said, "The staff are doing a good job, [my relative] is content now, and [staff] give him undivided attention."
- The manager and staff identified when people's needs were changing. For example, one person needed a longer call and the manager scheduled this. Another person needed two staff to support them and this was rostered in as soon as possible.

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 manager understood the importance of providing information in ways people could understand.
- For example, where people had hearing loss, staff wore face shields instead of masks. This meant people could better understand what staff were saying because they could see their facial expressions.
- Information could be made available in different languages and was available in large print for one person.

End of life care and support

- The service provided end of life care and support when needed. The manager and a staff member had attended the "Six Steps to Success" training provided by a local hospice. Other staff were also booked onto the course in the future.
- We looked at care records for a person who was receiving end of life care, which showed how staff were supporting the person. The notes were written in a way which showed the staff had detailed knowledge about end of life care and how the person needed to be supported.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent and may not always support the delivery of high-quality care.

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

- The provider did not have an effective system in place to monitor the overall quality of the service and therefore had not identified the concerns we found during the inspection. For example, care plan audits had not identified the lack of risk assessments. Additionally, records were incomplete, such as staff induction training records.
- The provider did not have effective systems in place to evidence staff were trained and competent in the administration of medicines.
- The provider told us they had a programme of audits to complete but were currently behind with this. However, care plan review audits had been completed on a monthly basis, although these had not identified that care plans lacked risk assessments.

We found no evidence that people had been harmed, however, the failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager undertook 'spot checks' to monitor the provision of the service. The manager observed an individual staff member supporting a person who used the service. This was used to observe good practice or to identify any areas for improvement.
- The provider was also the manager of the service and was supported by an office team. The staffing structure included administration support, care co-ordinators and senior staff.
- The provider sent notifications to CQC as required.
- Processes were in place to ensure people's data was secure and managed safely.
- The provider had held team meetings to provide up to date information to staff.
- People, their relatives and staff confirmed they could telephone the office when necessary. One person told us, "It is easy to ring the office" and a relative said, "If I don't get through [to the office], I leave a message and they do phone back."

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

- The provider's statement of purpose stated, "The aim of our service is to enable clients to remain as independent as possible while being cared for at home in such a way that their dignity and privacy are given the highest priority and they are treated in a respectful manner at all times" and "To provide a bespoke

service based on individually assessed needs and requirements."

- People and their relatives gave us positive feedback about the care and support provided and felt able to talk to the provider about their care needs.
- A staff member said they felt valued as an employee. They went on to say, "It is very easy to contact the office. [Management] are easy to talk to, I can go to them with problems, they are understanding. It is a nice company to work for."

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 manager understood the requirements of duty of candour legislation. They told us, "If we do something wrong or there is something we can learn from, we need to apologise and say what we are going to learn from it."

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

- People were involved in a review of their care and changes were made as necessary. One relative told us, "[The manager] has been out to see [my relative] to see how things are going."
- The service had received letters of thanks and compliments for the way they had supported people.
- The service was planning to send a quality assurance questionnaire to people, to formally seek their views on the service.
- The provider told us they involved staff in an exercise to look at building the company in ways to support the provision of the highest quality of care.

Continuous learning and improving care

- The provider sought people's views on the service provided, through telephone quality assurance calls and at their care reviews.
- The provider involved senior staff in discussions and making decisions about the service.
- The provider kept themselves up to date through updates from and membership of local and national organisations. For example, they attended provider network meetings run by the local authority and were part of a trade organisation communication group. They also received newsletters and trade magazines.

Working in partnership with others

- The provider told us they had good working relationships with other professionals, such as care navigators.
- A social care professional told us, "[The provider] has been extremely efficient in receiving referrals from our service, contacting service users and their families to arrange a visit. [The provider] has liaised promptly and effectively between the service user, their families and ourselves; in assessing [people's needs] and ensuring their needs are going to be met. [The provider] has contacted our service for any additional information that has been required regarding service users and their care requirements."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have risk assessments in place and risks had not been identified.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to fully assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to carry out complete appropriate employment checks.