

Chrysalis Care Ltd

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Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 23 and 24 January 2017 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Chrysalis Care Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 18 people using the service.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was present and assisted us during the inspection.

People benefitted from a service that recognised the risk of people feeling socially isolated and lonely. Staff were encouraged to use any additional time at the end of a call to sit with people and chat or help them with an activity. In the past 12 months the service had provided, free of charge, a summer outing and a Christmas meal outing for people who use the service.

People, their relatives and professionals complimented the service on their ability to build positive, caring relationships with people who use the service and their family carers. Professionals felt the service worked well in partnership with other agencies, clients and family members to meet the needs of people who use the service.

People were treated with respect and their privacy and dignity was promoted. People and their relatives said the care workers were kind and caring. Staff were responsive to the needs of the people they supported and enabled them to maintain their independence as much as possible.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. Safe recruitment practices were followed before new staff were employed to work with people. Although some gaps were found in employment histories, these were quickly rectified and a new checking procedure put in place. Other required checks were made to ensure staff were of good character and suitable for their role.

Staff received training and supervision to enable them to do their jobs safely and to a good standard. Where any training or update training was due, dates had been scheduled and training sessions booked.

People received support that was individualised to their specific needs. Their needs were monitored and care plans reviewed regularly or as changes occurred. People's rights to make their own decisions, where possible, were protected and promoted by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's health and well-being was assessed with measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and staff handling medicines were only allowed to do so after completing their training and being assessed as competent. Where included in their care package, people were supported to eat and drink enough.

People benefitted from receiving a service that was managed well. Quality assurance systems were in place to monitor the quality of the care and support being delivered and the running of the service.

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. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were handled correctly.

Good 

Is the service effective?

The service was effective. People benefitted from staff who were well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Where support with meals was included in their care package, people were supported to eat and drink enough.

Good 

Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who knew people's wishes and preferences. They benefitted from a service that built positive, caring relationships with people who use the service and their family carers.

People's right to confidentiality was protected. People's dignity and privacy were respected and people were supported to be as independent as possible.

Good 

Is the service responsive?

The service was responsive. People received care and support that was personalised to meet their individual needs.

People benefitted from a service that recognised the risk of people feeling socially isolated and lonely and took steps to try to reduce that risk.

The service provided was responsive in recognising and adapting to people's changing needs.

People knew how to raise concerns and were confident the service would listen and take action on what they said.

Good ●

Is the service well-led?

The service was well led. People were happy with the service they received and told us the service was well managed.

The service worked well in partnership with other agencies, clients and family members to meet the needs of people who use the service.

Staff were happy working at the service. They felt supported by the management and said the training they received helped them to meet people's needs, choices and preferences.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Good ●

Chrysalis Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 and 24 January 2017. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

Before the inspection, we reviewed all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager. We received feedback from fourteen people who use the service and five of their relatives. We also received feedback from nine of the service's care staff and four health and social care professionals.

We looked at five people's care plans and associated records, four staff recruitment files, staff training records and the staff supervision and annual appraisal log. We reviewed a number of other documents relating to the management of the service. For example, compliments received, spot check supervision records, staff file audits and staff meeting minutes.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of harm. Staff felt confident about reporting any concerns or poor practice to the registered manager.

People said they felt safe from abuse or harm from their care workers. Relatives told us they felt their family member was safe when with the staff. Community professionals said people were safe with the staff. One health professional told us, "... I can honestly say that Chrysalis Care are a breath of fresh air. I first encountered Chrysalis Care when one of their carers had identified that the current method of moving and handling of a client was putting them and the client at risk of harm and needed to be reviewed. This resulted in a referral being made by Chrysalis Care to Adult Social Care at [the local] council."

Risk assessments were carried out to identify any risks to people when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any potential or actual risk. For example, risks of falls and risks to people related to moving and handling.

The service assessed the environment and premises for safety of staff when providing the package of care as part of the initial assessment. For example, slip and trip hazards inside and outside people's homes. Other areas assessed for staff safety included the area local to the home of the person receiving the service, and other risks related to staff lone working and lone travelling. The service had emergency plans in place in case there were threats to the running of the service, such as severe weather.

People were protected by appropriate recruitment processes. Staff files included most of the recruitment information required by the regulations. For example, proof of identity, evidence of conduct in previous employment and criminal record checks. In four of the files we looked at there were gaps in employment that had not been explained in writing. However, the registered manager took immediate action and the missing information was obtained. The registered manager also put in place a new recruitment checking system for use in future recruitment. The new system was designed to ensure all required recruitment information was double checked for completeness before allowing new staff to start working at the service.

There were enough staff employed to ensure people received the care they needed in line with their packages of care. Staff said the time allowed for each visit meant they were able to complete all the care and support required by the person's care plan. People and their relatives told us staff usually turned up on time and that they were contacted if staff were going to be late. They said staff stayed the correct amount of time and provided the care and support needed. Three care staff said there was not always enough travel time allowed between visits. This information was passed to the registered manager who planned to review all travel times with staff and make any adjustments necessary. People also told us staff had never missed a call. One person commented the service was, "Always happy to arrange extra cover at short notice." Another commented in response to the service's annual survey, "The carers are always happy to come on extra visits."

In instances where the service supported people with medicines we saw this was set out in their care plans. Staff had received training to ensure the right people received the right drug and dosage at the right time. Only staff who had completed their training and been assessed as competent were allowed to administer medicines.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supervised. People and their relatives said the care workers had the skills and knowledge needed when providing their care and support. Comments from people in the service's last annual survey included, "Big thank you, I feel we work well as a team" and "The service I received is of high standard." A health care professional thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. They told us, "All staff are very competent in all tasks." Professionals told us staff were competent to provide the care and support required by people who use the service. One social care professional commented, "They are happy to work with complex clients and are prepared to get appropriate support for both staff and clients to ensure a bespoke service can be delivered."

Staff received training in topics related to their roles. Staff training records showed they had received induction training when they first starting employment with the company. Staff told us the induction training had prepared them fully for their role before they worked unsupervised. Where any training or update training was due, dates had been scheduled and training sessions booked. Staff had received training in topics such as health and safety (including fire safety), food safety and hygiene, and moving and handling. Other training routinely provided included safe handling of medicines and safeguarding adults. Additional training had been provided in relation to the needs of individual people supported by the service, such as dementia awareness. Staff felt they had been provided with the training they needed in order to meet people's needs, choices and preferences. Prior to our inspection, the registered manager had identified that the monitoring and overseeing of staff training needed some improvement. To that end a monitoring system had been introduced to ensure staff training was brought up to date and kept current thereafter.

Staff had one to one meetings (supervision) with their line manager four times a year plus a direct observational session three to four times a year. Direct observational sessions are where a manager observes a member of staff working with a person using the service to ensure they are working to the provider's expectations. Prior to supervision meetings the opinion of people who use the service was sought for feedback on the work of the member of staff. The log of supervision showed staff were up to date with their supervision meetings. Staff said their supervision meetings enhanced their skills and learning and confirmed they had yearly appraisals of their work.

Staff were encouraged to undertaken training towards additional qualifications. Of the 15 care staff currently working for the service, four staff held a National Vocational Qualification (NVQ) or equivalent at level 2 in care, with 1 awaiting their final results. Three staff held an NVQ or equivalent at level 3 in care, with two additional staff recently started on the course. The registered manager held a Health and Social Care award at level 5 and the deputy care manager was studying towards the qualification.

People's rights to make their own decisions, where possible, were protected. Staff confirmed they received training in the Mental Capacity Act 2005 (MCA) and understood their responsibilities. The 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 and their relatives told us they were involved in decision making about their care and support needs and that staff asked their consent to the care and treatment they received.

The registered manager had a good understanding of the MCA and her responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the legal safeguards in the MCA in regards to depriving people of their liberty. The registered manager was aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, no people were being deprived of their liberty.

Where providing meals was part of the package of care and/or where there was a concern, daily records included what people had eaten. Where people were not eating or drinking well, the registered manager said advice would be sought from an appropriate health professional. A social care professional told us they thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People told us their care workers were caring and kind when they supported them. One relative commented, "We are extremely happy with the care my parents receive." Another person said on their annual survey response to the service, "We are very happy with our care, it is first class!" A health care professional provided feedback to the service following working alongside two members of staff with some of their clients. With regards to the staff members they commented, "They are both professional, kind, caring and practical in their approach to working with clients and their family carers."

A health care professional told us the service was successful in developing positive, caring relationships with people using the service. They described how there had been a client who had declined support from several care agencies. Following a meeting with Chrysalis Care Ltd the service had started to provide care for the person, who had then complimented the service provided. Another example was given where a health care professional had worked with a senior care worker to find the best options for someone's care. They told us, "It was clear to see from the interaction between the carer, client and client's wife that an excellent working relationship and rapport had developed."

A recent compliment sent to the service from a relative described a visit from a specific care worker. They said, "On arrival [Name] was very chatty, did what she had to do to make [Name] comfortable in approximately 20 minutes." They went on to say the care worker had spent the remainder of the time talking to the person and their wife. They commented how interested the care worker had been in what they had to say and was, "...genuinely interested in discussing lots of topics that interested [Name], i.e. football, his working life and when he met me. The time passed so quickly..."

People told us they had been involved in planning their care and with reviews of their care plan. Relatives said that, with their family member's consent, they were consulted as part of the process of making decisions relating to their care and support. Staff knew the people who use the service and how they liked things done. People told us they received care and support from familiar and consistent care workers. They said staff arrived on time and stayed the required amount of time.

People and their relatives said staff always treated them with respect and dignity. Health and social care professionals said people who use the service were treated with respect and dignity by staff. One health care professional added, "This was evident on all calls completed where the carers were carrying out personal care."

People's right to confidentiality was protected. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

People were supported to be as independent as possible. The care plans gave details of things people could do for themselves and where they needed support. This helped staff to provide care in a way that maintained the person's level of independence. People and their relatives told us the support and care they

received helped them to be as independent as they could be. One person commented in their last annual survey response, "My support workers let me go at my own pace."

Is the service responsive?

Our findings

People received support that was individualised to their personal needs. They said they were happy with the care and support they received from the service. People and their relatives felt they received the care and support they needed, at the times that suited them. One person commented, "I am well satisfied with the care and support I receive." Health and social care professionals said the service provided personalised care that was responsive to people's needs. One professional commented, "Their attention to person centred care is impeccable." Another told us, "They are a relatively small company and it is very clear they are very person centred."

People benefitted from a service that recognised the risk of people feeling socially isolated and lonely. Staff were encouraged to use any additional time at the end of a call to sit with people and chat or help them with an activity. One member of staff told us, "The length of calls mean there's time to chat to clients and not just follow the care plan." In their annual survey response, one person commented to the service, "I look forward to the daily visits as it enables me to have a conversation and keep in touch with every day events."

Although social activities were not part of the packages of care people or local authorities had commissioned, the service offered some additional services free of charge. The registered manager told us about two activities that had taken place in the past 12 months, "All clients and family were invited by Chrysalis Care to a summer outing. We took 18 clients out for cream tea, 10 carers came along and management staff. All clients were picked up by carers and taken for a complimentary cream tea at [Name] tea rooms. It was a beautiful day and there was such a big group of us we spilled out onto the terrace into the sunshine. All our clients and family members were also invited to a complimentary Christmas lunch. On the 7th December 2016 we took 16 clients and family out for a complimentary Christmas two course lunch with bubbly!! Nine carers came along and management staff too. Staff collected the clients and helped serve them their lunch. It was a lovely time." One relative wrote to the service after the Christmas outing saying, "Thanks for the invitation to Christmas lunch. It was most enjoyable. Thank you for all your kindness and support in the past months."

The service was proactive, and tried to help people maintain relationships that mattered to them. One member of staff told us, "If clients ask for specific carers, the management will try to sort out the rota so this can happen." The registered manager told us about one person whose package of care had been transferred from another provider. The registered manager had originally arranged for the person's usual care worker from the other agency to work alongside the service's staff to ensure a smooth transition of care for the person. After the original transitional period the registered manager had been able to agree with the care worker that they would work for Chrysalis for some shifts a week. This meant the person using the service and the care worker were able to continue their long term care relationship, which was important to them both.

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Their usual preferred routines were included in their care plans so that staff could provide consistent care in the way people preferred and chose. The assessments and care plans captured

details of people's abilities and wishes with their self-care. Professionals told us the service made sure staff knew about the needs, choices and preferences of the people they work with.

People's needs and care plans were regularly assessed for any changes and the package of care was adjusted to meet changing needs when necessary. Staff reported any changes to the registered manager, deputy or one of the seniors so that the care plans could be updated. The care plans were up to date. Daily records were detailed and showed that care provided by staff matched the care set out in the care plans.

People and their relatives were aware of how to raise a concern. People were given details about how to make a complaint when they started a package of care. They knew who to contact at the agency if they needed to and told us staff responded well to any concerns they raised. One person commented, "Any complaints have been dealt with quickly and resolved." Health and social care professionals said the registered manager and staff were accessible, approachable and dealt effectively with any concerns they or others raised. Staff were aware of the procedure to follow should anyone raise a concern with them.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People, their relatives and health and social care professionals told us the service was well managed. One professional commented that the management and leadership of the service was, "Excellent." One professional commented about the registered manager, "She is a very motivated, strong leader. Her attention to detail is excellent with respect to the needs of the clients and her staff."

People benefitted from staff who were happy in their work. The service had a positive culture that was person-centred, open and inclusive. Staff said the agency was well managed. Comments received from staff included, "I feel I can talk to management about any personal issues and they listen.", "It is a pleasure to work for this company.", "I am very happy to work for Chrysalis.", "I am very happy with the company and they support their staff very well.", "The service cares about clients." and "Amazing and compassionate managers, best team I have ever worked for."

Staff told us the registered manager asked what they thought about the service and took their views into account. They felt well supported by the registered manager. Team meetings were held four times a year and were arranged at times when most staff were able to attend. Staff meeting minutes showed staff were kept up to date with what was happening within the company and with the people they provided care and support to.

Feedback on the service provision was sought by the senior staff when they visited people to provide care and carry out staff quality assurance checks. Remedial action was taken if issues were raised by people during those contacts. Annual surveys of people who use the service were carried out, with the next one due in April this year.

The service carried out routine audits of a number of areas related to the running of the service. For example, audits and reviews of care plans, staff training, staff files, care plan daily notes and medicine records. The spot checks on staff included checks of the records kept in people's home, as well as how staff worked with people who use the service. All records seen were up to date, fully completed and kept confidential where required.

People, their relatives, care staff and health and social care professionals told us they would recommend the service to others and their own family members. One professional said the service delivered high quality care and added, "I can genuinely not rate Chrysalis Care highly enough and I have never worked with such a professional care provider." Another professional told us the service was, "Very willing to engage with service users and health professionals to ensure a high level of care is provided." In their annual survey response, one person commented to the service, "Excellent service, we couldn't have managed without you."

One professional told us the service worked well in partnership with other agencies and added, "Excellent communication." In a letter to the service, another professional commented, "My experience with Chrysalis has been of the clients, family carers, carers, seniors and occupational therapists all being a valued part of the team."