

Chinite Resourcing Limited

Chinite Home Care

Inspection report

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Date of inspection visit:
09 October 2019

Date of publication:
30 October 2019

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:

Chinite Home Care provides personal care to people living in their own homes. At the time of our visit, they were providing personal care to 15 people.

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

People were supported by staff who had been trained and were knowledgeable about reporting and acting on any concerns about people's safety and well-being. Risk assessments were in place and staff adhered to these for the management of risks to people's safety. Staffing levels were enough to meet people's needs and recruitment processes were safe. People's medicines were managed safely by staff who had received appropriate training. People were protected from the risks associated with the spread of infection.

People received effective care from staff who had the knowledge and skills to carry out their job roles. The service worked in partnership with other health professionals to ensure people received effective care and support. People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. People's needs were assessed before they started to use the service. 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.

Staff were caring and treated people with respect and dignity. People were encouraged to be independent. They had their privacy and dignity respected. People were involved in making decisions about their care and the support they received. The importance of confidentiality was understood and respected by staff.

People received care and support which was personalised to their wishes and responsive to their needs. Staff had a good understanding of people's needs, choices and preferences, and were aware of how to meet people's individual needs as they changed. People and relatives felt able to make a complaint and were confident that complaints would be listened to and acted on.

People, relatives and staff felt the management team was approachable and the service was managed well. Staff were aware of their responsibilities in ensuring the quality of the service was maintained. There were effective systems in place to seek people's views and opinions about the running of the service and drive improvements.

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

Rating at last inspection:

At the last inspection the service was rated good (published 24 July 2017). The service was previously registered at a different address.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 ●

Chinite Home 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 Care Act 2014.

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 homes. 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 the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started and ended on 9 October 2019.

What we did before inspection:

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications. A notification is information about important events, which the registered provider is required to send to us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. 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 our inspection:

We spoke with the provider, registered manager, care coordinator and field supervisor. We reviewed a range of records. This included three people's care records and three staff files in relation to recruitment, training

and staff supervision records. We checked records relating to the management of the service and a variety of policies and procedures during and after the inspection.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We spoke with one person who used the service and three relatives by telephone to obtain their views of the service. We also contacted three members of staff to ask them questions about their roles and to confirm information we had received about the service during our inspection. We sought feedback from the local authority and professionals who work 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Relatives told us that they had no concerns and the services provided were a safe. One relative told us, "I know my [family member] is safe when the carer is around."
- Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. They were aware of their responsibility to report any concerns in order to protect people. One member of staff said, "I will speak to my manager about any safeguarding concerns."

Assessing risk, safety monitoring and management;

- Risks to people had been assessed and documented. For example, risk assessments were in place for people who needed help with transfers due to their medical condition. There was clear guidance on what actions staff needed to take to minimise any risk to people.
- We saw risk assessments had been regularly reviewed and updated when necessary. This helped to ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Staffing and recruitment

- People were supported by enough staff to keep them safe and meet their needs. From staff schedules, we noted people were allocated the same care staff so they were familiar with them. This helped with consistency and people knew who would visit them. One relative told us, "We have a small group of carers and they know [family member] very well."
- Safe recruitment procedures were in place. New staff underwent relevant employment checks before starting work. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained for each member of staff. This showed the provider only employed those staff who were deemed suitable to work with people using the service.

Using medicines safely

- People were supported with their prescribed medicines by staff whose competency to administer people's medicines had been assessed.
- People who required assistance with their medicines had an individual medicine administration record sheet (MAR) which clearly stated their name, date of birth and allergy status and also identified what the name of the medicine was and how often it should be taken.

Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection. Staff were aware of their responsibilities regarding infection control and prevention such as by proper hand washing.
- Staff were provided with personal protective equipment (PPE) such as gloves and aprons to protect the spread of infection.

Learning lessons when things go wrong

- The registered manager had a system to record any incidents and accidents. There was a process to review incidents to ensure that people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events. For example, we saw one person had their medicines reviewed by their GP following an incident.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Before a person started using the service, the management team undertook an assessment to identify their needs. This was done with the involvement of the person and their relatives.
- Information was also gathered from other professionals who were involved with the person's support needs. This helped to ensure that the service and its staff were able to safely meet the person's needs.

Staff support: induction, training, skills and experience

- People and their relatives felt the staff had the knowledge, skills and experience to care for people. One person said, "Yes, the carers are good." A relative told us, "The carers are very good at what they do."
- Staff received appropriate professional development. We saw staff had received training in a number of key areas relevant to their roles such as medicines administration, moving and handling, health and safety and first aid awareness. One member of staff told us, "The training is good." The registered manager had a system that identified when staff training needed to be refreshed.
- New staff received an induction, which covered their familiarisation with the service, the people and the policies and procedures of the organisation. They also shadowed experienced staff before beginning to work on their own with people. One member of staff told us, "I did shadowing when I started."
- Staff were given appropriate supervision and support which helped to ensure they were able to provide effective care. We saw a number of supervision records and noted a range of issues were discussed, including staff training needs. This meant the registered manager regularly assessed and monitored the staff's ability to meet people's needs.

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

- People who used the service were supported to have enough to eat and drink. From the care plans we noted people's dietary requirements and preferences were recorded and this gave staff guidance on how to support them. One member of staff told us, "[Person] likes porridge in the morning and also likes eating sweet things like chocolate."

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

- The service worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. We saw evidence in people's records which showed people had been referred for assessment and treatment to other health services, for example, their local GP.
- Relatives told us that they were kept fully informed of changes in their family members' needs. One relative said, "They [staff] always let me what's happening or if they need anything."

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.

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.

- Staff told us they always made sure they gained the consent of the person before providing care and support. This was confirmed by relatives. Staff had received training in the Mental Capacity Act (MCA). They were aware of the actions they would take if they felt a person lacked capacity to make certain decisions about their care and support. This was in line with MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives commented positively about the staff and the care and support provided by them. One person told us, "The carers are good." A relative said, "The carers are very experienced and caring."
- Staff were aware of the needs and preferences of people and respected their choices on how they wanted their care delivered, for example, what they wanted to wear on the day. Relatives told us the staff had built up a good relationship with their family members and the staff treated them with kindness.
- Staff ensured people were treated equally regardless of their abilities, their background or their lifestyle. They were respectful of and had a good understanding of people's wishes.

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

- People and their relatives were involved in decisions related to the care and support being provided by the service. Records showed people had been involved in planning the care and support they received. They had signed their care plans to indicate they agreed with the contents.
- Relatives told us they were always kept informed of changes in the well-being of their loved ones. They felt that staff communicated well with them and let them know what was happening.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and privacy when providing personal care. People told us they were happy with the way the staff treated them. Relatives told us they were pleased with the manner staff treated their family members.
- Staff explained how they maintained people's privacy and dignity. One member of staff said, "I always cover the person when I am giving them a wash."
- Confidential information such as care records were kept securely and were only accessible by authorised staff. Staff understood the importance of maintaining people's confidentiality. One member of staff told us, "I treat information about [people] confidential and will not discuss to anybody unless they have the right to know."
- Staff promoted people's independence and encouraged them to do as much as possible for themselves. This helped to ensure people did not lose their skills and confidence. One person's records stated, "I can eat and drink independently. I need supervision in the kitchen as I am not aware of the danger and risks."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives commented positively about the care and support provided by staff. One relative said, "I can't fault the carers, they are good."
- People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. We found people's care plans gave enough instructions to staff on how to deliver care and support to people in accordance to their wishes.
- Care plans were regularly reviewed to reflect changes in people's care needs. During each visit staff completed a daily record to indicate the care and support they had provided to each person and if there were any concerns. This helped to ensure all staff were aware of the person's condition and what support they had received.

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.

- Staff were aware of people's communication needs which were recorded in people's care plans. For example, one person used picture cards to communicate with staff. Information was made available in accessible format.

Supporting people to develop and maintain relationships to avoid social isolation

- People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. They could choose how they spent their time.
- Where it was part of the agreed care package, people were provided with opportunities to engage with meaningful activities and social interests relevant to their individual needs and requirements. For example, one person liked going shopping and staff took them out regularly on shopping trips.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures for dealing with any concerns or complaints. Information about how to make a complaint was made available to people and their representatives. One relative told us, "I will speak with the manager if I have any concerns but I don't, I am very happy with the service."
- We saw the service had various historical complaints that were dealt with in an appropriate manner. We noted that the service had received some compliments from relatives. One relative wrote, "We can't praise

[staff] enough, they are kind and caring and could not do enough to help [family member]. So, thank you from the bottom of our hearts."

End of life care and support

- The registered manager informed us that none of the people using the service required end of life care at the time of our inspection. They told us the staff would be trained in this area to ensure they had the knowledge and skills to care for people who were approaching the end of their life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives told us that the service was well managed and that they could speak with the staff or a member of the management team as and when they wanted. One relative told us, "The manager is very good and very approachable. I am able to discuss any issues I have with them, knowing they will get sorted."
- Staff also commented positively about how the service was run. They felt supported by the registered manager. They found them to be very approachable and helpful. One member of staff told us, "The manager is very good. If I have any problem, I can talk to [them]."
- The service had a culture that was open and encouraged good practice. A member of the management team was available on 24 hours basis to respond and support any staff in need of support or assistance in carrying out their duties.

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

- Since our last inspection the registered manager had informed us of significant events as required by law. We had received notifications from them about certain changes, events and incidents that affected their service or the people who used it. They had provided us with information promptly when we had requested.

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

- Staff had a clear understanding of what was expected of them. They were aware of their responsibilities and who they were accountable for. One member of staff said, "It is a good place to work for."
- Staff were provided with information and guidance, which covered a number of areas to do with their roles and responsibilities.

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

- There were regular meetings held for staff and these enabled them to share their views or raise any issues they had. The registered manager ensured staff were kept informed of what was happening at the service. Staff were encouraged to keep up to date with best practice.

Continuous learning and improving care

- There were quality monitoring programmes in place which included people and their relatives giving

feedback about the care and support through satisfaction surveys. We looked at the result of the recent surveys and noted the feedback were mainly positive. Where things could be improved the registered manager had planned to work on these areas.

- The provider also used spot checks and care review meetings to gain people's views about the care and support they received. One relative told us, "Someone from the office comes regularly to check if everything is fine and to see the carer too."

Working in partnership with others.

- The management team had good links with the wider community and worked in partnership with other organisations such as the local authorities to ensure people's needs were met. The feedback we received from the contract monitoring officer was positive and they felt the provider worked well with them and regularly update them with information they needed to monitor the service.