

Chinite Resourcing Limited

Chinite Home Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Chinite Home Care is a domiciliary care agency based in the London Borough of Barking and Dagenham. It is registered to provide personal care to younger people and older people in their own homes.

At the time of the inspection, eight people were receiving support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and relatives told us the service was safe. They had live-in care arrangements with regular staff, who had got to know people well.

Medicines were managed safely. Staff were trained and their competency was assessed. People were protected from the risk of abuse. Risks to people's health were assessed appropriately and managed. Staff were recruited safely and there were sufficient numbers of staff to support people. Infection prevention and control procedures ensured the risk of infections spreading was minimised. Accidents and incidents were reviewed to prevent re-occurrence.

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 received care and support that was personalised for their needs and preferences. People and relatives felt engaged and involved in how the service was run. Quality assurance systems were in place to monitor the service. The registered manager carried out audits to check correct procedures were being followed by staff.

The service worked well with health professionals and social care agencies to provide a good standard of care to people and help maintain their health.

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

Rating at last inspection

The last rating for the service was Good, (report published on 30 October 2019).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed, to seek assurance about this decision and to identify learning about the DMA process.

This was a focused inspection to review the key questions of safe and well-led only.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people or their relatives for their feedback about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chinite Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 24 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 30 May 2022 and ended on 31 May 2022. We visited the location's office on 30 May 2022.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and

notifications. A notification is information about important events, which the provider is required to tell us about by law. 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 information gathered from the Direct Monitoring Assessment of the service that took place on 15 March 2022, to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

Before the inspection, we spoke with one person and five relatives of people who used the service by telephone, to gather their feedback about the service.

During the inspection

We spoke with the registered manager and the care coordinator. We reviewed documents and records that related to people's care and the management of the service. We reviewed five care plans, which included risk assessments. We looked at other documents such as medicine management and incident records. After the inspection, we spoke with two care staff for their feedback about working for 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

- They were systems in place to safeguard people from the risk of abuse. Procedures outlined the different types of abuse and what action should be taken to report it and keep people safe from harm.
- Staff were trained, understood safeguarding procedures and knew what action to take should they suspect abuse. One staff member said, "I would immediately report to my manager and we will raise it with the local authority."
- Staff told us they also understood whistleblowing to external agencies, such as the local authority or the police, if they felt unable to report concerns about people's safety to the provider.
- Records showed that concerns were raised with the investigating authorities and actions taken to ensure people were kept safe.
- People and their relatives told us the service was safe and staff were caring. One relative said, "The carers make my [family member] feel safe. They reassure them as to what is happening and where [family member] is. They understand [family member's] behaviours and it works well, as we are all on the same page." Another relative said, "My [family member] is safe with his carer. They clicked and got on well from day one and that is quite unusual."

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored to ensure people could receive care that was safe. Care plans and risk assessments contained information about people's needs and specific risks, which could affect their health. The assessments covered people's home environment, health conditions, medicine requirements, mobility, personal care and nutrition.
- Control measures were in place for staff to help reduce these risks. One person was at risk of developing pressure ulcers and staff were required to, "Ensure [person] is completely dry before putting on their clothes" to avoid their skin getting damp and developing an ulcer.
- The care arrangements for most people using the service was 24 hour live-in care. This meant staff were present at all times, which helped to reduce the risk of people needing assistance, if they were on their own. For example, one person's health conditions had changed following hospital treatment and their risk assessment was updated to include information about the new condition and how it affected them. The risk assessment stated, "Carers to guide and prompt me with daily living activities. Ensure I attend medical appointments and administer and order my prescribed medication."
- Staff told us the care plans and risk assessments were detailed and helpful for them to provide people support the way they wanted to receive it.

Staffing and recruitment

- Procedures for recruiting staff were safe. The provider had recruited new staff to fill vacancies in recent months.
- The provider carried out criminal background checks, obtained references, proof of identity and confirmation of the applicant's eligibility to stay and work in the UK.
- Systems were in place for people to receive the care they needed from regular staff. Staffing allocations showed there were enough staff to support people for their live-in care or day long care.
- Staff worked long shifts, for example from 8.00am to 8.00pm in people's homes and then handed over to the night staff, who either did sleep in or waking nights (stayed awake), depending on the person's requirements. A staff member said, "We have enough staff and there is good organisation from the office to support us."
- Arrangements were in place for staff to take time off and have breaks. Other staff were available who were also known to the person, to cover when needed. People and relatives told us staff were reliable and they were happy with the arrangements. One relative said, "My [family member] has the same carer Monday to Friday from 9.00am to 5.00pm. If [staff] takes holiday, the care agency provides another carer. We made it clear to Chinite from the beginning that it is really important for [family member] to have the same carer as much as possible." Another relative told us, "We have been using Chinite for five to six years and the service they provide is exemplary. They provide two carers who work in rotation."
- Staff were monitored through telephone checks and visits from the care coordinator and field supervisors to ensure they and the person were safe.

Using medicines safely

- There were procedures for the safe use of medicines. However, protocols were not always in place for people who were prescribed medicines to use as and when needed (known as PRN), such as pain relief medicines. We noted the provider had a plan to ensure all PRN medicines had a protocol included in the person's care plan. This would help staff administer these medicines safely and correctly. After the inspection, the registered manager confirmed they had put more robust PRN guidance in place, where applicable.
- Some people did not require support to administer their medicines. Where they did, records showed staff completed Medicine Administration Record (MAR) sheets to confirm people had taken their medicines.
- People's care plans contained information about the medicines they needed and how they were stored and ordered, as well as any risks to the person with regards to their medicines.
- Staff were trained in medicine administration and their competency was checked to ensure they knew how to administer medicines safely. A staff member said, "Yes I am confident with medicines and understand the procedures."
- MAR sheets were audited regularly to check for errors or gaps and where these were identified, the registered manager took action to investigate to prevent future re-occurrence. We reviewed MAR sheets for three people and found medicines were administered as prescribed.

Preventing and controlling infection

- There was an infection prevention and control policy which staff followed.
- In our assessment of the service in March, we recommended the provider ensures they followed current government guidance for COVID-19 testing of staff, to reduce the risk of transmission of COVID-19 in people's homes. At the inspection, we saw they were following up to date guidance.
- Staff told us they used Personal Protective Equipment (PPE) and there was sufficient stock of PPE to ensure people and staff were protected. They told us they washed their hands before and after supporting people with their personal care. A relative told us, "There is a plentiful stock of PPE in the house and the carer will use it as required, for example for personal hygiene purposes."

Learning lessons when things go wrong

- If things went wrong in the service such as incidents and accidents, lessons were learned by the staff and management team, in order to prevent re-occurrence. This included incidents that led to safeguarding investigations.
- Records showed appropriate action was taken in response to emergencies, such as calling for an ambulance. The registered manager completed investigated incidents after they had been reported. They drew lessons from incidents, for example, reviewing how staff should monitor and support people and providing additional training to staff.

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.

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

- The provider ensured the quality and safety of the service was maintained through regular checks and audits. People who used the service or their relatives were contacted for their feedback to help drive continuous improvements.
- The registered manager or another senior member of staff such as the field supervisor looked through records, such as daily notes from staff and medicines records to check they were being completed as required. They carried out spot checks, which are direct observations of staff, to ensure they were following good practice and providing the standard of care expected of them. The registered manager said, "The service is working well because we are suited to providing care to people for long blocks of hours rather than short visits. You need to settle with what you are comfortable with."
- The registered manager demonstrated an understanding of regulatory requirements and of monitoring the quality of the service. They were supported by office staff, such as the care coordinator, recruitment manager and the field supervisor, who had recently left their post. The registered manager told us they would be recruiting a new field supervisor.
- We spoke with the care coordinator who told us in the interim period, some of the observation work was being delegated to them and they were happy to do this. They said, "I have previous experience of being a carer and I am doing my 'train the trainer' qualification so I can train the staff." This showed the provider promoted the development of staff.
- The management team identified areas for improvement and took actions to address any issues with staff performance. At the time of our inspection, the provider was working with a local authority who regularly commissioned the service. The local authority had carried out an audit and made some recommendations. We saw that actions to meet these recommendations were in progress, as another means of continuous learning and improving.
- Staff told us they were clear about their roles and responsibilities. They were encouraged and supported by the management team to perform in their roles. One staff member told us, "[Registered manager] is good. Supportive and approachable."
- People and relatives we spoke with were positive about the service. One relative said, "[Registered manager] rings me up to keep me informed about things. There has recently been quite a dramatic change in [person's] health, so the manager has organised a further carer as back up as required." Another relative said, "Chinite work with me, and I work with them, they make sure that there is good two-way communication. I cannot fault them; they provide solid support."

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

- People received support to help them achieve positive outcomes. They received person-centred care and their needs were understood and met by staff. Comments from relatives about the management and culture within the service was complimentary. A relative told us, "I think the service is wonderful, there has been a distinct improvement in [family member's] mood and health." Another relative said, "I do not believe that there is a better service than Chinite out there, there really is nothing they can do any better."
- Staff told us there was an open door policy and could approach the management team with any issues. A staff member said, "The office staff are very nice and I can go to them with any problems."

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

- People were engaged with and their views were listened to. Their care needs and wishes were respected and reviews of their care took place, which involved them and their representatives.
- People's equality and diversity needs were assessed and included in their care plans, for example cultural and spiritual requirements.
- Relatives were kept informed and updated of any changes to people's needs or the service. A relative said, "Communication has been very good. [Registered manager] contacted me to see if everything was OK."
- Staff meetings were used by the management team to share important information and discuss any issues. The registered manager also reminded staff of their professional responsibilities to ensure people received a good standard of care. A newsletter was produced to keep staff updated about any developments or changes to the service, such as training programmes and recruitment initiatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police. The provider was open and transparent to people and relatives when things went wrong.

Working in partnership with others:

- The provider worked well with other social care agencies and professionals, such as GPs and social workers, so that people received good quality care. Feedback we received from professionals was positive. One social care professional said, "Chinite have managed to build a really positive relationship with the service user. Service user and the live in staff are always smiling and laughing together when I visit."
- The provider kept up to date with new developments in the care sector and shared best practice ideas with the service.