

Chilworth House Homecare Service Limited

Chilworth House Home

Care Services Ltd

Inspection report

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High Wycombe
Buckinghamshire
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Date of inspection visit:
27 April 2016

Date of publication:
23 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 27 April 2016. It was an announced visit to the service.

We previously inspected the service on 5 December 2013. The service was meeting the requirements of the regulations at that time.

Chilworth House Home Care Services Ltd provides support to people in their own homes in the High Wycombe and surrounding areas. It was supporting 31 people at the time of our inspection. This included older people, people with dementia and people with physical and learning disabilities.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

We received positive feedback about the service. Comments from people included "Carers do a great job," "The service has been very good," "Anything you need done, they do it," "They're very good" and "You couldn't fault them."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Risk was managed well at the service to enable people to be as independent as possible. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care.

We found people's medicines were not consistently managed safely, as records of medicines administration were not always accurate.

There were sufficient staff to meet people's needs. Staff were recruited using robust procedures to make sure people were supported by care workers with the right skills and attributes. Staff received appropriate support through a structured induction, regular supervision and an annual appraisal of their performance. There was an on-going training programme to provide and update staff on safe ways of working. Staff were encouraged to undertake further learning to help them develop as workers.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had been kept up to date to reflect changes in people's needs.

People knew how to raise any concerns about their care and said they felt able to approach the registered manager if they needed to.

The service was managed well. Feedback from a recent survey carried out by the provider showed people

were either 'satisfied' or 'very satisfied' with the standard of care they received.

Records were generally maintained to a good standard and staff had access to policies and procedures to guide their practice.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to safe management of medicines. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were at risk of potential harm as records were not always signed after staff had supported them with their medicines.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good ●

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good ●

The service was caring.

People were supported to remain independent.

People's views were listened to and acted upon.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

People were able to identify someone they could speak with if they had any concerns.

People were supported by staff who responded appropriately if they had accidents or their needs changed, to help ensure they remained independent.

Is the service well-led?

Good ●

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

The quality of care was monitored to make sure it met people's needs safely and effectively.

People were supported by staff who promoted the provider's values such as dignity and independence.

Chilworth House Home Care Services 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 checked 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.

This inspection took place on 27 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to help facilitate the inspection.

The inspection was carried out by one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted four health and social care professionals, for example, the local authority commissioners of the service, to seek their views about people's care. We also contacted four people who use the service and one relative.

We spoke with the registered manager and three staff members at the office. We contacted a further ten staff after the inspection, to seek their views. We checked some of the required records. These included five people's care plans, two people's medicines records, five staff recruitment files and five staff training and development files.

Is the service safe?

Our findings

People's medicines were not consistently managed safely. People told us they received their medicines when they needed them. We were able to see that staff had signed in people's daily notes to say they had given medicines. However, they did not always sign the medicines administration records to show precisely which medicines were given to people.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice before they supported people with their medicines.

The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff told us they did not have concerns about people's care but would report any which arose to the registered manager.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. We read assessments on supporting people with moving and handling and their risk from falls. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. For example, where people required a hoist to reposition. This ensured they were supported safely.

People told us they were provided with the support they needed. Staffing levels had been determined from carrying out assessments for each person. People said staff stayed the agreed length of time and were more or less on time for visits, with some occasional lateness.

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. Staff personnel files contained all required documents, such as a check for criminal convictions and written references. Staff only started work after all checks and clearances had been received back and were satisfactory.

Risks within people's homes had been assessed to identify any hazards to them and to staff. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately to emergencies in people's homes. They told us they would always contact the office for support and guidance if they were unsure about situations which arose whilst they supported people.

Accidents and incidents were recorded appropriately. We read a sample of three recent accident and incident reports. These showed staff had taken appropriate action in response to accidents, such as checking people for injury and making them comfortable and safe.

The registered manager took action where staff had not provided safe care for people. For example, where

errors had occurred. Records were kept of meetings held with staff following incidents of this nature, to determine what had happened and to prevent recurrence.

Is the service effective?

Our findings

People spoke positively about the staff who supported them. Each person we contacted considered their care needs were met effectively by the service. Comments included "Carers do a great job," "The service has been very good," "Anything you need done, they do it," "They're very good" and "You couldn't fault them."

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work, which covered standards within the Care Certificate. These are an identified set of national standards which health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

There was a programme of on-going staff training to refresh and update skills. Staff told us there were good training opportunities at the service and they were encouraged to attend courses. One member of staff commented "The training is kept up to date either through e-learning or practical training sessions. The company offer refresher training too, just to make sure we are confident in everything." Staff were also encouraged to undertake further education courses such as the Qualifications and Credit Framework (QCF).

Staff told us they felt supported. Comments included "Whenever I have any queries with regards to care plans or client needs etc, there are always people that are available to help, both in the office and out in the field." Another member of staff said "I do feel 100% supported as a member of staff. The office has a 24/7 telephone line that the senior carers take turns weekly to monitor so whatever the time of day someone is there for help or advice."

Staff received regular supervision from their line managers. Records in staff development files showed staff met regularly with their managers to discuss their work and any training needs. This meant staff received appropriate support for their roles. Appraisals were undertaken to assess and monitor staff performance and their development needs.

Information about people's needs was communicated effectively. Daily notes were maintained in people's homes to note the care they had received and any concerns. Staff told us "We are also updated daily regarding clients and any changes." Another member of staff said "We are sent regular updates by text or email if there are any immediate changes and then with any revisions to the care plans we are given updated copies after the review."

People told us they were supported with meals and drinks, where this was part of their assessed care needs. However, most people either managed meals themselves, or a relative provided support.

People were supported with their healthcare needs. We heard the registered manager discuss a concern about someone's health with a care worker. They advised setting up a chart and making sure a measuring jug was purchased, to monitor the person's fluid intake. The registered manager gave us examples of where they had liaised with people's GPs and other healthcare professionals. For example, when people were about to be discharged from hospital and where changes to their medicines regimes were made.

Staff received training about The Mental Capacity Act 2005 (MCA). This Act 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 told us there were no restrictions placed upon them as a result of the care they received from the service. People said staff involved them in any decision-making and sought their consent. For example, each person we contacted confirmed the service had obtained their permission before their personal details were passed to us, to enable us to telephone them.

Is the service caring?

Our findings

We received positive feedback from people about staff approach and their caring nature. Comments included "Carers are really brilliant," "All carers have dealt with me well," "They ask if there's anything else they can do," and "These girls, they're lovely." People told us staff were friendly and treated them with respect and dignity.

Staff were knowledgeable about people's histories and what was important to them, such as family members. Staff spoke with us about people in a professional manner throughout the course of our visit.

People told us communication with the office was good. In the service's recent quality assurance surveys, most people rated this area as 'excellent.' There was an on call system for staff and people to use outside of office hours if they had any queries.

Staff understood about people's communication needs. For example, one person's care plan indicated how staff were to enable the person to make decisions. This involved use of one hand to indicate 'yes' and the other for 'no', which the person could then touch to show their response.

Staff respected people's equality, diversity and human rights. Staff undertook training on equality and diversity to help them recognise and understand people's different needs. People we spoke with, who had a range of care needs, told us staff always provided appropriate care to them. A relative told us their family member could be challenging at times but staff managed the situation well.

People were encouraged to express their views about the care they received. We saw the service had received many compliments. Examples included "Chilworth have been amazing and I would recommend them to anyone" and "I value Chilworth's approach and will continue to recommend you highly." One person said the service's "Constructive approach in dealing with matters is hugely appreciated." Another person thanked the service for the choice of care worker, saying "Thank you for allocating (name of care worker). The positive feedback from mum highlights her trust in them to do a great job."

Everyone who completed recent quality assurance surveys said they considered the service treated them with dignity and respect. When we looked at people's care plans, we saw their support was arranged with these values in mind. For example, staff were encouraged to use towels to protect people's dignity when they assisted them with washing. Ninety four percent of people who completed the provider's survey said their independence was promoted by staff. Comments people made included "All the carers are kind, caring and are good at their duties" and "Mum is always happy to see her carer arrive and benefits from the friendly conversation. She says she feels well looked after by her carers and I find they do a thorough job."

Is the service responsive?

Our findings

People had their needs assessed before they received support from the service. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans were personalised and detailed daily routines specific to each person. Staff were able to describe to us the support needed for the people they cared for.

People told us staff were responsive to changes in their health and well-being. One person told us "I don't know what I would have done without her" when they told us about a medical emergency whilst their care worker was with them. They said the care worker reassured them and called for an ambulance, and added "They were wonderful; very, very good."

A relative told us about another care worker who noticed the person's hoist sling was not suitable for their needs. They told us this resulted in an occupational therapist coming out and a re-assessment was made for the correct equipment.

In another example, a care worker described to us how they noticed the timing of someone's visit could be improved to better meet their needs. They told us they discussed this with staff in the office and the visit was arranged for a later time. This meant the person now received a visit which suited their routine better.

Staff told us they reported any changes to people's needs to staff in the office. This included the amount of time it took to support people with their personal care needs. Staff said people were then re-assessed and longer visits were arranged as necessary. One care worker commented "There are some calls where the client needs more support which I report back to the office, and the managers then make changes to meet the client's needs."

People's views about their support were respected. For example, people were provided with staff of the same gender where they requested this.

There were procedures for making complaints about the service. People told us they would have confidence in raising any complaints with the registered manager. We saw examples of where the service had responded to complaints. One relative told us they had discussed some issues with the service. They told us "They were willing to listen" and added a spot check was made shortly afterwards to check all was well. We saw written communication from another relative which showed the service had thoroughly investigated a concern they raised and they now considered the matter closed.

Staff took appropriate action when people had accidents or incidents occurred. For example, accident forms were completed after people had slips or near misses and care workers informed the registered manager or other office staff. Where staff were unsure of action to take, they contacted the office for advice. For example, if there were queries about administering people's medicines.

Is the service well-led?

Our findings

People spoke well of the service they received. Comments included "On the whole it's pretty good," "Best of the best," and "They can't do enough for you."

The service had an experienced and skilled registered manager. They kept their own knowledge and learning up to date and had completed National Vocational Qualification level 5 in leadership and management. We received positive feedback about how they managed the service. Staff told us the registered manager was approachable and very supportive. We saw staff who came into the office were relaxed speaking with them and their queries were answered appropriately. One member of staff said "I have never been in the situation where I have been concerned about the care I am expected to give but if there was, I don't imagine having any problems discussing this with the management, they are approachable and will help where they can." Another member of staff said "The management give us confidence in raising any concerns with them and are supportive." A third care worker commented "Everyone works flexibly, we're a supportive team."

Staff were supported through supervision and received appropriate training to meet the needs of people they cared for. We found there were good communication systems at the service. For example, in the use of texts and emails to contact staff. This ensured information was passed on quickly to update staff about people's changing needs.

The service had a statement about the vision and values it promoted. It included values such as promoting independence and dignity. We found these values were upheld. People told us staff carried out their duties with due regard for their dignity. For example, when they helped them with washing and dressing. Care plans contained information about the areas of personal care people could manage themselves and where they may only require prompting. This helped ensure people remained as independent as possible in their own homes.

Records were generally well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, safe handling of medicines, gaining access to people's homes and moving and handling. These provided staff with up to date guidance.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There had not been any of these incidents which the registered manager needed to inform us about during the period under review. However, the registered manager was fully aware of their responsibilities towards this requirement of registration.

Quality of care was monitored at the service. Observations of care practice had started, to check care staff carried out their duties competently and safely. Surveys had been sent to people who use the service at the start of the year, to seek their feedback. These showed, for example, people felt their independence was promoted, staff were friendly and had the skills to support them and they were treated with dignity and

respect. People said they were either 'satisfied' or 'very satisfied' with the standard of care they received.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service were at risk from unsafe care and treatment as accurate records were not consistently maintained of when staff had administered or offered them their medicines.</p> <p>Regulation 12 (2) (g).</p>