

Chestnut Homecare Limited

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Inspection report

Unit 8, Concorde House
Limber Road, Kirmington
Ulceby
South Humberside
DN39 6YP

Tel: 01652661985

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03 February 2016

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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

We undertook this inspection on 3 February 2016. We phoned the registered manager the day before the inspection to ensure that they could be present for the inspection. Chestnut Home Care is a domiciliary care agency located in Kirmington. The service provides personal care and support to people living in their own homes in North Lincolnshire.

The last inspected of this service took place on 22 February 2013, the registered provider was found to be compliant with the regulations assessed.

The 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. 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.

People who use the service were protected from the risk of harm and abuse because staff had received safeguarding training and knew what action to take if they suspected abuse was occurring. People had risk assessments in place regarding their health and wellbeing and home environment. This helped to keep all parties safe.

Support plans were in place which detailed people's likes and dislikes and preferences for their care and support. Staff contacted relevant health care professionals for advice to help maintain people's wellbeing.

People's nutritional needs were assessed and were kept under review. People chose what they wanted staff to prepare for them to eat. Staff were trained in food hygiene which ensured food safety was maintained.

Staff recruitment processes in place were robust. The registered provider monitored the staffing hours required and made sure they had enough staff to cover people's calls to ensure their needs were met.

Staff received training in a variety of subjects which enabled them to support people safely and meet their assessed needs. Staff were supported with supervisions and appraisals this helped to development their skills and allowed staff to discuss their learning needs.

Staff understood if people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 and codes of practice must be followed. This helped to protect people's rights.

People using the service, their relatives and staff were able to contact the management team or 'on call' staff at any time for advice and support.

A quality monitoring system was in place which allowed the management team to monitor how people were receiving their care. Audits and 'spot checks' were carried out to determine the quality of service delivered to

people. Formal surveys and informal phone calls from senior staff were also used to gain people's feedback.

The management team and office staff undertook care calls which helped them review the care provided. The management team were supported the staff in emergency situations. The ethos of the service was positive and supportive.

A complaints policy and procedure was in place. This was provided to people who used the service. People we spoke with told us they had no complaints to raise.

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.

Staff understood their responsibilities to report potential abuse. This helped to protect people.

Risks to people's health and wellbeing were assessed and monitored and environmental risks were assessed. This helped keep all parties safe.

There were enough skilled and experienced staff to meet people's needs. Recruitment processes in place were robust.

Staff supported people to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff undertook training in a variety of subjects which helped them support people effectively. Staff were supported with supervision and appraisals.

People's health was monitored by staff who contacted relevant health care professionals for help and advice to help maintain people's wellbeing.

People's nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity, kindness and respect.

Staff helped to promote people's independence and choice.

Staff we spoke with told us they loved their work and thoroughly enjoyed looking after the people who used the service.

Is the service responsive?

Good ●

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People received individualised care specific to their needs.

People were provided with information about the complaints procedure. Complaints were monitored and issues raised were acted upon.

Is the service well-led?

Good ●

The service was well-led.

The management team made themselves available to help and support people using the service and staff at any time.

Staff understood the management structure in place.

People were asked for their views about the service they received. Issues raised were acted upon.

The management team undertook audits to find ways to maintain or improve the service provided to people.

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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 registered 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 was undertaken after providing the registered manager with short notice that we intended to visit on 3 February 2016. The inspection was carried out by one adult social care inspector. People using the service had been sent surveys to gain their views by the Care Quality Commission prior to our inspection. During our inspection we phoned two people using the service and spoke with one relative of a person receiving a service to gain their views. This provided us with enough information about the service to make a judgement without undertaking calls to people in their own home.

Before the inspection, the registered provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection.

Prior to our inspection we looked at and reviewed all the intelligence the Care Quality Commission [CQC] had received. This helped inform us and assisted us to make a judgement about the level of risk present at the service. We also reviewed information received from the local authority commissioning team, no concerns were raised.

During our inspection we spoke with the registered manager, the two directors and office staff. We interviewed three care staff. We inspected the care records of three people, this included support plans, assessments undertaken before a service commenced, risk assessments, medication records and records made by staff following their visits to people.

We looked at records relating to the management of the service, quality assurance documentation policies and procedures and complaints information. We inspected the minutes of staff meetings, staff rotas, three staff files, staff training, supervision and appraisal records and information regarding staff recruitment.

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People who use the service were protected from the risk of harm and abuse because staff had received safeguarding training and knew what action to take if they suspected abuse was occurring. People had risk assessments in place regarding their health and wellbeing and home environment. This helped to keep all parties safe.

Support plans were in place which detailed people's likes and dislikes and preferences for their care and support. Staff contacted relevant health care professionals for advice to help maintain people's wellbeing.

People's nutritional needs were assessed and were kept under review. People chose what they wanted staff to prepare for them to eat. Staff were trained in food hygiene which ensured food safety was maintained.

Staff recruitment processes in place were robust. The registered provider monitored the staffing hours required and made sure they had enough staff to cover people's calls to ensure their needs were met.

Staff received training in a variety of subjects which enabled them to support people safely and meet their assessed needs. Staff were supported with supervisions and appraisals this helped to development their skills and allowed staff to discuss their learning needs.

Staff understood if people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 and codes of practice must be followed. This helped to protect people's rights.

People using the service, their relatives and staff were able to contact the management team or 'on call' staff at any time for advice and support.

A quality monitoring system was in place which allowed the management team to monitor how people were receiving their care. Audits and 'spot checks' were carried out to determine the quality of service delivered to people. Formal surveys and informal phone calls from senior staff were also used to gain people's feedback.

The management team and office staff undertook care calls which helped them review the care provided. The management team were supported the staff in emergency situations. The ethos of the service was positive and supportive.

A complaints policy and procedure was in place. This was provided to people who used the service. People we spoke with told us they had no complaints to raise.

Is the service safe?

Our findings

People who used the service told us they felt safe with the staff and felt the service provided to them was reliable. People told us how they were looked after by a small team of staff who knew their needs well which helped them feel safe. One person said, "I feel safe with them [the staff]." Another person said, "A wonderful bunch of girls [the staff] come to me. I would recommend them to anyone."

Staff were able to access the registered providers policies and procedures which informed staff about safe practice. Staff were provided with information and training about how to protect people from abuse and harm. There was a whistle blowing [telling someone] policy in place to support staff and those we spoke with knew what action they must take if they suspected abuse was occurring. The staff told us they would report any issues or concerns straight away. A member of staff said, "I would have to report abuse straight away. I would speak to the manager or the 'on call staff'." The registered manager told us they would contact the safeguarding team at the local authority with any issues and contact Care Quality Commission [CQC]. There had been no missed calls to people; no safeguarding issues were in progress.

People who used the service had risk assessments in place relating to their health, wellbeing and home environment. This helped guide staff in how to minimise risk. For example, if people were prone to falls details of equipment assessed as being required to aid their safety, such as walking frames or walking sticks were documented in the care records. Other risks such as; the risk of choking, receiving adequate nutrition and equipment to be used to move or transfer people safely was recorded in people's care records. Environment risks present, such as potential trip hazards, electricity or gas supply issues and secure entry arrangements were detailed so staff were fully aware.

Staff working for the service had undertaken training in a variety of subjects including first aid and health and safety. Staff we spoke with told us the training provided to them had helped them deal effectively with emergency situations. They described how they had phoned for medical help and advice and phoned the office or 'on call' team to report emergency situations. Staff said they stayed with people whilst other staff were deployed to cover their calls and senior staff were deployed to support them in the emergency situation. The staff we spoke with told us this approach protected and supported them and the person involved.

The support people required with their medicines was understood by staff and was clearly recorded in people's care records. We saw that the management team audited medicine management closely to avoid any issues from occurring. Staff had to undertake training in medicine management before they were able to deal with medicines. People's care records informed the staff about who was responsible for the person's medicines, for example; relatives or the agency staff. Relevant information was present regarding prescribed medicines stating how and when they were to be administered which promoted people's safety.

Staff wore uniforms and carried photo identity badges when attending people's homes. This ensured that people were aware the member of staff worked for the registered provider. Information about codes for key safes that staff had to access was held securely, data protection systems were in place regarding people's

care records and staff files. Computers were password protected and cabinets used in the office were lockable to maintain confidentiality. We saw that staff were provided with personal protective equipment [PPE] gloves and aprons. This helped to promote effective infection control.

Outside of office hours there was an 'on call' system manned by senior staff who had access to the registered manager and directors of the service. People using the service, their relatives and staff could gain help, guidance and support by using this system at any time. Staff working on evenings and weekends informed the 'on call' team when they finished work so the registered provider was assured staff were returning home. Traveling time was planned into the staff's rotas. If staff were running late or held up in traffic the office staff contacted people to inform them staff were on their way.

The registered provider had continuity plans in place to deal with situations or disruption to the delivery of service, for example, power cuts or computer failures. The service could be run by the 'on call team' or from the director's home, if necessary. Phones were able to be diverted so people could contact staff. The schedule of calls and staff rotas held on computer were backed up and were accessible to the directors and senior staff at all times. The registered manager and director undertook care calls routinely and were available to undertake calls if staff were sick or absent. This helped to provide a safe and reliable service to people.

Staff recruitment was robust. Potential employees completed an application form, which enabled gaps in employment history to be examined. References were obtained along with a police check from the disclosure and barring service [DBS]. Interviews were undertaken and notes taken of potential staffs responses. Successful candidates could not start work until after checks of their identity, work status, references and DBS had been received. This helped to protect people from staff who may not be suitable to work in the care industry.

Is the service effective?

Our findings

People told us they received the care and support they required. They said they felt the staff were skilled and must have had training to be able to deliver effective care and support to them. One person we spoke with said, "They [the staff] are good with me." Another said, "They [the staff] have had training to be able to look after me so well."

We were informed by people we spoke with that staff supported and encouraged their independence. One person said, "They are marvellous [the staff] and I try and do as much as I can for myself. They [the staff] turn up when they are meant to and stay the right time." People we spoke with told us their independence was encouraged.

The registered manager showed us how the rotas were created to make sure that small teams of staff were able to maintain effective continuity of care to people. The people that we spoke with appreciated this.

Some people needed encouragement with their nutrition and staff prepared meals when supporting people. Staff monitored people's nutritional needs and ensured that people were given choice and adequate nutrition.

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. Staff had undertaken training in the Mental Capacity Act 2005 [MCA]. Staff told us how they spoke with people and how people consented to their care and support. Staff told us that if people lacked capacity their appointed relatives and relevant health care professionals helped to make lawful decisions about care and support which protected people's rights.

Staff we spoke with told us they had undertaken a programme of training at induction. New staff had to commence the care certificate and they shadowed experienced staff which helped to develop their skills. The management team assessed the competency of staff before they were allowed to go out on calls by themselves. All staff were provided with a staff handbook, information contained in this informed the staff of what was expected of them.

Staff were provided with training in a variety of subjects, for example: person centred care, risk assessment and record keeping, first aid, moving and handling, fire safety, safeguarding, MCA, infection control medicine management and administration of medicines. Staff had access to training regarding medical conditions such as asthma or diabetes. Dementia training was also provided.

The registered manager had a training planner in place which helped to identify when training was due to expire and needed to be completed again by staff. This ensured training was planned for staff in a timely way. Staff we spoke with said there was a lot of training on offer to them. One member of staff we spoke with

said, "We can have any training we need, the last course I did was first aid it was fantastic." Another member of staff said, "Training comes thick and fast, I had moving and handling, record keeping, safeguarding, fire training, and Mental Capacity Act training recently; all very interesting."

The registered manager and staff we spoke with confirmed that staff supervision occurred regularly. This allowed all parties to discuss training, and development needs. Yearly appraisals occurred to provide feedback to staff about their performance over the year and identify any further goals or achievements to aim for. All the staff we spoke with told us the management team were there to support and encourage them in their role and said this helped them provide effective support to people.

Is the service caring?

Our findings

People we spoke with told us the staff were caring. They confirmed the staff respected their privacy and dignity. One person we spoke with said, "It's lovely [the service received] the carers are so happy and pleasant, they cheer me up. The care is nice they protect my privacy and dignity. I feel safe with them [the staff]." Another person told us they would recommend the agency to other people and said, "They [the staff] are a lovely bunch of girls." A relative told us, "The ladies [the staff] really do care about my wife."

People who used the service were provided with a service user guide and a 'service contract' which described the ethos of the service and how it could be provided to people. Information about charges for the service, data protection, standards and confidentiality were provided. This information enabled people to understand what the registered provider was aiming to achieve.

There were policies and procedures in place to inform staff about maintaining people's privacy dignity and confidentiality. Staff we spoke with understood they must maintain people's confidentiality and treat them with dignity and respect at all times. A member of staff we spoke with said, "I love this job. There are no issues."

Staff we spoke with during our visit described how they cared for people as they would wish to be treated. All spoke of the lovely clients they were allocated to work with. Staff we spoke with said they did not mind working to cover colleagues when they were on holiday, sick or absent. Staff said they worked as a team to make sure people using the service were provided with care. The registered manager and directors told us the people using the service and staff were always their priority.

Staff knew people's preferences for their care and support. A member of staff said, "The care records are detailed enough so that we know people's needs, it is very detailed so we know people's likes, dislikes and preferences." Another member of staff said, they had people they regularly cared for. Staff said having people they regularly looked after helped develop a good working relationship with them, over time.

A booking sheet was produced and was sent to people to tell them which staff were allocated to support them at different days and times. People we spoke with said this allowed them to be informed and they said they looked forward to their regular staff visiting. One person we spoke with said they did not always have a booking sheet which reflected the staff that were calling, however, they confirmed this did not in any way negatively impact on the care received because all the staff were so caring.

The management team informed us that even though they were recruiting for more staff there was a stable core of staff who had worked at the service for a while. They told us the staff enjoyed looking after people in the community. A member of staff said, "I love this job the best bit is helping people keep independent and stay in their own home. We sort out people's preferred routines to make sure everything is right, we establish bonds and friendships with people and their family. This is very important."

Is the service responsive?

Our findings

People we spoke with told us they were treated as individuals and that staff responded to their needs. People told us the staff listened and acted upon what they said whilst encouraging them to remain as independent as possible. People were supported to make decisions about their care and support in line with their wishes. One person said, "Staff record the care, this is detailed." Another said, "I am asked daily how I am. They [the staff] fill in my records about the care given every time they visit. They [the staff] are good with me." A relative we spoke with told us they were involved in supporting their relation, they told us they relied heavily on the care staff, and two or three ladies [staff] provided particular attention to their relative.

Before a service commenced an assessment of the person's needs was undertaken and information was provided to help staff understand the care and support that was required. Discharging hospitals and the local authority provided information as well as relevant health care professionals and family members. This information was used to create basic care and support plans and risk assessments that we saw were added to over time and were reassessed as people's needs changed. People's care records described people's preferences and what people could do for themselves to maintain their independence. Questions about people's preferences, and needs as well as life history's and hobbies were discussed so that the staff had holistic information about each individual. Staff we spoke with told us before they supported a new person they spoke with the office staff and gained the information about the person's needs. They read the care records and then spoke with the person and their representatives during the call. This helped to ensure that people received individualised care and support, in line with their preferences.

Staff told us that if they were concerned a person's condition or needs had changed they spoke with the office staff to get a reassessment of their needs undertaken. When necessary advice was sought from GP's, district nurses and health care professionals to ensure people's health and wellbeing was maintained. Relatives and relevant healthcare professionals were contacted to make sure all parties felt fully informed. We saw people's care records contained phone numbers for doctors, district nurses, social workers and people's next of kin. Records that we looked at confirmed people's care records were updated by senior staff when their needs changed. This helped to ensure people received the care they required.

We saw that if equipment was needed to support people; such as hoists or air flow mattress this was recorded in their care records along with details of the supplier and servicing information. was present in their care records. Staff we spoke with told us they monitored equipment to make sure it was working appropriately and that they reported any issues so equipment could be fixed in a timely way.

People's care files contained details about each individual call throughout the day. This included step by step information about the care to be provided during each call. Staff confirmed this information was very helpful and was provided in enough detail for them to be able to deliver the care and support people wanted to receive. Staff then recorded in detail, the care they had provided in the person's care records so that the person, their relative or other care staff were informed. We saw a communication booklet was in place in the person's care folder this allowed the person, their representatives and staff to write in

comments that were helpful, for example if there were calls that needed to be cancelled or appointments people needed to attend, this was a way of communicating this information to interested parties. We read the daily entries of care provided to people by staff, they were detailed, timed, dated and signed by staff and descriptive of the support provided.

A complaints procedure was provided to people using the service. People we spoke told us they would raise a complaint if necessary, but had no complaints. Staff reported issues to the registered provider manager or management team for them to take action. Complaints received were investigated and the outcome was recorded and shared with the complainant. People we spoke with had no complaints to raise, they all said they felt able to raise issues with the senior staff or management team and said any issues would be addressed.

Is the service well-led?

Our findings

People we spoke with told us they were happy with the service provided to them. One person said, "They [office staff] ask how is my day and how I am. I am informed about the service." Another person told us, "I have met the registered manager at different times. If I had a problem I would tell them. I would recommend the service to anyone."

Questionnaires that CQC sent to people to gain their views about the service before our visit informed us that people who had completed these had not been asked for their views about their service. During our visit we spoke with people and with the management team and staff, during our conversations and observation of documentation held at the office it was clear that both informal and formal monitoring of the service was in place and was effective at monitoring the service people received.

Staff working at the service who we spoke with told us they enjoyed working for the registered provider. One said, "This is a great company. The staff are great. If you are stuck they [the management team] help you and listen to us. This is generally a caring company." Another member of staff said, "We can approach the management with any problem they will solve it."

The directors of the company were available to support people using the service and staff. There was an open and transparent culture and the ethos of the service was to place people using the service as the top priority along with supporting the care staff. The registered manager was developing their skills regarding domiciliary care and was supported effectively by the directors of the company who experience and knowledge of this type of service.

The on-call service provided by the senior was effective at managing the service out of office hours. Staff had access to the registered manager and to the directors. People using the service, their relatives and staff could gain help and advice at any time. The on call staff had information available to them to ensure issues and enquiries were dealt with thoroughly and promptly.

The management team constantly assessed and monitored the staffing levels needed to supply a reliable service to people. The director told us they would not take on care packages if they had not got the staff to be able to manage the calls. This helped to maintain a reliable service to people. We saw that the call times for people were checked with the staff rotas to make sure no calls were missed. There was a computer system in place which flagged up if a call had not been allocated to staff so that calls could not be missed out when senior staff prepared the rotas. People were provided with a weekly booking sheet and staff gained their rotas so that all parties were informed about the visits scheduled to occur.

A director and registered manager undertook care calls themselves and worked alongside the staff, this helped them to monitor the quality and effectiveness of the service provided. Observations by senior staff were undertaken during the provision of care to people; this was described as a 'spot check'. When these occurred they were unannounced and staff were observed when they were supporting and delivering care to people. Record keeping and communication skills along with compliance with the registered providers

uniform policy was checked during the spot check visits. This helped to maintain or raise standards.

Staff meetings were held and these were scheduled to occur over a few days with the same agenda. This allowed staff to attend one of the meetings when they were not scheduled to be supporting people. The minutes of the staff meetings were recorded and were made available to staff who were unable to attend. This ensured they were informed.

The registered manager told us information was provided to care staff when they came into the office regarding updates to policies and procedures. Staff we spoke with told us they felt fully informed and supported by the management team.

The management team undertook audits of people's care files, medication administration sheets and daily entries made in people's records by staff. We looked at the audits and saw that any issues that were identified were addressed and monitored to resolve them. The director and registered manager told us how they monitored information relating to incidents, falls and accidents to make sure all parties were kept safe and to protect people's wellbeing.

An external audit of the service had been completed by North Lincolnshire County Council; some people who were using the service were funded by the local authority or Clinical Commissioning Group [CCG]. The registered manager told us how they found external auditing helpful and how they always worked hard to get things right to help maintain and improve the service provision.

Quality assurance surveys were being undertaken to help gain people's views. We saw thankyou letters and cards from people and their relatives regarding the service that had been provided. The management team shared this feedback with the staff to make sure they were aware about the positive feedback received about the service.