

Alice Chilton In Home Care Services Ltd

Alice Chilton In-Home Care Services Limited

Inspection report

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Ratings

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

Summary of findings

Overall summary

This announced inspection took place on 07 July 2016.

Alice Chilton In-Home Care Services Limited is registered to provide personal care to people in their own homes. In addition the agency also provides other support to people such as companionship, and home help services. The agency operates from a ground floor office and has disabled access. At the time of inspection the registered provider was supporting 75 people and employed 24 staff.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in at the office.

There was a registered manager in place. 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.

The service was registered with the Care Quality Commission in 2014. This was the first inspection of the service.

At this inspection people spoke positively about the quality of service provided. People told us staffing levels met their needs.

People were protected from risk of abuse. They told us they felt safe and secure. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Suitable recruitment procedures meant staff were correctly vetted before starting employment. Staff retention was good and people said they benefited from staff who knew them well.

Suitable arrangements were in place for managing and administering medicines. People were encouraged to self-administer medicines where appropriate.

People's healthcare needs were monitored. Care plans were developed and maintained for people who used the service. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

People were encouraged to live active lives. Staff were matched to people with similar hobbies and interests where possible so relationships could be built and nurtured.

The registered manager monitored and managed risk to promote people's safety.

Training was provided for staff to enable them to carry out their tasks proficiently. Staff training was monitored and training was provided when the registered manager identified training needs. Staff praised the training on offer.

People said they were supported at appropriate times to meet their nutritional needs. Strategies were used to promote healthy eating where appropriate.

The registered manager had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. Feedback was gained from all parties as a means to develop and improve the service.

Staff were positive about ways in which the service was managed and the support received from the management team. They described a positive working environment.

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.

People who used the service and relatives told us people were safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The provider had robust recruitment procedures to assess the suitability of staff.

Suitable arrangements were in place for management of all medicines.

The registered provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People's health needs were monitored and advice was sought from other health professionals, where appropriate. People who used the service told us their nutritional and health needs were met.

Staff had access to on-going training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good ●

The service was caring.

People who used the service were positive about the staff who worked for Alice Chilton In-Home Care Services.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People told us staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

The registered provider worked innovatively to ensure people could be included in community activities.

Is the service well-led?

Good ●

The service was well led.

The management team had good working relationships with the staff. All staff commended the skills of management.

Regular communication took place between management, staff and people who used the service as a means to promote continuity of care.

The management team sought continuous feedback from relevant parties to improve service delivery.

Alice Chilton In-Home Care Services Limited

Detailed findings

Background to this inspection

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

This inspection took place on 07 July 2016 and was announced.

The inspection was carried out by a team of two adult social care inspectors.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with nine members of staff. This included the nominated individual, registered manager, the care coordinator, and six members of staff who provided direct care.

We visited two people at their home (with their consent) to seek their opinion of the service and spoke by telephone to two additional people who used the service. We also spoke with two relatives to obtain their views about service provision.

To gather information, we looked at a variety of records. This included care plan files relating to four people who used the service and recruitment files belonging to four staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification and training records.

Is the service safe?

Our findings

People who used the service told us they felt safe. Feedback included, "Staff help me feel safe. They tuck me in at night and make sure I am ok." And, "They make me feel safe. They know me well."

Relatives praised the way in which people were kept safe. One relative told us, "All staff are competent. They reassure my [relative] to help them feel safe." Another relative told us the registered provider was aware of their limitations and would not carry out any tasks that would place people at risk.

Staff were aware of the importance of keeping people safe. They told us they had particular responsibilities as part of the care plan to promote people's safety. One staff member said, "It's important I am vigilant and observant."

The registered manager told us it was important staff had a sound knowledge of what constituted abuse and how it should be reported. They said, "I want staff to understand the role of safeguarding."

We looked at how safeguarding procedures were managed by the registered provider. We did this to ensure people were protected from any harm. Staff told us they received regular safeguarding training to keep abreast of safeguarding matters. Staff were able to describe different forms of abuse and were confident if they reported any concerns to management it would be dealt with immediately. Feedback from staff included, "I have had to do this. I took my concerns straight to [registered manager.] They dealt with it efficiently." And, "If I had any concerns I would take action. Matters like these cannot be left."

We looked at staffing arrangements to ensure people received the support they required in a timely manner. The registered manager said they carried out a weekly quality assurance check on the monitoring system to ensure all visits were booked onto the planner. This minimised the risk of missed visits occurring. People who used the service consistently praised the reliability of staff and told us missed visits never happened. One person said, "My staff always come on time. I know who is coming and when they are coming."

The registered provider had a call monitoring system which was used to monitor calls of vulnerable people. The management team would be alerted by email when a staff member had not logged in at a person's home 20 minutes after a visit was scheduled to start. This enabled the provider to track staff attendance and make provision for an alternative staff member to attend.

People who used the service and relatives told us they received support from familiar staff who knew them well. Staff were introduced to each person prior to a visit taking place by the care coordinator. Staff told us in the unlikely event they were scheduled to work with someone they did not know they would be sent a client profile which clearly detailed the persons' needs. Staff said if they had any queries they could phone up the management team and request further guidance. The registered provider did not use agency staff. This promoted consistency of care.

The registered provider had an out of hours on call system. Staff said they were happy with the on call

system and were confident the management team would support them if required.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four staff files. Full employment checks were carried out prior to staff starting work. The registered provider kept records of the interview process for each person employed. Two references were sought and stored on file prior to an individual commencing work. One of which was the last employer. Gaps in employment history had been explored with each applicant.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. The registered provider checked this documentation prior to confirming a person's employment.

We looked at how the registered provider managed medicines. The registered provider promoted independence wherever possible. When people could self-administer they were supported to do so. For some people who could not be involved in ordering their own medicines, staff provided support to do this. When people required support with medicines the registered manager provided a MAR (medicines administration record) for each person. Staff signed the record after administering medicines.

The registered provider had systems to assess risk. Relatives we spoke with said they were consulted with at the pre-assessment stage when developing care plans and risk assessments. They were confident the management team were able to assess risk and said the registered manager addressed each person's needs prior to agreeing whether or not they could provide a suitable service. We saw a variety of risk assessments including manual handling assessments, and assessments for administering of medicines.

The registered provider had a system for reporting accidents and incidents. Records were detailed, concise and up to date. The registered manager said they reviewed incidents to check for themes and trends so improvements could be made to service delivery.

Is the service effective?

Our findings

People who used the service and relatives praised the effectiveness of the staff. Feedback included, "All the staff are competent." And, "They do a great job looking after me." And, "I have never felt better in my life!"

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. New members of staff were expected to complete an induction at the start of their employment. Induction training included watching DVD's, listening to presentations competency checks and role play. The registered manager said it was important they considered individual learning styles of each staff member to ensure staff received effective training. Induction training covered key topics including safeguarding of vulnerable adults, moving and handling, first aid, administration of medicines and diet and nutrition.

The registered manager told us new staff were supported by a senior member of staff before working unsupervised. The period of shadowing was dependant on the skills of the member of staff and their confidence. The registered manager said they would never send a staff member out to work alone if they did not feel prepared for the role.

We spoke with a member of staff who had been recently employed to work within the service. They told us they undertook an induction period at the commencement of their employment. This involved time in the office, completing e-learning training which the service classed as mandatory for staff and learning about the organisation. They were supported on visits and shadowed experienced members of staff. The staff member said they were provided with a staff induction booklet which provided them with relevant information to assist them in their role. They said they had been provided with regular supervision sessions since they started work. The staff member said they were more than happy with the support they received at the outset of their employment.

There was a focus on providing on-going training for staff. Staff told us they had mandatory training which was provided by e-learning which was regularly refreshed. One staff member said, "It's important we refresh our knowledge. Things can change quickly."

The registered manager regularly reviewed the training needs of staff and ensured on-going support was provided. Staff told us external agencies had visited the office and provided staff with information to help them develop and provide a better standard of care. The registered manager responded to the needs of the people who used the service. When people had certain health conditions, extra training was provided to equip staff with additional knowledge. Staff praised the standard of training and the training opportunities they received. One staff member said, "I am always asked if I want any extra training."

We spoke with staff about supervision. They confirmed they received regular supervision. Staff said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions. One staff member said, "They are always available to support us. I can phone anytime for advice."

We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

People who used the service and relatives were happy with the way in which people's health needs were addressed and monitored. One person told us they were consulted with when there were any changes to their relative's health.

Individual care records showed health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were reviewed regularly. Changes in assessed needs were recorded within a person's care plan. There was evidence of partnership working with other health professionals when people had additional health needs.

We asked staff how they supported people to maintain good health. Staff said they monitored health of people and would seek advice and guidance from other professionals if they were concerned. Staff said because they were not rushed on their visits they had time to sit with people to see how they were. This allowed them to assess each person and identify any concerns in a timely manner. Any concerns would be recorded in the person's individual care record and reported to the management team or relative, where appropriate.

One person who used the service told us they were supported by Alice Chilton In-Home Care Services to attend health appointments. They told us staff were flexible and would arrange visits to support them as required.

The registered manager said if people who used the service went into hospital they would routinely liaise with the hospital to share information of relevance. This promoted better care as information was shared between agencies.

When people required support at mealtimes staff were allocated to assist them in a timely manner. People who required special diets this was detailed within the care plan. Records clearly documented people's likes and dislikes and preferred foods. One staff member told us whilst this information was important, they should never make assumptions what the person wanted to eat. They said, "I don't take it for granted what they want." We spoke with a person who used the service. They confirmed this was the case. They said, "They always make me a cup of tea when they arrive. We have a chin-wag and they ask me what I want to eat." We noted when a person required support with fluids; staff left the person notes around the home reminding them to drink.

The registered manager told us when people had additional needs with eating and drinking they referred to health professionals for advice and guidance. We noted training had been provided to staff to enable them to carry out suitable procedures.

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.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. One staff member told us they had

referred concerns to a family member when a decision had to be made for the person they cared for. They said, "I trust the family to make the decision. I would refer to [registered manager] for advice if I felt it was the wrong decision."

Is the service caring?

Our findings

People were complimentary about staff providing care. Feedback included, "Staff like these are like gold dust." And, "They are super; I wish I could have them full time."

Relatives praised the caring attitude of staff. One relative said, "All carers are really good and caring."

Staff told us the organisation had a caring ethos and the management team cared for people who used the service as well as staff. One staff member said, "They (the management team) care, it comes through. They want the best for everyone." And, "I couldn't be the carer I wanted to be in my last job. Its brilliant here, all the staff are very caring."

Staff said they were encouraged to have a regular caseload of people they visited so relationships could be built and maintained. This promoted continuity of care and created satisfaction. People who used the service confirmed consistency of staffing occurred so relationships could be developed.

The registered manager said they were committed to getting to know people including their likes and preferences and life history. They said understanding about a person's past life was very important and encouraged staff to see people as individuals not just as a person who was receiving a service. Staff showed a genuine interest in the people they supported. One staff member said, "All the people I support have had varied lives. I am interested in people's history."

People told us staff did not rush when they were on visits and always had time to sit with people and chat. People spoke positively of the relationships they had developed with their member of staff. One person told us they spent time with their staff member looking at old photos and talking about their family. They explained their carer was going to bring in photographs of their family to look at. The person said, "They know everything about my family. Its only right we talk about their family too."

Another person spoke fondly about the relationship they had formed with their carer and said, "They are fantastic."

We noted as part of the staff induction people were provided with training to raise awareness of the need to treat people with dignity and respect. The registered manager said as a means to promote this throughout the organisation they had developed the, 'Alice Chilton Charter.' This charter offered people who used the service reassurance they would be treated with dignity and respect. The registered manager said this philosophy was reinforced throughout service delivery through training and communication with staff. The registered manager told us they were a dignity champion and took the lead on ensuring dignity was promoted throughout the service.

We asked staff how they promoted dignity and respect within their work. Staff were able to give practical examples of how dignity was maintained and recognised the importance of doing so.

People who used the service told us they were treated with dignity and respect. One person said, "They always treat me with dignity and respect."

The registered manager told us they were committed to ensuring people's voice was heard. When people could not advocate for themselves they said they would engage with family or advocacy services.

Staff told us people who used the service were routinely sent birthday cards from the management team at Alice Chilton In-Home Care Services.

Is the service responsive?

Our findings

People who used the service and relatives told us care provided was personalised and responsive to individual need. One person said, "Carers will do whatever I ask. They are so versatile." One relative said, "They put my [relative] central to their care."

People who used the service and relatives praised the responsiveness of the management team and their ability to provide staff to support people to appointments and in emergencies. One person told us they could contact the office if they required a change to their support. This allowed the person the flexibility to attend hospital appointments and arrange visits to the hairdressers or support groups. Other feedback included, "Even at last minute they helped me out." And, "They are there when they are needed."

We looked at care records belonging to four people who used the service. We saw evidence pre-assessment checks took place prior to a service being provided. Two relatives confirmed they were involved at the pre-assessment stage in developing care plans for the person who required the service. One relative said, "We met as a family to discuss my [relatives] care."

Care records were personalised and contained detailed information surrounding people's likes, preferences and daily routines. This highlighted key points of their likes, dislikes and important factors to consider when supporting them. Peoples consent was sought throughout the care planning process.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, medicines administration, personal care, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relatives involved wherever appropriate, within the care plan. Care plans were reviewed and updated at least annually. We saw evidence records were updated when people's needs changed.

Daily notes were completed for each person in relation to care provided. Care notes were audited by management and concerns identified within care records were discussed with staff.

The registered manager said they tried to match interests of staff to interests of people so positive relationships could be formed. They explained they knew the people well and were aware of what skills and qualities people looked for in staff. They tried to identify these qualities in staff so they were compatible with people they supported. This promoted continuity of care and created satisfaction for both the person who used the service and the staff member. For example, one person liked to play a musical instrument. The registered manager recruited a member of staff who also played music so they could share their hobby.

The registered provider encouraged and supported people to be active. The registered manager had developed a 'buddy box.' This was a box containing resources to help develop recreational activities for people. For example, there were books for people to read, puzzles for people to complete and games to play. This was aimed at promoting inclusion and preventing social isolation. The registered manager said

staff could make suggestions for items to be purchased for the box. One person liked chess, so the registered manager had purchased a chess set so staff could engage in a game of chess with the person.

People and relatives we spoke with had no complaints about the service. People were encouraged to speak out if they were unhappy with their care. Feedback included, "I've never had to complain. I have nothing to complain about." And, "I have never had to complain but I know who I would make a complaint to."

We noted when formal complaints were raised they were dealt with in a timely manner, in line with the organisations complaints procedure. Letters of explanation were sent to people following investigation.

Staff told us they were aware of the complaints procedure and would inform the registered provider if people complained.

Is the service well-led?

Our findings

People who used the service and relatives told us the service was well managed. Feedback included, "I have never met the founders of Alice Chilton but they are very good." And, "They do a great job. It's well managed."

Staff told us staff retention was good and staff tended to stay once recruited. One staff member said this was down to the way in which the service was managed. Staff consistently praised the management team and their professionalism. Staff said, "They are a lovely firm to work for." And, "This is the best company I have ever worked for."

Staff were provided with an employee handbook at the outset of their employment which set out key policies and procedures and principle rules within the organisation. This gave them direction as to what was expected from them and procedures to follow. They told us when they required assistance they knew who to go to in the office as the management team had clear roles and responsibilities.

The registered provider carried out a staff survey in November 2015. The registered manager said this was designed so staff could give feedback anonymously. Feedback was consistently positive. Results from the survey demonstrated staff felt valued in their work and were proud of where they worked. Staff we spoke with said the management team was committed to making improvements to service delivery. We saw evidence when staff made suggestions action was taken to consider the actions and implement them. This showed the registered provider was committed to listening to relevant parties as a means to make improvements within service delivery.

Staff described an open and transparent culture where they could make suggestions and were listened to. They said they could make suggestions and the managers would listen. One staff member asked for a suggestions box to be placed in the office. Staff could then place suggestions anonymously in the box if they wished. This was implemented and a suggestions box was made available.

The nominated individual said they continually reviewed pay rates of staff to ensure they were rewarded for their work contribution. Staff said they were valued by the management team and this contributed to high morale. This positivity resulted in better outcomes for people as staff were committed to providing a high quality service. One staff member said, "They make us feel valued. That makes you give 110% to your work."

Communication with staff occurred through a variety of channels. Staff told us they had regular communication through text messages and emails. They had the opportunity to talk with other staff and the management team at regular team meetings. Staff described communication as good.

The registered provider said they were committed to continuous improvement and were working proactively to ensure their reputation was maintained. The registered provider said they were proud of their reputation and their achievements. They said, "We don't want to erode our quality." The management team had weekly management meetings to discuss concerns and monitor the progress of the service.

The registered manager said it was important staff shared the same vision and goals as that of the management team. They told us these values were routinely discussed as part of staff supervisions and appraisals. Staff spoke highly about the ethos of the service and the way in which the team worked together to deliver high quality care. One staff member said, "We want the service to be the best."

During the course of inspection we noted feedback was sought from varying people including people who used the service, relatives and staff. Feedback was received as part of a person's three and six month service review.

The registered provider sent out quarterly questionnaires to people. We looked at feedback received. Comments included, "The carers are excellent. We get on well. No improvement is needed." And, "It makes me feel confident [relative] was being looked after by a caring, consistent professional team."

The registered provider had a range of quality assurance systems. These included health and safety audits, medication and documentation. Findings from audits fed back to the registered provider through operational meetings and staff through supervisions. Actions were set when there was a need for improvement.

We saw evidence of partnership working. The registered provider attended provider forums to keep themselves up to date. They told us they also contributed to the community by writing articles for community magazines and volunteering their skills and knowledge.

The registered provider said they viewed the service as a community resource with a point of access for information. They said they collected information which could be shared with others. People were encouraged to visit the office for a drink and chat and to access the information as required.