Chilworth House Homecare Service Limited

Chilworth House Home Care Services Ltd

Inspection report

7 Rectory Avenue
High Wycombe
Buckinghamshire
HP13 6HN

Tel: 01494523480

Date of inspection visit:
22 March 2018
06 April 2018

Date of publication:
10 May 2018

Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 22 March 2018 and 6 April 2018. It was an announced visit to the service.

We previously carried out a comprehensive inspection of the service in April 2016. The service was not meeting all the requirements of the regulations at that time. A focussed inspection took place in February 2017 to check that improvements had been made; we found the provider had taken the necessary action.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger adults with disabilities. Forty four people were receiving care from the agency at the time of the inspection

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. People felt the service met their needs and that staff were caring and kind. They told us they were treated with dignity and respect.

Staff understood about protecting people from abuse. There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns.

There were sufficient staff to meet people's needs. Two staff were assigned to support people where lifting equipment was required, to ensure this was carried out safely.

Thorough recruitment processes were used to ensure all required checks and clearances were received before care workers supported people. Staff received a structured induction, supervision and training to make sure they had the skills and knowledge to support people safely.

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. The service ensured risks associated with people's care and support had been assessed. For example, helping people to re-position.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We have made a recommendation to promote good practice with the Mental Capacity Act 2005, where relatives or others say they have legal authority to act on behalf of people.

Where people were supported with their medicines, we found the service did not always maintain accurate or well-maintained records. This meant clear audit trails were not evident and errors could occur.

The provider regularly checked the quality of care at the service through surveys and spot checks.
We have advised the service to develop a policy around duty of candour, to ensure they understand what is required of them in the event of things going wrong.

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 people's 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's medicines were not always managed in a safe and consistent way.

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

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

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.

People were encouraged to make decisions about their care and day to day lives.

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 be independent.

Staff treated people with dignity and respect.

People were treated with kindness, affection and compassion.

Is the service responsive?

Good

The service was responsive.

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

There were procedures for making compliments and complaints about the service.

The service responded appropriately if people's needs changed, to help ensure they remained independent.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Work was needed to develop a policy about duty of candour, to ensure the service was open and transparent if things went wrong.

The provider monitored the service to make sure it met people's needs safely and effectively.

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 22 March 2018 and 6 April 2018. It was an announced visit to the service. The inspection was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available at the office to assist with the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed any information we had received since the last inspection.

We contacted community professionals, for example the local authority commissioners of the service, to seek their views about people's care. We also contacted 17 people or their relatives, to ask them about standards of care at the service.

Additionally, surveys were sent to a sample of staff, service users and community professionals prior to the inspection. We have used feedback from these to help inform our judgements about the service.

We spoke with the registered manager and three staff members. We checked some of the required records. These included four people's care plans, six people's medicines records, four staff recruitment files and four staff training and development files. We checked a sample of policies and procedures, accident records and quality assurance records; these included records of spot checks and surveys completed by people who

used the service, or their relatives.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not consistently managed in a safe way. We found there were inconsistencies with recording on medicines sheets. Some names of medicines and instructions had been handwritten by staff. One medicine was illegible. It was assumed to be an antibiotic and was to be taken three times a day. It had been signed as given three times a day on six different days. There were four days when it had only been signed for twice a day. There was no explanation on the medicine record about why the tablet had not been given a third time on some days. Another person's antibiotic did not contain full instructions on one of the record sheets. It said to take twice a day 200 mg, but not how many tablets.

We saw one person was prescribed an antifungal cream, to be applied to the vaginal area. The instruction on the record sheet was 'PRN' (as required), with no indication of how often it should be used each day. Records showed staff applied this cream in an inconsistent manner. On one record sheet it had been applied twice a day, sometimes once a day and at other times not at all. Creams of this nature need to be applied regularly over a set period of time to have any effect. The manufacturer's guidance stated it should be applied to the affected area of skin two to three times daily and that treatment should be continued at least two weeks for the type of infection in this case. It advised using the cream for a week after all the symptoms had cleared up to make sure the infection was fully treated and help avoid it coming back. Staff at the service were not using the cream in the intended way.

We saw records of other prescribed creams for people were not always signed for. It was unclear if the creams were not needed, had not been offered to people or a relative had applied them.

These were breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people did not receive their medicines in a safe and consistent manner.

The service had systems and processes 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. We saw the registered manager referred any concerns to the local authority, as required.

Everyone who completed surveys told us they or their relative felt safe from abuse or harm from their care and support workers. They said care workers completed all of the tasks that they should do during each visit and they stayed for the agreed amount of time.

People were kept safe during the delivery of their care. Risk assessments had been written, to reduce the likelihood of injury or harm to people and keep them safe. We read risk assessments for assisting people to reposition, their likelihood of falling and risks associated with the environment they lived in. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. This ensured they were supported safely.

Staffing rotas were maintained to ensure people received the support they needed. We heard office staff

called to update people where there were changes to their expected care worker or time of call. A relative told us "If they are ever slightly late in arriving, it is usually because they have stayed to help their previous client with a problem. We never feel rushed when they come." Another relative said "The carers generally arrive within the specified time on the rota which I receive in advance. If they are going to be late they will usually phone and inform us, which helps greatly. No visits have been missed, even in the recent bad weather."

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. There was evidence of all required checks being completed in each personnel file we looked at. This included checks for criminal convictions and written references. Dates on staff contracts showed they only started work after all checks and clearances had been received back and were satisfactory.

Accidents and incidents were recorded appropriately These showed staff had taken appropriate action in response to accidents, such as falls.

Staff received training to ensure they followed safe practices when they supported people. This included first aid training, moving and handling and fire safety awareness. Updated courses were attended to keep these skills refreshed.

People were protected from the risk of infection. Staff used disposable gloves and aprons when they assisted with personal care. Care plans advised staff to use different flannels when they washed top and bottom halves of people, to prevent the spread of infection.

The service received national safety alerts to advise of hazards they needed to be aware of. These can include faulty equipment which could cause harm to people. We asked the registered manager if there had been any learning from investigations, either internally or externally. They said there had not been any events of this nature.

People's records were accessible in their homes with copies kept securely in the office. These had been kept up to date following changes to people's care needs.

Good

Is the service effective?

Our findings

People told us their care and support workers had the skills and knowledge to provide the care and support they needed. They said they knew who to contact at the service if they needed to speak with someone and would recommend it to other people. They also told us information they received from the service was clear and easy for them to understand. A relative told us "Whilst we do not see the same carer on a daily basis, we now have a team of between six to eight carers who attend regularly who we are confident with and they are familiar with routines and provide the level of care we would expect."

A care broker spoke positively about the effectiveness of the service. They told us "I have worked with this provider for several years now and have always found them to be proactive, responsive, flexible and cost-effective. They have always tried to find a way forward with any client I refer to them, even when they are above the local authority budget they will, if possible, try to provide a service that meets the eligible care needs and comes within budget." They added "When care relationships have become strained, they will go above and beyond to maintain their service, deal with any issues and try to resolve in a positive way, always with the client at the heart of the process."

People's needs had been assessed before they received support. This included assessment of their physical needs, the gender of staff they would prefer supporting them and when they would like their visits to take place. Assessments took into account equality and diversity needs such as those which related to disability and culture. Any faith-related needs were taken into account. For example, one of the care plans we read mentioned the person liked to say the Grace before each meal.

People received their care from staff who had the appropriate skills. New staff undertook an induction which led to the Care Certificate. The Care Certificate is an identified set of standards that 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 then a programme of on-going staff training to refresh and update skills.

We looked at the results of a staff survey conducted by the provider in October 2017. All staff who completed the survey said they received appropriate training. Seventy eight per cent of staff said the service supported them.

Staff received supervision from their line managers. The staff files we looked at showed a varied pattern of supervision meetings. There was a mix of face to face meetings and observation in the community. In one staff file, we saw they started in June 2017 but the first supervision record was dated October 2017. The registered manager was unable to find other records to show the staff member had met with their line manager prior to the October supervision meeting. There was also no record of their performance being assessed at the end of the six months' probationary period. In other staff files, these records were evident.

Staff worked together within the service and with external agencies to provide effective care. We saw staff communicated effectively about people's needs. Relevant information was documented in notes written

each time staff visited people. The registered manager updated other professionals who were involved in people's care, such as social workers and mental health workers. Records were kept of information shared with them.

People were supported to eat and drink, where this was part of their care package. Care plans included instruction for staff to prepare meals of the person's choice. Care notes included information about what had been prepared for people at each meal time and what drinks had been given. Any allergies were noted for staff to be aware of.

The service supported people to access healthcare services. We saw evidence the registered manager had contacted community professionals such as occupational therapists, to ensure people had the right equipment in place. We read a compliment which thanked staff for attending a meeting with a medical professional. It concluded "It really helped my (family member) to have your support."

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. Applications to deprive people of their liberty need to be made to the Court of Protection for this type of service. No applications had been made.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager told us there was no one they supported who lacked capacity. We asked if anyone was subject to Lasting Power of Attorney. The registered manager told us there were two people whose relatives said they had Power of Attorney. Care plan documents did not contain a copy of the legal document to confirm this. The registered manager told us these people still had capacity to make their own decisions.

We recommend the service makes sure it obtains certified copies of Power of Attorney documents at such time as people no longer have capacity and their relatives need to be consulted about their care.

Good

Is the service caring?

Our findings

We received positive feedback from people about their care workers. Comments included "The people who come are kind and caring" and "The staff are always respectful of both my (relative), family members and other carers in the home and show a high level of compassion mixed with cheerfulness and humour, which is important to us." Another person told us "The staff are helpful, kind, compassionate."

Everyone who completed surveys said they were happy with the care and support they or their relative received. They told us they were treated with dignity and respect. Some people said they were not always introduced to care workers before they started to receive support from them. This was also reflected in responses from staff. However, no one made any additional comments to indicate if this had any impact on the quality of their care.

The service supported people with a range of care needs and from diverse backgrounds. The staff we spoke with were knowledgeable about people's circumstances and the support they required. We heard staff showed concern for people's well-being. For example, we overheard telephone conversations where people who used the service or their relatives had called the office. Staff were patient, polite and gave people time to talk.

People's care plans contained information about their abilities to undertake daily living tasks and where they needed support or prompting. People considered the service helped them to remain independent. This was also reflected in the survey responses we received from staff.

The service gave staff the support they needed to provide care in a compassionate and safe way. We overheard telephone conversations between the registered manager and care workers who were supporting someone in distress. This necessitated calls to emergency services. An emphasis was placed on keeping both the person and care workers safe until help arrived. In another example, staff stayed with a person who had fallen, until an ambulance arrived. Their visits to other people were re-arranged by staff at the office to enable them to do this.

We read a compliment from a relative. It included "I can't put into words how much our lives have changed for the better since we have had you as our carers. You have given us a very high quality of care, lovely staff and management and we greatly appreciate all that you are."

Good

Is the service responsive?

Our findings

People received care which was responsive to their needs. Care plans took into account people's preferences for how they wished to be supported, which included any cultural or religious requirements. People's preferred form of address was noted. Information was included about how people preferred to communicate and their first language. Care plans had been kept under review, to make sure they reflected people's current circumstances. This helped ensure staff provided appropriate support to people.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We asked if the service ensured it provided people with information they needed in a way they could understand it, to comply with the Accessible Information Standard. The registered manager described a couple of examples where they had provided information in different formats. One of these was easy read, pictorial information for a person with learning disabilities.

We received positive feedback from a community professional about the way the home responded to changes in people's health and well-being. They told us "On a couple of occasions, they have been able to respond to an emergency referral for care in a timely manner and adapt their services to expedite putting care in place, whilst maintaining standards of safety and transparency."

We saw evidence of further examples where the service had taken appropriate action in response to people's changing needs or other events. Written records showed contact with a range of external agencies and relatives to inform them about changes to people's circumstances. For example, the service contacted people's pharmacies when medicines ran out or there were queries. In another example, staff elevated someone's legs as they were swollen and reported this to the office. We saw an ambulance was called when someone on anticoagulant therapy knocked their arm, which caused it to bleed. This was needed as this type of medicine can cause excessive bleeding.

People told us they were involved in decision-making about their care. They said they knew how to make a complaint and that staff responded well to any complaints that were made. Staff said they would feel confident about reporting concerns or poor practice to managers.

There were procedures for making compliments and complaints about the service. We looked at how a complaint had been managed. We saw it had been thoroughly investigated and a written response was provided to the complainant.

Technology was used to ensure people received timely care and support. The computer system was purpose-designed for care services and allowed for authorised staff, which included care workers, to receive instant updates about care plans, risk assessments and other important documents.

The service did not provide end of life care to people.

Requires Improvement

Is the service well-led?

Our findings

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager and provider were not familiar with this requirement and their legal obligations in the duty of candour process. The service did not have a duty of candour policy. We asked the provider to develop an appropriate policy to ensure they met this requirement in the event of future occurrences.

We received positive feedback about how the service was managed. A member of staff said "Chilworth care services are a very good company to work for…I always feel like I'm listened to if I have any issues or queries, these are supported well by the management team."

People spoke positively about their experiences of using the service. A relative said "Currently I am happy with the service provided and whilst there is always room for improvement there is nothing specific I would highlight as a concern." Another relative said "They provide a good service" and added their family member "Is happy with the care she is receiving at home."

A community professional told us "Management are approachable and proactive, and clients I have referred have only ever had positive feedback to give on their provision."

People told us they could contact the office easily. For example, a relative said "When contacting the office either by phone or email, I have always received a prompt response and the co-ordinators have shown flexibility when we have requested changes in visit times etc."

Staff told us they could speak with the registered manager or other office staff when they needed to. The results of the October 2017 staff survey showed staff felt supported in terms of the training they received and the approachability of the registered manager and other senior staff.

People's views were sought about the service through surveys, the most recent were sent in October 2017. The results from these were positive and showed 50% of people were 'satisfied' overall with the care they received and the remaining 50% were 'very satisfied'. Some of the comments people made included "Keep up the good work and thank you," and "The staff that I receive are very good and friendly."

Unannounced visits or 'spot checks' were made by senior staff whilst care workers supported people in the community. These visits checked standards of care met people's needs.

The service worked with other organisations to ensure people received effective and continuous care. For

example, there was regular contact with the local authority and other agencies such as pharmacies and occupational therapy.

Improvement was needed to medicines records to ensure they were legible and accurate. We noticed two people in the sample we checked had been prescribed anticoagulant therapy, to thin their blood and prevent the risk of clots forming. There was no information in their care plan files to say they were taking this type of medicine and side effects. These include severe bruising and excessive bleeding, which staff would need to be aware of. We advised the registered manager and provider it would also be useful information to be able to pass on to paramedic staff in emergency situations.

There was secure storage for personal and confidential records such as staff files and people's care plans. Staff had access to general operating policies and procedures on areas of practice such as safeguarding and safe handling of medicines. These provided staff with up to date guidance.

We found there were good communication systems at the service. Staff and managers shared information in a variety of ways, such as face to face and by text.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not consistently handled in a safe manner. This was because medicine administration records were not well maintained. Regulation 12(2)(g).