

Chilmington Homes Limited

Chilmington at Home

Inspection report

Chilmington House
Westcote Road
Reading
Berkshire
RG30 2ES

Tel: 01189585329

Website: www.chilmingtonhomes.co.uk

Date of inspection visit:
28 June 2023

Date of publication:
03 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Chilmington at Home is a domiciliary care agency providing personal care to people. The service provides support to autistic people, people with a learning disability or people with a physical disability. At the time of our inspection there were 3 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People had mental capacity assessments in place for some individualised decisions, however there was not always evidence of these having taken place prior to the inspection in relation to potential restrictive practices such as bed rails. During the inspection, this was rectified by the registered manager and deputy manager. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service supported people to have control and independence over their own lives. People were supported by staff to pursue their interests and work towards their aspirations and goals. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care:

The services mandatory training was not in line with best practice. Some staff had not received moving and handling training since July 2021. The area manager ensured staff who had outstanding training had a date arranged for the training after the inspection had taken place. The service had not yet implemented Oliver McGowan training (training to ensure staff have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability) to all staff. The area manager advised this will be implemented in the coming months. People received kind and compassionate care from staff and this was observed during the inspection. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture:

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person and other professionals as appropriate. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was good (published 3 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We recommended the provider reviews their mandatory training in order to ensure it is in line with best practice.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chilmington at Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the service including feedback from professionals. We reviewed notifications we had received from the service regarding incidents and/or

accidents. We looked at online reviews and the services own website. We used all this information to plan our inspection.

During the inspection

We spoke with 5 staff including the registered manager, deputy manager, area manager and care staff. We spoke with 2 people who use the service and 1 relative. We reviewed a range of records. This included 3 people's care plans, 1 medicine administration record, 2 people's care records and 2 medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff spoken to confirmed they had received safeguarding training and were able to state what action they would take in response to witnessing abuse, including contacting the local authority safeguarding team.
- When safeguarding concerns were raised, the registered manager dealt with them appropriately and recorded all actions taken.
- Staff knew how to recognise abuse and protect people from the risk of abuse. One member of staff said, "I would inform my manager, and tell her of my findings".
- People told us they felt safe with care staff who are kind, caring and good at their jobs.

Assessing risk, safety monitoring and management

- Risk assessments were consistent and clear and the guidance that staff should take to mitigate risks was accurately recorded.
- There were specific, in date, risk assessments in people's care plans, such as risk assessments for moving and handling and medicines, which staff could readily access.
- The service had a business contingency plan in place to meet the support needs of people in case of an emergency.

Staffing and recruitment

- Staff files contained all the necessary evidence including employment history, Disclosure and Barring Service (DBS) checks and relevant qualifications and were in line with legal requirements. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff deployed to support people. Rotas showed and people confirmed that they were supported by the same staff enabling continuity of care.
- Staff told us they felt there were enough staff to meet the needs of people and they had enough time to provide the required care. Care staff said, "There is enough time to complete all the care needs for a person, never feel rushed", "I have enough travel time, and always stay the allocated time. If there's a few minutes left I'll always have a chat with them, as I do during the call".

Using medicines safely

- Detailed and individualised 'when required' medicines guidance was in place to explain to staff when the medication is necessary.
- Staff who had undertaken medicine management training were responsible for the administration of medicines. Training records indicated that all current support staff had received medicine management

training.

- All care staff administering medicines had their competencies reviewed annually by the provider.
- A review of spot check audits indicated that staff medication practice was being reviewed on at least a six monthly basis.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely and accessing testing for staff was being undertaken.
- People and relatives confirmed this and said staff wore the protective equipment while supporting them.
- All staff had received infection control training.

Learning lessons when things go wrong

- The incident and accident log contained written evidence of action taken to improve the service and lessons learnt.
- Themes and trends had been identified and documented actions to be taken to improve the service. For example, where falls had been identified as a trend, people's care plans were reviewed and updated accordingly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We reviewed the service's training matrix. We found 2 staff had not received training in moving and handling since 2021. This was raised with the registered manager and area manager. Following the inspection, they advised staff have been booked to receive manual handling training.
- The service's mandatory training did not include training on oral care, person centred care, dignity and communication. It is best practice that these topics are included in service's mandatory training, and competencies are assessed at least annually. This was raised with the area manager and registered manager who agreed this would be looked into.
- In July 2022, a requirement under the Health and Care Act 2022 was introduced for all CQC registered service providers to ensure their employees receive learning disability and autism training appropriate to their role. This is to ensure the workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability.
- The Oliver McGowan Mandatory Training on Learning Disability and Autism Training requires staff to complete the e-learning launched on 1 November 2022, and the corresponding standardised online interactive session or face to face training.
- Although the provider had completed training in relation to autistic people and people with a learning disability, staff had not yet completed the Oliver McGowan Mandatory Training. This was raised with the registered manager who agreed this would be completed soon.

We recommend the provider reviews their mandatory training in order to ensure it is in line with best practice.

- All new staff were placed on an induction which includes shadowing senior staff and completing all practical training required including manual handling.
- People felt that staff had enough training and experience to care for them.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- We found staff received additional training in specialist areas, such as dementia. This meant staff could provide better care to people who use the service.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service followed the requirements set out in the MCA and associated codes of practice. Some improvements were required to ensure all processes and documents are aligned with the Act.
- Consent was sought for various aspects of care. This included consent to receive care.
- We identified 1 person who had bed rails in place after having a fall. There was no evidence a mental capacity assessment or a best interest meeting had taken place regarding the decision. This was discussed with the registered manager who undertook a capacity assessment with the person over the coming days who was deemed to have capacity and able to consent to the bed rails.
- Where other people lacked capacity to consent, mental capacity assessments were completed. The correct process was followed, and information was recorded in the relevant document.
- People's capacity was not always documented in people's care plans. This was raised with the registered manager who ensured this was rectified immediately.
- Consent by third parties can only be given where legally authorised. Some people had copies of their lasting power of attorney document on file. We have signposted the registered manager to the Office of the Public Guardian who can run checks to determine whether a person has a legally appointed attorney, deputy or Court of Protection Order in place. The registered manager confirmed they would complete the outstanding checks for any missing confirmations.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with professionals from health and social care to support people's health and wellbeing needs.
- The registered manager was in regular contact with Local Authorities who support with funding for people using the service. The registered manager provided evidence of regular correspondence to discuss the changing needs of people and how they would support the person.
- The registered manager and staff also had regular involvement with other professionals such as GP's and occupational therapists to ensure that the person had the correct level of support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Medicine protocols were in place in order for staff to be aware of how people verbalised or communicated their pain.
- People's care plans were reviewed on an annual basis or sooner as needed.
- Any changes required had been clearly documented and this was shared with staff through the service's daily handover.
- Plans were person centred and contained information covering people's likes and dislikes, and a summary of daily routines, including how the person would like the care to be carried out.
- Plans were based on assessments, were well written and clear. Information seen in plans indicated that

people were supported to access healthcare services and professionals when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider promoted equality and diversity. The team was respectful of any cultural differences. This was also evident in people's care plans.
- Throughout the day we observed a warm, caring and relaxed atmosphere whilst staff were providing care to people. Staff told us the management team had created a culture that promoted a caring approach.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful.

Supporting people to express their views and be involved in making decisions about their care

- People felt listened to and valued by staff.
- The home manager and deputy manager reviewed people's care plans and risk assessments annually or more often if people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.
- People were given time to listen, process information and respond to staff and other professionals.
- People were enabled to make choices for themselves, and staff ensured they had the information they needed. For example, during the inspection one person was discussing when to next visit close family members and where they would like the visit to be.
- Staff respected people's choices and wherever possible, accommodated their wishes.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff supported people to maintain links with those that are important to them. For example, one person enjoyed spending time with their brother and going to get fish and chips with him. The staff supported the person by facilitating this in a weekly basis.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff knew when people needed their space and privacy and respected this.
- The management team undertook spot checks of all staff, which included ensuring staff were treating people with dignity and supporting people with their independence.
- People's care plans included information on how people would like to receive personal care including their likes and dislikes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care documentation was detailed, individualised and contained up to date information about people and the care they required.
- Care plans were updated whenever there was a change in a person's needs.
- Care plans included people's wishes for the future, as well as their likes and dislikes, including how they like to be communicated with and food choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand. Easy read versions of people's care plans were available to ensure people understood the care being provided.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- There was an appropriate policy in place for the Accessible Information Standards requirements which was regularly reviewed.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- Staff explained to people when and how their complaints would be addressed.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- The service was not supporting anyone receiving end of life care at the time of the inspection.
- We discussed the importance of discussing people's wishes regarding end-of-life care. The service had

discussed people's requests regarding funerals however, did not have an end-of-life care plan in place. The registered manager advised this would be implemented following the inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and senior staff were alert to the culture within the service and spent time with staff and people discussing behaviours and values.
- Staff felt able to raise concerns with managers and believed they would be listened to.
- We observed there to be a positive and caring culture amongst staff at the service. Staff knew people they supported well and were regularly observed to be having friendly and person-centred conversations with people.
- The service had a whistleblowing policy in place. We spoke with the home manager who stated they had an open and honest culture where they encouraged transparency and learning from mistakes.

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

- The service had a duty of candour policy in place.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager and area manager was able to provide evidence that action taken in relation to the Duty of Candour regulation was effective and records had been kept documenting all action taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had quality assurance systems in place. The audit system had been reviewed and updated to identify shortfalls in service records. This included regular review of documents including Medicine Administration Records and care plans.
- The registered manager submitted notifications to us when required. Notifications are events that the registered person is required by law to inform us of.
- An analysis of audits was completed by the regional manager on a regular basis to identify themes and trends. This was shared with staff during team meetings or supervisions to ensure the service continued to improve.
- Regular team meetings also took place and records of the meetings were reviewed. Staff were able to express any concerns, and feedback was provided to staff around any changes to care or any information to share from the residents meeting.
- The registered manager was knowledgeable about the people and staff at the service. They were able to

provide detailed information about the performance of the service, people's medical and social histories, things that were going well and areas that required improvement.

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

- Staff were observed to communicate with people in a person-centred manner. They asked for their involvement in the day-to-day activities of living and encouraged them to take part.
- People, and those important to them, worked with managers and staff to develop and improve the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The service worked in partnership with professionals such as GPs, social services, mental health teams and the local authority in order to meet the needs of the person.