

Chilworth House Homecare Service Limited

Chilworth House Home

Care Services Ltd

Inspection report

7 Rectory Avenue
High Wycombe
Buckinghamshire
HP13 6HN

Tel: 01494523480

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10 February 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

This focussed inspection took place on 10 February 2017. It was an announced visit to the service.

We previously inspected the service on 27 April 2016. The service was rated 'good' overall at that time. However, there was one area where a regulation was not fully met. This was in relation to management of people's medicines. We made a requirement for the provider to improve practice. They sent us an action plan which outlined the measures they would take to make improvements. This visit was to check the improvements had been made and only covered the 'safe' domain.

Chilworth House Homecare Services Ltd was providing care to approximately 33 people in their own homes at the time of this visit, in High Wycombe and surrounding areas.

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 found improvements had been made to the recording of medicines administered to people. Staff now signed consistently to show when they had given or offered people their medicines.

Staff completed training on medicines administration as part of their induction. The registered manager told us they now had a senior member of staff who shadowed new workers, to make sure they followed safe procedures before they administered medicines alone.

People were protected from the risk of harm. The service had a policy on how it aimed to protect people from the risk of abuse and staff completed safeguarding training. Risks to people's safety and well-being had been assessed and documented. Appropriate measures had been put in place where high risks were identified. For example, two staff supported people whose moving and handling assessments required this.

People were protected from the risk of being supported by unsafe workers. Robust recruitment practices were used at the service. Staff completed a range of training to help ensure they supported people safely and appropriately. This included moving and handling theory and practice, basic life support and health and safety.

People who completed a recent provider questionnaire were very satisfied with the overall care they received. They said staff had enough time to meet their agreed care needs and rated the friendliness of staff as 'excellent' in five out of six cases; the sixth person rated friendliness as 'good.' Comments included "I have appreciated it when you have phoned to let me know if the carer is running late," "The staff are friendly and cheerful which helps lift her mood" and "Mum and I are very pleased with the standard of care and friendliness of staff. Would recommend your company." A relative who completed a questionnaire

commented they could now go away on holiday "Knowing she is well looked after."

People we contacted said the service was reliable. One relative told us "They're very good, very compassionate, the carers are doing a good job." Another relative said "They're really nice, friendly, I can't fault them." The person added care workers were "Very patient" with their relative and said "They really help me."

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.

Improvements had been made to the recording of when people had been given their medicines, to provide a proper audit trail.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

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

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

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 focussed inspection took place on 10 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist us. The inspection was carried out by one inspector.

Before the inspection, we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager and checked some of the required records. These included six people's care plans, six people's medicines records, three staff recruitment and training records. We also read six quality assurance surveys which had been completed by service users or their representatives. We contacted two relatives of people who used the service to seek their views.

Is the service safe?

Our findings

When we inspected the service on 27 April 2016, we had concerns about medicines practice. This was because accurate records had not always been maintained of when staff had administered or offered people their medicines. We asked the provider to take action to improve practice. They sent us an action plan which outlined the measures they would take to make improvements.

We found improvements had been made to the recording of medicines administered to people. Staff now signed consistently to show when they had given or offered people their medicines.

A new electronic staff rota system had been introduced. This included a facility to add notes for staff about tasks which needed to be completed on individual visits to people's homes. We saw this was being used to remind staff to administer medicines prescribed for occasional use, such as tablets required once a week only. We saw this had improved administration of this type of medicine and helped make sure people received their tablets as prescribed.

Staff completed training on medicines administration as part of their induction. The registered manager told us they now had a senior member of staff who shadowed new workers, to make sure they followed safe procedures before they administered medicines alone.

People were protected from the risk of harm. The service had a policy on how it aimed to protect people from the risk of abuse and staff completed safeguarding training. There was a copy of the local authority flowchart on reporting abuse, if staff had any concerns about people's care and welfare. Appropriate referrals were made to the local authority when needed.

Risks to people's safety and well-being had been assessed and documented. This included how staff needed to support people with moving and handling, their likelihood of falling and any risks in their home environment. Appropriate measures had been put in place where high risks were identified. These risk assessments had been kept under regular review, to make sure they took into account people's changing needs and how to support them safely.

People were protected from the risk of being supported by unsafe workers. Robust recruitment practices were used at the service. These included a check for criminal convictions, two references, checks of identity and place of residence. Staff completed a range of training to help ensure they supported people safely and appropriately. This included moving and handling theory and practice and health and safety.

Staffing rotas were arranged to meet people's needs. For example, two staff attended visits where people required this level of support. People who completed a recent provider questionnaire said staff had enough time to meet their agreed care needs.

People we contacted said the service was reliable. One relative told us "They're very good, very compassionate, the carers are doing a good job." Another relative said "They're really nice, friendly, I can't

fault them." The person added care workers were "Very patient" with their relative and said "They really help me."

Staff responded appropriately to emergency situations. They were trained in basic life support. Records showed they provided appropriate care if people had accidents. The registered manager described an occasion where one person had been left in a vulnerable situation when they returned home after a trip out. The registered manager sent a text message to all staff to see if anyone could assist. There was a prompt reply from a member of staff who drove straight over to help the person and make them safe. This was in the member of staff's own time.