

Chalk Hills Healthcare Ltd

Chalk Hills Healthcare Ltd

Inspection report

Office B27 Inovation Centre and Business Base
110 Butterfield, Great Marlings
Luton
LU2 8DL

Tel: 07487755288

Website: www.chalkhillshealthcare.co.uk

Date of inspection visit:

06 February 2020

14 February 2020

Date of publication:

13 March 2020

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

About the service

Chalk Hills Healthcare Ltd is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection, eight people were being supported by the service.

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

People said they received good care and they were supported well by staff to meet their needs. People and relatives said staff were kind, caring, friendly, and provided care in a respectful manner. Everyone said the service was good and they found the registered manager to be approachable and responsive to suggestions for improvements. One relative said, "I'm happy for them to continue providing care to [person]. They are very lovely people and I get on with them."

People received safe care and they were protected from harm. Staff knew how to identify and report concerns. Potential risks to people's health and wellbeing were managed well. Staff were recruited safely and there were enough staff to provide safe care. People were supported to take their medicines safely. Lessons were learnt from incidents to prevent recurrence. Staff had the right equipment and skills to prevent the spread of infections.

Staff had been trained well to meet people's needs. Their competence to support people well was regularly assessed. Where required, people had been supported to have enough to eat and drink. Staff supported people to access healthcare services when required. This helped people to maintain their health and wellbeing.

Staff were respectful in how they interacted with people and supported them. 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.

People received personalised care to meet their needs. Care plans contained enough information about people's needs which guided staff on how to support people well. Complaints were followed up and improvements made when required. The registered manager was going to do more to keep a record of people's wishes about how they wanted to be supported at the end of their lives.

The provider had systems to assess and monitor the quality of the service. The registered manager and staff were motivated to provide the best service they could for people and their relatives. They were keen to learn and take steps to further improve the service.

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

Rating at last inspection

This service was registered with us on 19 March 2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was 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.

Chalk Hills Healthcare Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Chalk Hills Healthcare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 reviewed information we had received about the service since it was registered with CQC. This included information sent to us by the provider or shared with us by the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited the office on 6 February 2020 and spoke with two staff who supported the registered manager with administrative tasks and staff training. We spoke with the registered manager, who is also the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included care and medicines records for four people. We looked at three staff files to review the provider's recruitment, training and staff supervision processes. We also looked at a variety of records relating to the management of the service, including some policies and procedures, audits and quality assurance records.

After the inspection

We made telephone calls on 11 and 14 February 2020. We spoke with one person using the service, three relatives, three care staff, and a driver who transported care staff to visit people. We received feedback from a representative of the local authority that worked closely with the service.



Our findings

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

This is the first inspection for 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

- People's relatives told us people were safe and they had no concerns about abuse. One relative said, "I have no issues at all. They (staff) are good people."
- Staff knew what to do to reduce the risk of harm to people using the service. They said they would report any concerns to the registered manager, and they were confident these would be dealt with appropriately.
- Records showed the registered manager worked closely with the local authority to ensure people received safe care and any potential safeguarding concerns were dealt with quickly. This protected people from harm.

Assessing risk, safety monitoring and management

- People had risk assessments in areas such as mobility, skin care, medication, nutrition, and for specific health conditions. These guided staff on how to support people to reduce risks to their health and wellbeing. For example, to promote good skin integrity, there were instructions for staff to reposition a person who was cared for in bed at every visit. Staff kept records of this.
- People's homes had been assessed to identify and minimise hazards that could put them at risk of harm. The provider worked closely with people's relatives to ensure repairs and adaptations were made if necessary.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work at the service.
- There were enough staff employed by the service to support people safely. People and relatives told us people were supported by a consistent group of staff who had got to know them well.
- Staff said their rotas were planned well, which allowed them to mainly support people at their preferred times. They told us they were hardly late, but they would contact people if they were slightly delayed because of traffic. Relatives confirmed this. One relative said, "They're normally here on time, but they will call if they are stuck in traffic."

Using medicines safely

- Not everyone was supported by staff to take their medicines. Those who received this support said they were happy with how staff provided this.
- Medicines administration records showed that people were consistently given their prescribed medicines. The registered manager audited these regularly in order to identify any errors quickly.

Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE), such as disposable gloves and aprons to reduce the risk of the spread of infection.
- Staff told us the infection control training included guidance on how to achieve good hand hygiene. Relatives told us staff left people's homes clean and tidy after providing personal care, and they managed waste appropriately.

Learning lessons when things go wrong

- There had been one recorded incident when a person had run out of medicines. The registered manager had put systems in place to reduce the risk of recurrence. A designated staff member was responsible for ensuring that people's medicines were re-ordered in a timely way so that they did not run out of medicines. The staff member told us, "Some relatives order medicines, but I check with the pharmacies to make sure they will deliver these on time."
- The registered manager used team meetings, supervision, memos and an electronic messaging system to share important information with staff. Staff said communication was good. They said this provided good opportunities for learning, so that they could continually improve their practice.



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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans detailed what support they needed to meet their assessed needs. Staff told us they were happy with the quality of the care plans as these were easy to understand. One staff member said, "The care plans are okay and I will tell the supervisor if anything needs changing."
- People and relatives told us they were happy with how staff supported people with their care needs. One relative said, "The carers (staff) are very good. Some of the best carers I have seen."
- The registered manager told us they spoke with people and relatives regularly to ensure they kept up with any changes to people's needs. Records confirmed that people and relatives were involved in care review discussions.

Staff support: induction, training, skills and experience

- People and relatives said staff knew how to support people with their needs.
- There was a training programme to ensure staff had the right skills and knowledge to support people well. Staff said they found the training useful and effective. One staff member said, "We have enough training. I've done a lot of training before, so it's easy for me."
- Staff told us, and records showed they received regular supervision. Staff said they were supported well to do their work. One staff member said, "Supervision is good. We talk about what I'm doing well and what I need to do better."

Supporting people to eat and drink enough to maintain a balanced diet

- Not everyone was supported by staff with their food. Relatives of those who received this support said it was done well. One relative said, "They support [person] with food sometimes when needed. I have no concerns about that."
- Staff told us they normally warmed pre-prepared meals for people, and they would occasionally prepare quick meals such as porridge or toast for breakfast. People and relatives told us that staff were good at ensuring that people had enough to eat and drink, and they would normally offer to make drinks for people at each visit. This ensured people ate and drank enough to maintain their health.

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

- Relatives normally supported people to access various health services when required. Staff provided this support if urgent care was required when relatives were not available. Staff said they would normally contact senior staff or the registered manager for advice if they found a person unwell.
- Records showed the registered manager worked closely with health and social care professionals so that people received effective care. For example, there was evidence that the registered manager regularly asked GPs to review people's medicines.
- Staff said they supported people to with their oral care as part of their visits to provide personal care. The registered manager said they were looking for an appropriate training programme so that they could provide further guidance to staff on good oral health.

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 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.

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, and we found these were met.

- The registered manager carried out mental capacity assessments to check if people were able to make decisions about the support provided by the service. Records showed some people could consent to their care. Staff told us they always asked people for their consent before they provided care and support. This promoted people's rights to accept or refuse care.
- Some people had variable capacity which meant they were not always able to make decisions about their care and support. Where this was the case, we saw that relatives had been consulted during the assessment process so that they could contribute in discussions about how to best support the person. This ensured the care and support provided by staff was in people's best interest.



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives told us staff were kind, caring and treated people with respect. One relative said, "The carers are excellent. If I can give them anything, it would be five stars." Another relative told us, "The carers are really lovely."
- Relatives told us staff were always friendly and respectful in their interactions with people. One relative told us, "They are very good with [person]. They are very attentive, respectful and communicate with [person] as much as possible. If I had to nominate a carer, it would be [staff]. He goes the extra mile with [person]."
- Another relative whose family member was likely to move to a care home said they would really miss the staff if that were to happen. They said they had got on well with staff and they would be sad not to see them again.

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

- People were supported to express their views and make decisions about their care and support. They were asked for their views when they first started using the service and also, during regular reviews of their care.
- Some of the people were living with dementia and they were not always able to make decisions and choices about their care and support. Staff knew that people living with dementia benefitted from being given limited options to help them to exercise choice.
- Relatives told us when needed, they helped people to make decisions. Where required, some people had access to social workers who could also support them to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff always promoted people's privacy and dignity, particularly when providing personal care. Staff told us it was always important that they provided personal care in private, particularly for people who lived with family members.
- Staff told us they helped people to remain as independent as possible. They said they supported people to do as much as they could for themselves and they only provided support when required. People needed

staff support to meet some aspects of their daily activities, such as personal care, food and to take medicines. Staff said they were always happy to provide this support.



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives said people received personalised care to meet their needs. Relatives told us they were involved in most aspects of people's care and staff informed them if there were changes in people's needs. Records showed the registered manager regularly reviewed people's care with them and their relatives.
- Relatives said staff listened to people's preferences and they considered relative's views. They said staff were responsive to people's needs and choices and acted on suggestions to do things differently. One relative said, "If there is something we want done differently, they will always do that."
- Relatives told us staff kept good records of the support they provided to people. One relative said, "Paperwork is done, and medicine administration charts are updated when they give [person] medicines."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances, to their carers.

- Some people using the service could communicate verbally and they understood information given to them.
- Others were not always able to verbally communicate their needs. Staff said they understood people's non-verbal ways of communication. They said they spoke slowly and gave fewer options to make it easier for people to understand the information given to them. The registered manager told us they could make information available in other formats, such as large print or easy read if required.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. There was one recorded complaint which the registered manager had dealt with appropriately.

- People and relatives told us they were happy with how staff supported people and they had no reason to complain. They told us they would speak with staff or the registered manager if they had concerns. One relative said, "I have never needed to complain about anything. I find [person]'s care is always good."
- Staff meeting minutes showed that the registered manager discussed issues raised by people with staff. This helped staff to improve their practice.

End of life care and support

- The service supported people at the end of their lives when this support was required and appropriate.
- People's care plans did not contain information about what support they needed at the end of their lives. The registered manager said they would continue to talk with people and relatives to ensure they included this information in people's care plans. However, most people were supported by their relatives who would know their wishes.



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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives told us the service was good. They said the registered manager and staff were good at providing person-centred care that met people's needs.
- Records showed that people and relatives were involved in discussions about people's needs so that staff provided effective care and in the way people wanted.
- Everyone said staff were respectful in how they supported people, and staff told us they knew people's needs well. Staff told us information about people's needs was clear in the care plans and appropriately shared during team meetings, and through electronic messages.

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 registered manager knew the standards of care required by the local authority and the regulations, and they ensured they provided care in line with this. Where necessary, the registered manager asked the local authority or the Care Quality Commission (CQC) for advice so that they continued to operate in line with regulations.
- The registered manager knew about their responsibility to be open and honest when things went wrong. They reported relevant issues to CQC and the local authority, and they investigated these when asked to do so. They spoke with people about their care and where appropriate, they also shared information about people's care with relatives and other health and social care professionals. This ensured action could be taken to improve the service and protect people from harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- Everyone said the service was well managed, and the registered manager was always approachable and

helpful.

- Staff said they understood their roles and responsibilities. They said the registered manager provided guidance and effective support to them so that they always supported people well. They said they sometimes worked with the registered manager who always showed them how to support people with specific needs.
- The provider had systems to assess and monitor all aspects of the service. The registered manager and senior staff carried out various audits to ensure risks to people's health, safety and wellbeing were effectively managed, and that they provided good care. Records showed actions were taken to deal with any shortfalls found during audits.
- The provider had plans to continually improve their monitoring systems so that they could manage well the increase in the numbers of people using the service. They had plans to change their staff allocation and care planning systems to make it easier to plan staff rotas, monitor visits, update care plans, and keep up to date records of the care provided by staff. Staff said they were also looking forward to the new system as this would make their work much easier.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were asked for their views and feedback during people's care reviews, telephone reviews and when the registered manager visited them to assess staff's skills. The provider is planning to send quarterly surveys to people and relatives instead of annually. This would give people more opportunities to provide feedback about the service.
- Staff told us, and records showed that they had regular team meetings where they discussed various issues relevant to their roles. Staff said they found these supported good information sharing and learning.
- The provider had also received compliments about the good quality of care provided to people.

Working in partnership with others

- The registered manager told us they worked closely with the local authority that commissioned the service. We also saw evidence that they worked with other health and social care professionals so that people consistently received the support they required and expected.
- The service was monitored regularly by the local authority, but they had yet to be formally inspected by them. A representative from the local authority told us they had no concerns about the quality of care provided by staff.