

Chiltern Health & Business Training (Healthcare Division) Ltd

Chiltern Health Division

Inspection report

The Old Courthouse
20 Simpson Road, Bletchley
Milton Keynes
MK2 2DD

Tel: 01908373888

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31 October 2018

02 November 2018

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 31 October and 2 November 2018 and was announced. We gave the management 48 hrs notice of our visit, as we needed to be sure someone was available at the office to allow us access to records.

This was the first inspection of this service since it was registered with the Care Quality Commission in April 2016.

Chiltern Health Division is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection, the service was providing care to 11 people across Milton Keynes.

The service had a registered manager. 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.'

Staff supported people with the administration of medicines, and were trained to do so. The people we spoke with were happy with the support they received. Medicine administration was not always recorded appropriately. Some prescribed topical creams were being administered but not recorded on a medication administration record.

People told us they felt safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager.

Staffing levels were adequate to meet people's current needs. People told us that staff always arrived on time, and calls were not missed.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff giving care. All new staff were taking part in the Care Certificate which teaches the fundamental standards within care. Ongoing training was offered to staff and mandatory areas of training were kept up to date.

Staff were trained in infection control, and told us they had the appropriate personal protective equipment to perform their roles safely. We saw that staff had reported any concerns they had around infection control

within people's homes to management, who had then acted appropriately.

Staff were well supported by the manager and senior team, and had one to one meet ups, spot checks and observations.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed and within people's files.

People were able to choose the food and drink they wanted and staff supported people with this, and people could be supported to access health appointments when necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and provided their care in a respectful and dignified manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. Care planning was personalised and mentioned people's likes and dislikes, so that staff understood their needs fully. People told us they felt in control of their care and were listened to by staff.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

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 always safe.

Improvements were required to ensure that medicine administration was documented properly.

Risk assessments were in place and effective.

People were protected from the spread of infection.

Lessons were learned from any mistakes made.

Is the service effective?

Good 

People were supported by staff that were trained to meet their needs.

People received support with food and fluid if required.

People had access to healthcare they required.

Consent was sought from staff.

Is the service caring?

Good 

People felt cared for by the staff team.

People felt listened to and involved in their own care.

Staff respected people's privacy and dignity.

Is the service responsive?

Good 

Care was personalised to each individuals needs.

A complaints system was in place.

End of life care was provided when required.

Is the service well-led?

Good 

A registered manager was in place.

Staff felt well supported by management.

People's opinion was sought, and their feedback acted upon.

The service worked in partnership with outside agencies.

Chiltern Health Division

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 31 October and 2 November 2018 and was announced. We visited the office for the service on 31 October, and made phone calls to people on 2 November.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report.

We spoke with two people who used the service, two relatives of people using the service, and we received written feedback from one other relative of a person using the service. We also spoke with the registered manager, the deputy manager, the office manager and two care staff.

We looked at the care records of three people who used the service, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks, policies and procedures, complaints and meeting records.

Is the service safe?

Our findings

The service was not always safe. Most of the people being supported, did not currently require any support to administer any medication. However, one person was being supported by staff to apply a prescribed topical barrier cream. This is a cream which is applied directly to certain areas of skin to protect it. Staff were not using any medication administration records (MAR) to accurately document this process. The administration of all prescribed medication including skin barrier creams should be recorded appropriately on the MAR. We spoke with the registered manager about this, and they told us that a MAR would be put in place immediately going forward, so that this process was documented appropriately. We saw that staff were trained in medication administration, and the MAR that had previously been in use for some people, were being used accurately.

The people we spoke with told us the staff supported them safely. One person said, "I am definitely in safe hands. The staff all know what to do." All the staff we spoke with had a good understanding of safeguarding procedures and knew how to report abuse. We saw that all staff had received training within this area. One staff member told us, "I haven't experienced any incidents of abuse, but I would inform the management immediately if I did, or contact the council."

Risk assessments were formulated to ensure that risk was managed across every aspect of a person's life. These included environmental assessments of people's homes, moving and handling, nutrition and personal care. The people we spoke with were happy that assessments reflected the risks that were present in their lives, whilst remaining positive and allowing them to maintain independence. Risk assessments were reviewed and updated regularly.

There were enough staff employed by the service. People told us that staff arrived to provide care on time, and their care was provided consistently by the same carers. Staff used an electronic messaging system to log in and out of visits. This enabled management staff to keep track on the timings of calls that people received. We saw data that showed the calls were timed correctly on most occasions, and people we spoke with confirmed that staff were with them for the correct amount of time.

Safe recruitment procedures were carried out by the service. We looked at staff files which showed that all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work. This ensured that only people suitable to work in care, were employed by the service.

People were well protected by the prevention and control of infection, and staff understood their responsibilities in this area. All the staff we spoke with told us they had the appropriate personal protective equipment to carry out care safely. Training records showed us that staff had received training in infection control.

Lessons were learnt when improvements were required. We saw team meeting minutes which showed that meetings were used to communicate with staff and make improvements. For example, staff were reminded

to always call people if they were going to be late to a visit for any reason.

Is the service effective?

Our findings

People received an assessment of their needs before they received any care, to make sure that the staff were able to provide the correct care and fully understand people's needs. A relative told us "We met with the management staff who came out and explained everything very well to us. We were involved in the process, to make sure the staff understood [person's] needs and got off to a good start." We saw pre-assessment documentation which confirmed that all aspects of potential care needs were discussed along with a person's preferences. This formed the basis of a care plan which was then updated and added to as required.

Staff had the skills, knowledge and experience to support people effectively. One person told us, "I feel very comfortable with the staff. They have a good knowledge of what I need. They have been receptive and listened to what I and a family member have told them I need. They have taken it all on board and learnt it all well." The staff we spoke with felt that training enabled them to confidently carry out their roles. One staff member said, "The training has been very good. I have a lot of experience in care, but the training here has always been a good addition." We saw that regular training was provided to make sure staff had the right skills to provide care.

People could receive support with eating and drinking when required. The people we spoke with said that either they or their family prepared meals for them, but staff did help sometimes. One person said, "The staff sometimes heat up food for me that's been prepared. They also help to feed me if I am feeling particularly tired." We saw that information around food preferences was recorded in people's files so that they could be supported correctly. Food and fluid monitoring was recorded when required for health conditions, and records we saw showed that people were receiving the right amount of fluids as per their plan of care.

The service worked and communicated with other agencies and staff to enable effective care and support. This included occupational health therapists, social workers, and other health professionals. We saw that contact with other professionals was documented within people's files, as well as all required health and medical information about any medical care they might require. This included turns charts, to reduce the risk of pressure sores for a person who was at risk of developing them. Staff we spoke with all had a good knowledge and understanding of people's healthcare requirements.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection. People told us that staff sought their consent before carrying out any care.

Is the service caring?

Our findings

People told us the staff treated them respectfully. One person told us, "The carers are very good, they spent a lot of time getting it right for me." We received written feedback about the service from relatives of a person which said, 'As a family, we have all witnessed the care and kindness provided to [name] by a small team of carers and they have all been very good. The carers [name] sees are always so eager to please, taking time to listen to their needs and doing their very best to make them comfortable.' Staff we spoke with felt they were able to develop positive relationships with people as they were able to consistently provide care to the same people.

People were able to express their views and be involved in their own care. All the people we spoke with told us they felt in control of what happened when staff went in to their home, and that their views were respected. One person said, "Myself and [relatives name] are fully in control of my care. The staff listen, and act upon what we say is required." All the staff we spoke with told us they tried to involve people in their care on all levels. A staff member said, "Nothing is done without consent. I speak with people and their family members all the time to check and see if I am doing things correctly." We saw that people's decisions were recorded within their files to evidence their involvement in their own care.

People confirmed that the staff respected their privacy and dignity when providing care. One person told us, "The staff have always been very respectful. I have never had any problems with them at all." A written compliment said, 'The staff give me confidence and dignity at all times.' A relative said, "When performing personal care, I can see that the staff are respectful of [name's] dignity."

People's personal information was not shared with others inappropriately. People's personal information was stored securely at the office location, and staff were aware of keeping information safe and data protection.

Is the service responsive?

Our findings

People received care that was personalised to their needs. We saw that care plans outlined what people's likes, dislikes and preferences were. Care tasks were personalised to each person, and information about their social and family history was documented, so that staff could understand them better. All care plans we saw were regularly reviewed and updated as required.

Staff gave people the time they needed to receive care in a personalised way. We saw that one person did not speak English as their first language. The management had employed a staff member who was able to speak the person's first language to provide their care. A translation chart had been developed to help other staff involved in their care and understand some basic keywords that the person used.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. 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.

People knew how to make a complaint if they needed to and were confident that their concerns would be listened to and acted upon. The people and relatives we spoke with said they had not had to make any formal complaints but would do so if needed. There was a complaints policy and procedure in place. At the time of inspection, no complaints had been made.

The service provided end of life care to those that required it. We saw that appropriate recording of any decisions people had made about their care, was recorded in their files. Staff had undergone end of life care training. The deputy manager told us that the service intended to provide more end of life care as and when they grew and took on more packages of care. We saw that the staff had been respectful and considerate of people and their families with any end of life care that was delivered, which included providing emotional support to families when a person had passed away.

Is the service well-led?

Our findings

A registered manager was 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.

The service had a clear vision and strategy to provide positive care for people. The registered manager, deputy manager and other staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. The staff we spoke with were happy they had the right support in place to do their jobs, and felt positive about working for the service, and people and their relatives confirmed they had confidence in the management team. One staff member said, "The managers are very supportive, there is always someone available 24/7 on call if we need anything." We saw that the office environment used by the service was open for staff to drop in and speak with managers as and when they wanted to, and the staff we spoke with said they were comfortable to do so.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that team meetings were held which covered a range of subjects and offered a forum for discussion and learning. Staff told us that they were able to feedback through a variety of forums including team meetings, supervisions, observations and spot checks, as well as informally should they wish. We saw minutes of meeting held, and staff we spoke with confirmed they took place.

Quality assurance systems were in place to help the service continually learn and improve. Staff within the management team completed regular monthly audits of the information coming in to the office and files in general. We saw that when mistakes were found, actions were promptly taken to rectify them.

People using the service were encouraged to feedback and be involved with the development of the service. People's views had been sought via a questionnaire that looked at all aspects of the care from the service. We saw that results were largely positive, and actions taken up when required. The people we spoke with, all felt that their opinions were regularly sought, and valued. One person said, "I am regularly consulted on my feelings about the care, and what could be improved upon."

Staff worked in partnership with other agencies. We saw that the local Clinical commissioning group (CCG) had conducted a quality monitoring visit, as the service delivered some care that was funded by them. We saw that positive feedback was given, and for any areas of improvement that were given, actions had been created and carried out.