

## Chilmington Homes Limited

# Chilmington at Home

### Inspection report

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## 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 

## Overall summary

This inspection took place on 30 October 2015 and was announced to ensure the registered manager was available.

Chilmington At Home is a domiciliary care agency providing care and support to 20 people living either in their own homes or in a supported living setting. 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.

People were safe when supported by the service. Staff knew how to recognise and respond to concerns about safety. They were confident that any issues that might be reported would be addressed by the management. Staff

# Summary of findings

were provided with appropriate training to equip them with the skills needed. They were given ongoing support through supervision, team meetings and appraisal to maintain and develop their practice.

People and their relatives were very happy with the support provided by the service. They felt involved in discussions about their care needs and told us their views were listened to.

People's support was delivered reliably and consistently and their consent was sought before it was offered. People's rights, dignity and privacy were protected by staff

Although few complaints had arisen, people were happy that any issues they had raised had been addressed and were confident any concerns would be dealt with.

The provider and registered manager had clear expectations of staff with respect to their conduct and approach to the people supported and their families. The person was clearly at the centre of the process of planning and reviewing their support.

The operation of the service was effectively monitored by management.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe when being supported by the staff. Staff understood their responsibilities and how to keep people safe.

The agency had a robust recruitment system to ensure staff were suitable to care for vulnerable people.

Health and safety related issues were addressed and kept under review.

Good



### Is the service effective?

The service was effective.

Effective training and support were provided to staff.

Staff were good at passing on concerns about people's wellbeing so that appropriate external support was sought.

People's rights were protected by staff in the way they worked.

Good



### Is the service caring?

The service was caring.

People felt the service, its managers and staff were very caring and treated them with dignity and respect.

People felt well supported, listened to and involved in their care.

Good



### Is the service responsive?

The service was responsive.

People and relatives praised the way the agency responded to people's changing needs.

People were involved and consulted about their care needs. Care plans were reviewed and updated when necessary.

Good



### Is the service well-led?

The service was well led.

People, relatives and staff felt the agency was well led.

The management sought the views of people and relatives about the care practice of staff and worked to continually improve the service.

The registered manager monitored the operation of the service and provided clear expectations to staff.

Good



# Chilmington at Home

## 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.

The inspection took place on 30 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was completed by one inspector.

Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform 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 information provided in the PIR and used this to help us plan the inspection.

During the inspection we spoke with the registered manager about the service. Following the inspection we spoke with four people using the service, two relatives and three staff.

We reviewed the care plans and associated records for four people, including related risk assessments and reviews. We examined a sample of other records to do with the operation of the service including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for the four most recently appointed staff.

# Is the service safe?

## Our findings

People and relatives felt people were safe when being supported by staff from the agency. A relative told us: “[Name] is very safe”. People's comments included: “I always feel safe”. People who responded to our written survey also all confirmed they felt safe and relatives agreed. An external professional who responded to our survey also felt people’s safety was maintained by the staff.

Staff had been made aware of the agency’s whistle-blowing policy and had received training in this and safeguarding vulnerable adults although two staff were due an update to this training. Staff confirmed they knew how to report any concerns and understood their ‘duty of care’ to do so. They knew to record and report anything which caused them concern. Staff explained they would record what they had been told or seen and report it to senior management. Staff were confident the management would respond appropriately to any concerns raised. One staff member had recently reported a concern and told us it had been followed up as it should.

Where safeguarding issues had arisen, they had been reported to the local authority safeguarding team and the Care Quality Commission. The service had taken appropriate action to address the concern and reduce the risk of recurrence.

Potential health and safety risks to staff and the people supported were assessed by a risk assessment when planning the care package. Management monitoring records showed that health and safety issues were monitored, for example through the review of fire risk assessments. All staff had attended moving and handling

training within the last 18 months. Staff were not providing moving and handling support at the time of inspection but the registered manager told us their practice would be assessed should they be required to do this.

In order to ensure that people were supported by staff with the necessary skills and approach, the agency had a robust recruitment process. The registered manager carried out employment interviews with a senior colleague. In one case it was not entirely clear whether potential gaps in employment history had been identified or followed up. The registered manager agreed to clarify and document this and to review the application form to make clearer the need for a full education and employment history with dates.

Staff who had not performed satisfactorily did not pass their probationary period and were not retained. The agency had taken various steps to try to improve recruitment and maximise the calibre of recruits. If issues arose regarding practice they were addressed within supervision. People had a say about the staff who supported them. For example one person hadn’t felt comfortable with a staff member who was supporting them. They had reported this to the management and the person who provided their support was changed.

Where people required support with their medicines this was provided by staff who had received training and whose competency had been assessed. The records of competency assessments were on staff files. There had been no recent issues relating to medicines refusals but this was addressed with the policy and procedure should it arise. There had been no medicines errors recorded in the previous twelve months.

# Is the service effective?

## Our findings

The effectiveness of people's support was enhanced because funding was for sufficient time to meet their needs without rushing. The shortest scheduled visits were for over an hour. This provided time for staff to engage effectively with the people they supported and develop rapport with them. For example, the frequency of support visits to one person had been able to be reduced over time due to them developing greater confidence and reducing their anxiety. Two staff were recruited from the local authority to provide continuity of care for people where this was identified as beneficial when their support transferred to the service.

The effectiveness of the support provided was reflected in the feedback about staff. People told us they were happy that the service was effective and met their needs. One person said: "I couldn't do it without them, they are a fantastic team". Another person told us: "Staff are very helpful, they encourage me to do things for myself". A relative said: "We are happy with the service, they know [name] well, we know them well now and they keep me informed". Another relative also felt staff knew their family member's needs well and said they provided: "Consistent care and the care was always good." They added: "[Name] responds positively to them and now sings and vocalises more". The relative was happy that their family member was taken out and introduced to new situations. People who responded to our written pre-inspection survey told us they were happy with the service and the support received.

There had been no missed calls in the last 12 months. People and relative's feedback regarding the timeliness of calls suggested that staff arrived on time. Staff told us they would contact the office if they were running late, who would then call the person or their family to let them know.

Training was provided through a mix of classroom courses, DVD's and in-house training. Members of the management team had attended 'train the trainer' courses to enable them to deliver training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Some local authority training courses were also accessed. Five staff had achieved a National Vocational Qualification (NVQ) level 2 or 3 or an equivalent qualification. Two staff had begun working towards the care certificate. Training records showed that an effective programme was in place and staff training was updated periodically to ensure they remained up to date with current practice.

Staff attended regular supervision meetings (monthly to three-monthly as required), with the registered manager or the assistant deputy manager. Informal support was available on request at other times. Annual appraisals took place to review performance and identify future goals or training needs. Staff who provided care to four people with relatively high needs, within a 'supported living' house received additional support from the assistant deputy manager. The assistant deputy manager visited the house at least weekly and also provided support by phone. Staff told us they could also seek support through contact with management via the out of hour's system at any time.

Staff confirmed that their induction, training and support were good and that their competency in key areas was checked. They confirmed that the on call system had been effective if they had needed to use it. Some staff were awaiting an appraisal which was due.

Spot checks were also carried out to observe staff care practice and these were recorded so any issues could be raised in supervision. Some people had declined to have spot checks carried out and this was recorded in their care plan. One person confirmed the spot checks and said: "the manager pops in and does spot checks on the care staff".

People's rights were protected. Consent for care plans was sought either from the person supported or their representative and recorded within their files. Fifteen of the 20 people supported had capacity to give consent to their care support and others could usually indicate consent non-verbally when staff explained what they were going to do. Some decisions had been taken following best interests discussions, where people did not have capacity to consent to them. For example a best interests decision was recorded on one person's file regarding a health issue. Appropriate people had been involved in making the decision. People's capacity for decision making was noted within assessments. One person told us: "They get my consent. They ask if I am happy about the visit times and the staff".

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 without

## Is the service effective?

capacity to consent to certain decisions had a relative with power of attorney (POA) or a deputy appointed by the court of protection to safeguard their rights. Three people living within a supported living household had deputies appointed.

People's health needs were monitored by staff. Where staff had concerns about people's health or wellbeing they were clear they would either contact the office for them to seek medical advice or refer to the GP directly. People confirmed this. One person told us: "They contact appropriate professionals as required". One person required 24 hour support to monitor their medical condition. Others received support at specific times in accordance with their care plan. Staff had worked effectively with one person to get them to change an aspect of their lifestyle which was detrimental to their health and impacted negatively on their behaviour.

None of the people supported had issues around nutrition or hydration. In the past the service had consulted with the Speech and Language therapy team around one person's communication needs. One person had a medical condition which was controlled via medicine. They had not experienced any recent seizures, but all staff had been trained on the use of their emergency medicine, should this arise. The registered manager's monitoring records showed the service had liaised and worked effectively with other external health providers including chiropody services, a dietitian and GP's. Records also showed examples of how the service's support had helped people to develop their skills, independence, coping mechanisms and reduce their anxiety.

# Is the service caring?

## Our findings

Feedback about the care provided by the agency was positive. One person said: “The staff are kind and gentle, they help me deal with people and go outside, they have been marvellous”. People felt involved in their care and encouraged to do things for themselves.

Relatives told us staff treated people appropriately. One relative told us: “[Name] is treated kindly, they are respectful of culture” and another said “I have spent time with carers and [name] and seen good care”.

Observations as part of management spot checks made positive reference to the approach of staff and how they had explained things and involved people in their care. On occasions staff had done additional things over and above the care plan to ensure people’s welfare was maintained, for example accompanying a person to a hospital appointment. Discussions had taken place with one person about how their behaviour could be detrimental to them, which led to the person modifying their behaviour themselves. Staff and the management had also acted in an informal advocacy capacity on people’s behalf with other agencies to help ensure their needs were met.

People and/or their representatives were consulted as much as possible during the assessment and care planning process to identify their wishes. The registered manager explained that they explored the “how” and “who” with the person themselves or their representative as part of the process. People were also involved in the review process.

People felt the staff treated them appropriately and respectfully. One person told us: “They support my privacy and dignity, I have a good relationship with them” and another said: “Staff treat me with respect and respect my privacy”. Relatives also confirmed this. The manager explained that dignity and privacy issues were discussed with staff during induction as well as being covered as part of NVQ studies. People were encouraged to do as much for themselves as possible, to ensure that their retained skills were not undermined. Care plans also made references to maintaining people’s dignity.

We saw examples of the positive impact of the work of staff, in terms of increasing people’s confidence, independence, skills and wellbeing. Staff had also worked with people to enable them to attend appointments in clinical settings and to be able to access events in the community where they had not previously felt able to do so.

# Is the service responsive?

## Our findings

People praised the responsiveness and flexibility of the service. People noted that the provider was flexible around medical appointment support and that care packages were often adapted and adjusted to fit the person's changing needs. The registered manager explained that people's day to day needs were discussed with them and their representatives and care plans were adapted accordingly. People's files contained details of discussions which had led to change in their care plan around the times or days when support was provided, which demonstrated this flexibility.

Where people had expressed a preference around the gender of their support staff this was met. People living in the shared supported living household met together regularly with staff to discuss their support and could raise any concerns they had for discussion or action. The service had carried out a lot of preliminary work to get to know people living in the supported living house before formally starting to support them.

People's files contained copies of assessments and care plans. Care plans had been reviewed and updated as changes in people's needs had been identified. They contained details about people's individual wishes, likes and preferences about how they were supported. Care plans referred to supporting people to make day to day decisions for themselves and supported them to remain in control of their lives. The registered manager told us people's care plans were reviewed with them or their representatives as and when required and documents reflected this. When one person had experienced a mental health crisis, they were supported through their hospital admission to minimise the stress of the transfer.

In one case where staff had noted the possible onset of dementia, the service had advocated

on the person's behalf with external health providers to ensure their changing needs were reassessed. In another case, it had become evident that a person's needs were not being met effectively where they were living. The service worked with them to support their transition to a more

appropriate setting. Another person had been positively supported to change their behaviour to enable them to continue with an activity they enjoyed, rather than access to the activity being limited.

Staff were happy that the care plans made their role clear whilst allowing the necessary flexibility to respond to people's day-to-day frame of mind and other needs. They were clear that the support offered was very much led by people's own wishes and enhanced their skills and independence.

Some people were supported to access events, activities and appointments in the community as part of their agreed care plan. Care packages had been adjusted to suit these events where necessary. One person told us: "They are flexible about the times of support. They go out of their way to makes things good for me". A relative was very happy that the service took their family member out to take part in activities in the community and said that staff: "Used their initiative and were flexible".

The registered manager told us people were given a copy of the complaints procedure in the service user guide which they received at the start of their support package. A further copy was provided along with the annual survey. From our survey most people were aware they could make a complaint to the agency if they were unhappy about anything and some people had contacted the registered manager to raise issues. People we spoke with were satisfied that the service listened and responded to their concerns. One said: "If I have a problem I talk to the manager and she deals with it" They added: "I raised one complaint and it was sorted straight away, that made it OK to raise a concern". Another person said: "I have no complaints, they do a grand job." They went on to say they would call the registered manager or provider if necessary and they had their contact numbers. A relative said the same and was also sure that any issue would be sorted out.

Where the service had received complaints, appropriate action had been taken to investigate and address any issues found to reduce the risk of recurrence. In some cases people's support staff had been changed in response to issues raised. Good work had been done following one complaint to improve their relationship with staff to maximise the effectiveness of their support.

# Is the service well-led?

## Our findings

People told us the service was well run. They felt the registered manager was always contactable, listened to what they had to say and took action about it. Records showed that issues identified by people had been followed up. One person said: “The manager runs a very good team”.

The registered manager and provider had clear expectations in terms of care practice and communicated this to their staff. A regular newsletter was sent to staff to keep them up to date with changes in legislation and service developments. Staff received regular support through supervision and team meetings and could contact the registered manager at any time if they wished. Staff who provided support to people within a supported living house had their own separate team meetings to enable sufficient focus on the specific service and people’s needs. A staff member said: “The provider is good too, they care. There is a positive ethos and they put people first”.

Team meeting minutes showed that a range of appropriate topics were covered including people’s changing needs, care practice, activities and proactive ways of working.

Action had been taken by management to address any concerns about care practice. For example issues identified via spot check visits or feedback from people had been discussed during staff supervisions. The provider and registered manager maintained a service development/business plan which identified the future goals, vision statement and analysis of progress. Targets were identified and assigned to specific people. Policies and procedures had been updated in a timely way to reflect recent changes in legislation.

Feedback from staff was positive about the registered manager. One staff member said: “This is a very good agency” and added that: “The management are supportive and very good and you get positive thanks too”. Staff felt they were kept well informed through team meetings and the message book.

Appropriate notifications had been received from the service following specific events. Notifications are reports of events that the provider is required by law to inform us about.

People and relatives told us the service had sought their opinions about the care and support provided. The surveys for 2015 had been sent out in September. The service had responded to any issues raised within the previous survey in October 2014, although few issues had arisen. One person’s care plan had already been amended in response to a change request from the 2015 survey, for which thirteen responses had already been received. The responses to date included lots of positive feedback about the service.

The registered manager maintained an ongoing quality monitoring system and recorded significant events and issues as well as action taken to address them. The records showed both proactive management and prompt action in response to changing needs or concerns arising. Both the registered manager and provider carried out quality visits to monitor practice and seek feedback from people about their experience.