

Chiltern Health & Business Training (Healthcare Division) Ltd

Chiltern Health Division

Inspection report

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

Tel: 01908373888

Date of inspection visit:

16 June 2021

01 July 2021

Date of publication:

10 August 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Chiltern Health Division, is a domiciliary care agency. It provides personal care to people living in their own houses or flats. 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.

At the time of our inspection 110 people were receiving personal care.

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

Medicines were administered safely and where errors had occurred we saw staff had been re-trained in line with Chiltern Health Division policies and procedures.

Some of the people and relatives we spoke with were not happy with the timing of staff calls and if staff completed their full calls before leaving for the next call. We looked at the electronic monitoring system which is not fully effective in recording all staff interactions in 'real time'. This placed people and staff at increased risk.

People were safeguarded from abuse; staff were trained and were aware of how to escalate safeguarding issues if not dealt with in a timely fashion. Risks were assessed and care plans were regularly reviewed to ensure people were cared for safely.

Staff followed infection prevention and control (IPC) best practice, in relation to reducing the risks of transfer of infections, wearing personal protective equipment (PPE) and following good hand hygiene. Staff were aware of the latest information about changing face masks after completing a person's personal care. Staff had access to enough supplies of PPE equipment.

People and their relatives knew how to raise a complaint and said they would feel confident to do so if needed. Staff were happy with the support provided by the management team at Chiltern Health Division. Some people; their relatives and staff were sent questionnaires periodically to judge their satisfaction of the service. Negative comments from relatives were followed up. Suggestions from both people and staff were being looked at as development opportunities.

The provider understood their role and responsibilities under the duty of candour and informed CQC of incidents they were legally obliged to do so.

Rating at last inspection

The last rating for this service was Good (published 10 November 2018).

Why we inspected

The inspection was prompted due to concerns received from people's relatives. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating of Good has not changed based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chiltern Health Division on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chiltern Health Division

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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 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 and provided an explanation as to the inspection process. We asked the provider to submit information to CQC to minimise the time spent on site in response to the pandemic.

The inspection activity started on 24 June 2021 and ended on 1 July 2021. We visited the office location on 24 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 spoke with 11 people who use the service and 11 supporting of their relatives, and spoke with them about their views and experience of the care provided. We spoke with four members of staff, the registered manager and office managers.

We reviewed a range of records. This included five people's support plans, policies and procedures, internal management audits, staff supervision and training records and three staff recruitment files. A variety of other records relating to the management of the service were also reviewed.

After the inspection

We sought feedback from the local authority and professionals who work with the service. We continued to seek clarification from the provider to validate evidence found, such as training records.



Is the service safe?

Our findings

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we found staff were not using medication administration records (MAR) to accurately document the administration process. At this inspection we saw this had improved.

- Most people were happy with staff attending to provide their time critical medicines. One person said, "They [staff] are very good with medication and I need it dead on time." However, a relative told us staff visit times varied and this impacted on their ability to provide the support they were required to do for their partner.
- Most people were supported with their medicines in a safe and timely way. When staff had made medicine errors, we were satisfied that appropriate action was taken to protect people from a re-occurrence. Staff were re-trained and if there were multiple errors, heightened levels of planned staff intervention was completed on an individual basis.
- The provider had substantially increased the monitoring of medicines by introducing an electronic monitoring system which was supported by unannounced visits from senior staff to monitor how staff were operating the system. The provider had spot checks carried out on all staff, which included observing staff administering medicines to people. This meant the provider ensured staff followed their training and provided medicines in a safe and timely way.
- People's support plans had detailed information if medicines needed to be offered in a special way. For example, on an 'as required' (PRN) basis.

Staffing and recruitment

- Staff rotas were planned in advance however, some people and some relatives told us these were not distributed in time to ensure they knew which staff were being sent to assist them. One person said, "I usually have a regular carer but quite a lot of times they change, and they don't let me know."
- People and their relatives had mixed opinions about staff time keeping. There was a number of people and relatives who told us staff were regularly late for calls and others who said staff had to leave before people's care was completed to get to their next call. That resulted in relatives completing some care duties. One relative said, "I am generally happy, but they are so obviously too stretched and too many people [staff] covering for others [time off] and they are always clearly rushed." Another relative said, "Sometimes only one carer comes and there should always be two, so I have to help care for [named]." Another relative said, "If only one [carer] turns up I have to help."
- We looked at the electronic monitoring system used to ensure staff had turned up to calls on time. We looked in detail at a print-out sent to us following the inspection which showed conflicting information where staff were 'logged' in at two calls at the same time. There was also information about staff traveling time not being sufficient. We spoke with the registered manager who said the conflicting information arose due to the signal between the staff phone and the office receiving unit. They would investigate how the accuracy of information could be improved.

- Concerns were passed to us about the safe recruitment of staff. We found the appropriate pre-employment checks; a record of the application and interview process had been carried out to ensure staff were suitable to be employed to work at the service.
- We did not find evidence that people had been harmed by the issues we found. The provider was open and transparent throughout the inspection and committed to making improvements.

Systems and processes to safeguard people from the risk of abuse

- Most of the people told us they felt safe with visiting staff. One person said, "My carer is one of the best, I'm totally safe." Another said, "The carers help me stay safe and when I fell out of bed, they helped me." However, not everyone we spoke with had the information to ensure they felt safe. One person said, "I feel vulnerable when I don't know who is going to come through the door and that does make me worry." Other people and relatives shared similar concerns. We spoke with the registered manager about this who said rotas were sent to people or their relatives by email at the beginning of the month. They would now consider sending these out on a weekly basis to improve the consistency between the proposed and actual staff.
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse and knew which external agencies to report to, if that was required.
- The provider worked with local safeguarding authorities to safeguard people.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were assessed, and plans developed to reduce risk. For example, people at risk of malnutrition and dehydration had their food and fluid intake closely monitored. Any areas of concern were reported to relevant health care professionals and written guidance sought.
- Equipment was used to promote people's safety, which included the use of equipment to move and support people safely.
- People's care records were stored electronically at local office as well as being available on staff hand-held devices. Care plans were held in people's homes in paper form which enabled them to review or refer to them at any time.

Preventing and controlling infection

- Staff had received training about COVID-19 and infection prevention measures. This included the correct procedure for the putting on and taking off personal protective equipment (PPE), known as donning and doffing. This training was supplied by the Clinical Commissioning Group (CCG) and was additional to the company training for all staff.
- Staff explained how they followed the government guidance to promote people's and their own safety against the transmission of COVID-19.
- The provider ensured all people who used the service and staff were regularly screened for COVID-19. They also ensured any staff showing any COVID-19 symptoms or had been in contact with people that had tested COVID positive, were tested and followed the self-isolating government guidance.

Learning lessons when things go wrong

- The provider had a comprehensive quality management system which was used to support staff and to learn from events.
- The management team had processes in place that ensured any accidents or incidents were recorded, investigated and where necessary changes made to reduce further risk. Staff were informed of any changes that affected the care plan and how people were cared for.
- Learning from incidents was circulated to staff through group meetings, WhatsApp group or discussed with individual staff during personal meetings or supervisions.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was managerial structure in place, which identified individual staff responsibilities for all aspects of the quality and monitoring of the service. Quality assurance audits were completed on an electronic care monitoring system. However, the electronic system is not fully efficient and does not provide wholly reliable information on staffs' whereabouts when logging in and out of calls. The information provided by the provider demonstrated that the information was not accurate and required to be improved to ensure people receive a safe, well-planned and well-run service.
- The provider had a business continuity plan in place, which detailed how people's needs were to be met in the event of an emergency. A COVID-19 contingency plan had been developed in response to the pandemic, which outlined the actions needed to ensure essential care continued to be provided.
- The provider understood their legal obligations. They had informed CQC about events they were required to be notified by law, and we saw that the provider had displayed the last inspection rating on their website and at the local office as they are also legally required to do.

We recommend the provider works to ensure an accurate information system is developed to provide accurate up to the minute information to ensure a good outcome for people and staff.

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

- Some of the people using the service and their relatives were positive about the service Chiltern Health Division provided. One person said, "I could highly recommend the agency." A relative said, "I have never had a problem with the office at all." However, not everyone was as positive, and we had a number of less happy people. One person said, "They are not really very helpful in the office" A relative said, "The office is ok after a lot of badgering, but I wouldn't like it [my concerns] to be urgent."
- Staff said they felt supported by the registered manager and that managers were always available if they needed to ask them anything. One staff member said, "The manager is really good, always available and there is a good out of hours service if we need help."
- Staff told us they received occasional one to one supervision, which gave them the opportunity to discuss in confidence their work performance, further training or support needs.
- Staff were supported to provide good quality care, as they were monitored, and had opportunities to attend meetings. Information about any key changes was shared electronically with staff and within staff newsletters.

- The provider had recently implemented a 'Staff of the Month Award'. This recognised staff commitment to good quality work and was open for people, their relatives and staff peer group who could all nominate a staff member and highlight good practice.

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

- People's views about their care were sought during review meetings and through satisfaction surveys. However, one person told us, "I don't think I have ever had a newsletter or been asked for any feedback."
- The latest survey results from people showed a high rate of satisfaction for the number of returned questionnaires, which was less than 35% of the total sent out. There were some suggestions about how to improve the consistency and time keeping of visiting staff. We asked the registered manager about what changes had been implemented, they said they had continued to make calls to people or their relatives to enquire about further improvements and had attempted to ensure care calls were completed by the same staff.
- Staff had regular meetings, personal supervision and regular competency checks on their performance. Staff we spoke with said there could be further improvements to their working conditions by having smaller groups of staff working in a smaller geographic area. That would cut down on travelling time and increase efficiency.

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

- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The service notified CQC of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.
- Staff knew how to report concerns to management and felt confident they would be listened to. They also knew how to take concerns outside the service if they needed to, for example to the local authority and CQC.
- Complaints records confirmed the provider responded promptly to complaints. One person said, "I don't have to call the office too often, but I think they listen and help when they can." There was an extensive management reporting system which produces monitoring information about people's care and staff interactions with them. Complaints were included in this monitoring tool and we saw how the registered manager organised follow ups with any staff concerned.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to people's personal development and that of the staff to ensure good outcomes for people and the continuous development and improvement of each individual location.
- The management team and senior staff kept themselves appraised of good practice guidance. They continued to attend meetings, updates and events with external providers, which included the local authority and provider forums to share good practice and developments within the care sector.
- Staff understood their role in providing and monitoring the standard of care. Staff told us they were confident to raise any concerns and make suggestions to improve care. The provider ensured all staff were aware of their ability to use 'Whistleblowing' where staff felt progress on reported issues had not resulted in improvements.
- The provider worked with external health and social care partners when required for updating staff practices and people's care.

