

Chiltern Home Care Ltd

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Inspection report

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Date of inspection visit:
04 March 2016

Date of publication:
03 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 4th March 2016 and was announced and was the first inspection following registration on 21 May 2013.

Chiltern Homecare Limited is registered to provide domiciliary care to people who require support in their own homes. On the day of our visit there were six people using the service.

The registered manager has been in post since May 2013 when the service was first registered. 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 said the service was caring and promoted their independence and supported them to exercise choice. One person commented "Staff attend to my needs in a thoughtful sensitive way." Staff had established good working relationships with the people they supported and were aware of their care needs.

People said their care was centred on their wishes and any changes in care that were required they were consulted and were able to express their views. Comments included "They know what they are doing and they do what is needed".

People said they felt safe and would know who to speak to if they had concerns or felt unsafe. Staff knew how to protect people from abuse and how to respond if they had concerns. For example, staff told us, "If we see signs of abuse or neglect we would report this to our manager". This was in line with the service's safeguarding policy and procedure.

Staff received appropriate induction, training and were supervised on a daily basis by the registered manager. However, this was not always documented; we recommend that this takes place to ensure evidence of meetings with staff is available.

Safe recruitment procedures were in place. Care records showed where risks had been identified appropriate risk assessments were in place to ensure people's safety. Staff were aware of the Mental Capacity Act 2005 and the implications in relation to their care practice. People who use the service had capacity to make decisions therefore the service did not carry out capacity assessments.

People said they knew how to make a complaint and were given the information on how to do this within their pre contract information guide.

The provider had systems in place to ensure the running of the service. This included the use of continuous quality checks. People and staff told us the service was extremely well led by the registered manager. Staff's hard work was recognised by the provider and the service promoted the provider's values.

The provider informed us that they focused on the quality of care, not the quantity. New care packages were thoroughly assessed by the registered manager to ensure the service could provide care people needed before committing to offering the service.

The service was well-led and people's care was regularly reviewed. The registered manager had an excellent oversight of the service. Staff told us they felt supported and happy working for Chiltern Homecare.

People were supported to have access to healthcare services to maintain good health.

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.

Safe recruitment processes and checks were in place and being followed.

People said they felt safe and knew what to do if they had concerns.

Medicines were given safely to people who required assistance in accordance with the services policy and procedure.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People received care from staff that had knowledge and skills to carry out their role.

People were supported to have access to healthcare services to maintain good health.

Staff did not have formal supervisions to identify any areas of training needs and improvement.

Is the service caring?

Good ●

The service was caring.

People and relatives told us they felt staff were kind and caring.

Staff promoted people's independence and supported them to make choices.

Staff had a good understanding of people's care needs and had established good working relationships.

Is the service responsive?

Good ●

The service was responsive.

Care plans were thorough and based on the person's individual

needs.

People were involved in regular reviews of their care and support which ensured their needs were met.

People knew how to make a complaint and were given the information to do this.

Is the service well-led?

Good ●

The service was well led.

The registered manager monitored the service by using effective quality assurance systems.

The registered manager had excellent working relationships with staff and communicated with them on a daily basis.

Staff people and their relatives were complimentary about the management of the service.

Chiltern Homecare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 4 March 2016 and was announced. The provider was given 48 hours notice that the inspection was going to take place. We gave notice to ensure senior management would be available to assist us in accessing information we required during the inspection. The inspection was carried out by one inspector. Before the inspection we reviewed information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

The provider did not complete a Provider Information Return (PIR) as this was not requested prior to our visit. A PIR is information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with four people by telephone; three care staff, the registered manager and the GP. We looked at three care records, three staff records, policies and procedures, and the staff training matrix.

Is the service safe?

Our findings

People's medicines were managed safely, staff we spoke with described how they administered medicines, medicines were kept in a dosette box delivered by the pharmacy. A dosette box is an individualised box containing medicines organised into compartments by day and by time so as to simplify the taking of medicines. Staff checked the medication administration record (MAR) against the medicine the person has been prescribed by the GP, the dosage and expiry date were also checked. This we found to be in line with the services policy for administering medicines. People we spoke with said they always had their medicines on time and if there were any concerns regarding stock the registered manager was made aware of this and they would ensure the medicine is ordered at that time.

People were safe from infection because staff followed the correct infection control procedures. People said staff carried out their work in a hygienic manner. Comments included "They wash their hands when they first arrive and after they have completed care tasks." This was supported by staff who confirmed they wash their hands on arrival, wore gloves when needed and wash their hands before leaving the person's home. This was in line with the services infection control policy.

People said they felt safe and knew who to speak with if they had any issues. One person commented that staff who provided care treated them well and always made sure they were safe getting in and out of the shower.

Staff and management were knowledgeable on their roles and responsibilities in relation to safeguarding. Staff knew how to raise any safeguarding concerns with the provider, or with the local authority if required. We spoke to staff and they confirmed they would report any signs of neglect or abuse to the registered manager. We found this to be in line with the service's safeguarding policy and procedure. Staff had received training in safeguarding when they first joined the service.

We found there to be sufficient numbers of staff to keep people safe and meet their care needs. The manager informed us that they would not take on new care packages unless they had sufficient staff numbers to ensure people's needs could be met. Staff rotas confirmed there were enough staff to provide care to people. The service is in the process of employing more staff as the service grows. The registered manager ensured that staff had the essential qualities required to carry out this role.

Safe recruitment checks were in place and being followed. Staff files included evidence of employment history Disclosure and Barring Service (DBS) checks to ensure staff were suitable to provide care and support to people who used the service. However, we found not all staff had a written reference from their previous employer. This was discussed with the registered manager who confirmed they will ensure this is followed up with immediate effect.

Risk assessments within the service were comprehensive. Risk assessments clearly outlined potential risks and how risks were managed, for example, one person had fragile skin, pressure cushions were in place to

minimise skin damage. This is reviewed on a regular basis. If the provider felt the person needed a more in depth assessment of skin they would alert the person's GP who would arrange for a district nurse to visit.

Risk assessments were regularly reviewed and up to date. The next scheduled review date was recorded together with the date the review had taken place.

Is the service effective?

Our findings

People said that staff were experienced and skilled to provide care to them. Comments included, "They know what is needed, and they know what they are doing".

One relative said "The care staff are consistent which is just what [X] needs". They went on to say "This service is over and above the rest, I have received care from other agencies but they have been awful, I gladly pay extra for this kind of service".

Staff received a thorough induction and training program before they were able to visit people alone. Staff confirmed they had to complete theory training and shadowing before going out on their own. The registered manager then undertook a supervision after one week of lone working to discuss with the new member of staff how things were and if they needed more support or additional training. One member of staff told us "The induction was thorough and enjoyable and if we wanted to discuss anything with the registered manager they were always at the end of the phone at any time of day". In addition the service had a policy that stated that if a person receiving the service was not satisfied by the standard of work from a member of staff then the service would endeavour to replace the member of staff as quickly as possible.

The provider did not have a policy on supervisions with staff. Although the registered manager communicated with staff on a daily basis this was not by way of a formal documented process.

We recommend that the service carries out formal supervisions of staff and this is documented to ensure staff have the opportunity to discuss training and any additional requirements.

Staff we spoke with said "This is a brilliant service to work for, the best place I have ever worked, if any of us are unwell and can't make a visit then the manager steps in."

Care staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and were aware of the implication for their care practice in relation to the Act. The MCA is important legislation which establishes people's right to make decisions over their own lives whenever possible and to be included in decisions at all times. Staff had all received training in MCA; we were told there were no people using the service who required an assessment of their capacity.

Service user guides were signed by people in agreement to aspects of the service being delivered. Staff sought consent from people and involved them in decisions. Care records showed people gave verbal consent in agreement to care being carried out.

People said they were supported to have sufficient to eat and drink. Care records contained people's nutritional preferences and what support they required. Staff we spoke with commented, "If we have any concerns about people's nutritional intake this is reported immediately to the registered manager who would then re assess the person in terms of dietary requirements."

People were supported to maintain good health and had access to healthcare services. The registered manager said the service worked closely with other healthcare professionals such as the district nurses and the GPs. When required, the registered manager liaised with health professionals such as district nurses and the GP. People told us they were provided with good information about the service and what they could expect to receive from them.

Is the service caring?

Our findings

People and their relatives commented that the service was caring and said staff showed kindness. One relative commented "When giving [X] a shower the staff always reassure them as they are sometimes nervous about having a shower." Another person stated "They spend time with me and are never rushed". This was confirmed by the registered manager that one hour, or more if needed, calls are given to people who received care.

Staff had established good working relationships with the people they supported and had an understanding of their care needs. This was confirmed when reviewing care records and speaking to people. For example, one person was sometimes anxious, staff are aware of this. It was documented in the persons care plan to speak slowly and clearly and make eye contact to engage with them fully.

People and their relatives said they were involved in planning and making decisions about their care. Care records captured reviews held with people in order to discuss and make decisions with regard to care being delivered.

People said staff promoted their independence and supported them to exercise choice. One member of staff said "[X] likes to choose their outfit to wear for the day, we help them to choose". This was evidenced in the persons care plan.

Staff respected people's privacy and dignity. Staff told us they always ensured peoples dignity was protected when they provided personal care. This was confirmed when we spoke with people receiving care.

Staff had received training in end of life care. However, there was no one at the service who required this at the present time.

Is the service responsive?

Our findings

The registered manager was proactive to ensure the service delivered high quality care that was responsive to people's needs. For example, it was identified that a person required the input of an occupational therapist to assist with mobility issues in the person's home. This was responded to by the registered manager who arranged the visit. The manager networked with other care agencies such as age concern to share ideas and best practice.

Initial assessments were carried out by the registered manager this ensured the service could meet the person's identified needs. The assessments were in depth and explored people's life histories as well as their medical history. After the initial assessment, regular reviews were carried out to ensure the service met the person's needs.

Staff felt supported in their job roles and said various communication methods were used to keep them up to date with changes within the service. For example, emails; text messages and daily verbal communications between the staff and the registered manager.

The service sought views of people who use the service and acted upon them. The manager sought the views of people who used the service. For example, the service supervise the care staff during their probationary period to ensure satisfaction with the standard of work provided by the carer. People commented "We have calls to check to see if we were happy with the care".

Care plans contained comprehensive and clear details on how people wished to be supported. Care plans also focused on social elements around people's care and included information on 'My life history'. Care plans demonstrated people were involved in the planning and delivery of their care.

Care plans were reviewed on a regular basis in conjunction with the person using the service. This ensured people's care was relevant to their current needs. Any changes in requirements were documented in recognition of this.

People and their relatives said the care provided was centred on their wishes. Reviews of care enabled people to express their views on the care delivered and what changes were required. This meant people's care plans were reviewed and changed to ensure care was carried out the way people preferred.

The registered manager told us that consistency was important with regard to the amount of staff providing care to people. This was confirmed when we spoke to one relative who said it is important for their family member to have the same care staff as it would confuse them if different staff attend.

People and their relatives said staff were responsive to their needs. One person told us "I only have to call the office and my request is responded to". Staff told us how they responded to people's needs. For example if a person wants specific items of food, staff will endeavour to ensure the person receives this.

People and their relatives said they knew how to make a complaint and were given information on how to do this. We saw the service user guide contained the complaints policy; this was given to people when they first joined the service. The service has not had any complaints from people who use the service. Staff knew how to handle complaints and informed us about the procedure they would follow. We found this was in line with the service's complaints policy.

Is the service well-led?

Our findings

We found the service to be extremely well led by a competent registered manager and staff. Staff were complimentary about the management of the service. One comment included "If I have any concerns the manager is always available to sort it out". Staff told us they felt valued, supported and appreciated. Staff spoke positively about the service and said they felt supported by the registered manager. We heard comments such as, "I feel listened to and my manager supports me at all times."

The service sought views of the people who used the service. This was supported by people and their relatives who confirmed the registered manager will either phone or visit the person's home and check to see if people are happy with the care and the care staff.

The service had effective quality assurance monitoring systems in place to improve the quality and safety of people who used the service. The registered manager was responsible for checking the daily books when they were returned to the office. These were checked against planned visit times. Medication audits were also undertaken.

People's experience of care was monitored through spot checks which were carried out by the registered manager to ensure staff followed the service's policies and procedures and that people were happy with the service provided.

The service had purchased a four wheel drive vehicle in case of snow. The manager would be responsible to take staff to people's homes in the event of bad weather; this ensured staff could attend to people in their homes. In addition audits of care records, medicine administration and infection control took place, and where areas of concern were identified we found appropriate action was taken.

Accidents/incidents were captured and recorded with dates and times events happened, lessons were learned to prevent further accidents occurring.

The service had a positive culture that is person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Management had a clear oversight of how the service was run. Plans to expand and grow were discussed during our visit. However, the registered manager is aware that this needs to be a process that ensures the correct staff are appointed to deliver the highest quality care. At the time of our inspection the manager was in the process of recruiting new members of staff.