

Alice Chilton In Home Care Services Ltd

Alice Chilton In-Home Care Services Limited

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Alice Chilton in Home Care is a small domiciliary care service that provides support and personal care to a small number of older people.

People's experience of using this service: Peoples care was exceptionally person centred, responsive to their diverse needs and clearly emphasised the importance of supporting people in a way which was right for them. We observed, heard and read examples of how people's routines and choices were paramount in developing a truly bespoke and well managed package of care. Staff demonstrated their commitment to ensuring people received excellent standards of care and support. People and their relatives described strong relationships they had built with staff and discussed how care from Alice Chilton in Home Care had exceeded their expectations.

Everyone told us they felt safe receiving care from the staff. Staffing were deployed in suitable numbers, and staff had time to spend with people and were not rushed. Medication needs were assessed, and medication was only given by staff who were trained to do so. Staff were recruited safely, and incident and accidents were analysed for patterns and trends. Risks to people were assessed safely. Rotas were completed using an electronic rostering system.

Staff had the correct skills to support people and all of their training courses were up to date and recorded in a training matrix. Staff were required to engage in supervision and had had an annual appraisal. People were supported to eat and drink in accordance with their needs. Decisions and consent to care and treatment was sought in line with the Mental Capacity Act 2005.

We received positive comments about the staff in relation to the support they provided. Everyone said they were kind and caring. Staff were able to describe how they ensured people's dignity was respected. People and their relatives said they were involved in their care plans.

The service was managed well, the ethos and culture of the service was well implemented with the staff team that provided the care. Staff all spoke fondly about the registered manager and spoke about their roles with enthusiasm and pride. Audits were in place which were effective in highlighting any areas for improvement. Action plans were drawn up and shared with the registered provider as well as the staff teams. The registered manager engaged with people who used the service to ensure any areas where improvements were needed were being actioned. The registered manager was aware of their role with CQC and had notified us of all incidents as required.

Rating at last inspection: Rated good, report published August 2016.

Why we inspected: This was a planned comprehensive inspection in line with our methodology.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 remains safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remains effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remains caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was very responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well led

Details are in our Well Led findings below.

Good ●

Alice Chilton In-Home Care Services Limited

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:

The inspection team consisted of an adult social care inspector.

Service and service type:

Alice Chilton in Home Care is a domiciliary care service providing support and personal care to people in their own homes.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is a small service and we needed to make sure that someone would be available.

The inspection site visit started on 5 February 2019 and ended on 8 February 2019. It included telephone calls people who used the service, staff and to relatives. We visited the registered provider's office on 5 February 2019 to see the registered manager and to review care records and other records relevant to the quality monitoring of the service.

What we did:

Our planning took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We assessed the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Additionally we contacted the local authority for feedback. There was no information to share. We used all this information to plan our inspection.

During the inspection, we spoke with two people using the service and four family members to ask about their experience of care. We also spoke with the registered manager, the registered provider and five members of staff.

We looked at four people's care records and a selection of other records including quality monitoring records, recruitment and training records for two staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All of the staff we spoke with could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse. This included reporting the abuse to the appropriate authorities and whistleblowing to the Care Quality Commission and other professionals, such as the police.
- We saw that safeguarding referrals had been appropriately made by the registered manager. We enquired about the progress of one safeguarding we were aware of and saw that correct action had been taken.

Assessing risk, safety monitoring and management

- The registered manager had detailed and concise risk assessments in place for each person which focused on minimising the risk of harm whilst still making sure the person's needs were met. For example, one care plan stated, 'It is important that you make sure I am wearing my life line.'
- Each person's care plan had an environmental risk assessment included which had been completed at their homes before the care staff attended. This focused on risks in the environment, such as smoking, poor lighting, and pets.
- We received lots of positive comments regarding how safe people felt whilst being supported by staff. One person said the staff were "Superb" two relatives also said they felt exceptionally "at ease" knowing that their loved one was in "Good Hands."
- The organisation had invested in an Electronic Call Monitoring (ECM) system where staff were required to log in and out of their calls. This reduces the risk of anyone's care visit being missed out.

Staffing and recruitment

- Staff were only offered positions within the company following a vigorous recruitment and selection process.
- Checks were undertaken on staff's character and suitability to work with vulnerable people. The results of these checks were all clearly recorded.
- All staff we spoke with said that their call times were evenly spaced and they did not have to 'cram calls in'. We saw that the shortest call time was one hour, and travel time was built in for staff to allow them to travel from place to place.
- We spoke with people and their families who told us that staff were very rarely late, and when there was a problem they were called ahead of the visit and informed.
- People told us they saw the same staff and were given choice over their staff team. One person said they had the opportunity to 'meet' the staff member before they came to work at their home. They felt safe because of this.

Using medicines safely

- Each person who received support with their medication from the staff at Alice Chilton in Home Care had a detailed risk assessment in place which described the level of support the person required. For example, one person only required support with loosening the cap on the medication bottle, whereas someone else required the staff to dispense and hand them their medication.
- Medication was stored in a designated area of the person's choice. We saw that if the person lacked capacity to make the decision around where their medications were stored, this was made on their behalf following a best interest processes and in association with national guidance.
- Only staff who had completed medication training and passed a competency test were able to support people with their medications.
- Where people needed medication as and when required, often referred to a PRN medication, there was a separate plan in place which had more details about the medication, what it was used for and when the person required it.

Preventing and controlling infection

- All staff had undertaken infection prevention training.
- Staff told us they had access to personal protective equipment (PPE), and we saw a large stock of this in the office when we visited.
- Our conversations with staff demonstrated that they understood the importance of reporting illness or viruses to their line to reduce the spread of infection.

Learning lessons when things go wrong

- The registered manager evidenced that as a result of a safeguarding concern actions were put into place to ensure lessons were learnt from this.
- There was a process in place to track and analyse incidents and accidents and the registered manager was able to pick out any patterns or trends for further analysis.
- We saw that more training had been implemented for staff, and a person had their risk assessment changed following a recent series of incidents.

Is the service effective?

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

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

- Everyone who had a care package with Alice Chilton in Home Care had an initial assessment in place. The registered manager met with the person and their relatives to discuss what support they needed and how they wanted this to be delivered.
- People's initial assessments were available for us to view, and we saw that care plans were then completed which reflected people's choices and wishes.

Staff support: induction, training, skills and experience

- The training matrix evidenced that staff had undergone training in accordance with the registered providers training policy.
- We saw that additional training had been undertaken in dementia and MCA and deprivation of liberty safeguards.
- Staff told us they liked the training and they felt suitably skilled. One staff member told us that they had been enrolled in a work based National Vocational Qualification (NVQ).
- The induction process for staff lasted three days and was aligned to the principles of the Care Certificate, which is nationally recognised induction process.
- Supervisions took place at least four times throughout the year. Other forms of supervision took place with staff in the community, such as spot checks and group supervisions.

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

- Care records documented when people required support with preparing food and drinks.
- People and family members told us, and records confirmed, that staff supported people to prepare food and would ensure that drinks were left within reach between calls. Comments included "They [staff] always make sure I have what I need". One relative told us that staff always help plan shopping lists and pick meals up for their relative.
- People were protected from risks associated with poor nutrition and swallowing difficulties.

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live healthier lives,

- Care records showed that staff communicated with other health care professionals when needed.
- Staff would accompany people to GP and hospital appointments when needed.

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. In the community any restrictions need to be referred to the Court of Protection for authorisations. At the time of our inspection there was no one who required a referral to the Court of Protection.

- There were best interest decisions in place for people who needed them.
- Each assessment was decision specific and clearly described how to support the person in the least restrictive way possible, whilst ensuring their safety. For example, one person who often refused personal care, required staff ask again after ten minutes.
- The registered manager and the staff team were aware of the roles with regards to the MCA and had completed training in this area. Staff were knowledgeable about the principles of the MCA.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Everyone, without exception, described the staff as kind and caring. Comments included, "I just don't know what I would do without them." Also, "The staff are just so caring and lovely."
- Staff were aware of people's diverse needs and were able to describe to us the different types of support people required and why this was important.
- People and their families told us that staff treated them kindly and respected their homes and possessions.

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

- Care plans evidenced that the person had been involved and remained involved in all decisions regarding their care and support.
- Care plans we viewed demonstrated the levels of choice people had by using language such as 'always ask me my view,' and 'I would like you to do the following for me' or 'I can do these things for myself.'
- Everyone we spoke with confirmed that they had a care plan in their home and that staff completed paperwork after each visit.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Staff knocked on doors and waited for a response before entering people's homes, bedrooms and bathrooms. One person told us "They always ask how I am. We are more like friends."

Respecting and promoting people's privacy, dignity and independence

- People and family members were encouraged to share their views about the care they received with regular reviews and surveys; reviews were completed over the phone and in person.
- People and family members told us they were confident in expressing their views about the care and support provided by staff. Family members confirmed they had been involved in the decisions made about a relative's care.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We received extremely positive comments regarding the responsiveness and personalisation of the service. Comments were as follows, "I could not recommend them enough", "They have completely changed our lives" and "There is such attention to detail, its amazing." One relative described how the staff had taken time to get to know the person and had worked together to achieve fantastic outcomes for this person. This person said the service had completely 'exceeded all expectations' for a home care provider.
- People's preferences were documented in a personalised and highly detailed way in their care plans as well as being strongly imbedded with the staff team that were supporting them. It was clear each care package at Alice Chilton in Home Care was ran differently, as people's differences and diverse need was celebrated and understood by consistent and caring staff teams.
- Our conversations with staff, not only demonstrated they possessed a huge amount of knowledge regarding the person they supported, it also evidenced that staff had adapted the services ethos of putting the person firmly in control of their own care package. One staff member told us, "This is not like anywhere I have worked before. I love it here because the clients will always come first."
- People were encouraged by staff to develop new interests and engage with each other to prevent social isolation. 'Buddy boxes' were developed and used so staff could engage in activities with people in their own homes, as well as in the community with other people who used the service to help promote relationships.
- Activities staff completed with people included, reading to them, puzzles, games and developing memory boards.
- Staff were ensuring people got care which was right for them. For example, one person had lost weight due to not eating much at mealtimes. We saw how it was part of this person's support plan that staff were to sit with them and eat at least one meal a day together. This had a positive impact on the person and they were now gaining weight.
- Reasonable adjustments were made to support people's communication needs in accordance with the accessible information standard. For example, we saw how part of one person's care plan had been converted to their first language, in accordance with their wishes and promote involvement and control.
- Staff had taken time to learn about one person's specific need when completing personal care in order to help them remain calm and engaged.
- We received exceptionally positive comments from relatives and people who used the service with regards to the communication from the service. One relative said, "I went away for a while, and I they were always communicating with me to let me know how [relative] was. It was amazing." Another relative described to us how they felt the service supported the whole family and not just their relative. They said, "The staff just always go out of their way to make sure [relative] has what they need. Only last week they helped me sort all of their medications out."

- There was a large amount of thank you cards, and compliments recorded which praised the staff for their support and kindness.

Improving care quality in response to complaints or concerns

- There had been no complaints made at the service.
- We did see that further learning had been implemented as a result of a safeguarding alert.
- There was a complaints procedure in place, and people were provided with a copy of the complaints procedure when their care package began at Alice Chilton in Home Care which was available in different formats to support people's understanding.

End of life care and support

- There was currently no one who was being supported with end of life care.
- Staff were trained in end of life care, and our conversations with the registered manager evidenced that people's wishes would be supported, and their care package would be reviewed if there needs ever changed.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was clear with regards to what needed to be reported to the Care Quality Commission.
- Staff and people, we spoke with had nothing but praise for the registered manager and the office managers. Comments included, "They are definitely the best managers I have ever had." One relative said, "The service is certainly very well run, you can always call up and speak to the manager."
- Staff we spoke with were clear on the ethos and values which underpinned the service. One staff member said, "I feel really proud to work for them. They are clearly different and the staff all work well together."
- Everyone we spoke with said they would recommend the service to others. Some people we spoke with had changed to Alice Chilton in Home Care as a result of recommendations and told us it was "Best thing I ever did."

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

- Staff we spoke with were clear with regards of what was expected of them.
- The registered manager had improved service provision as a result of a recent safeguarding to ensure lessons were learnt.
- Audits were in place which were effective in highlighting any areas for improvement. Action plans were drawn up and shared with the registered provider as well as the staff teams. There was a range of audits in place for all areas of service provision.

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

- The service had developed relationships with other healthcare professionals, such as district nurses who offered additional training for staff, occupational therapists, and links with local shops to ensure people were engaged with and their needs were considered and respected.
- Staff and the people who used the service were engaged with regularly by way of newsletters, memos, and team meetings. Feedback was also gathered annually from people who used the service, which was positive.

Continuous learning and improving care

- The registered manager and registered provider had used some of the feedback from their last inspection to drive forward areas which they believed highlighted the work they do and to help make it better.
- The registered provider had used their PIR to describe to us how they had won the award for Best Domiciliary Care Provider, Cheshire 2017 by the North West Enterprise SME. UKHCA Skills for Care which was something they were very proud of.

Working in partnership with others

- The registered providers PIR also stated that they worked in partnership with the local fire service to raise awareness of 'safety in the home', which is information people can access to support them living in the community.
- We also saw that information such as links with the LGBT community who the registered manager could contact for advice and support if they needed it.
- There was a health scheme in place for all carers who had been in post two years. This was to encourage staff retention and reward staff for their hard work. Benefits for staff included dental care, opticians and it had a free counselling line to help staff with bereavement.