

Chilworth House Homecare Service Limited

Chilworth House Home Care Services Ltd

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 ●

Summary of findings

Overall summary

About the service: Chilworth House Home Care Services Limited is a domiciliary care service. It provides personal care to people living in their own homes. It provides a service to younger adults, people with disabilities, older people and people with dementia. It was providing care to 43 people at the time of our inspection.

People's experience of using this service:

- People's overall impressions of the service were positive. "Excellent service" and "Very happy" were typical responses from people we spoke with. One relative said they were "Happier and more content knowing that someone is coming in."
- The service had made improvements since the previous inspection. Regulatory requirements were now being met.
- People's needs were recorded in care plans. Risk assessments had been completed to reduce the risk of avoidable harm.
- People were supported by care workers who had been robustly recruited. Staff received a structured induction and training to be able to meet the needs of people they supported.
- The quality of care was monitored through provider questionnaires, reviews and 'spot checks.'
- People were supported by kind and caring staff.
- The service liaised with other agencies to promote people's welfare.
- People received help with their medicines, where this was part of their care package. Improvement had been made to medicines administration records.
- We have made a recommendation where Lasting Power of Attorney has been granted. This is to make sure the service checks others have legal authority to make decisions on people's behalf.

Rating at last inspection: The service was rated 'Requires Improvement' at the last inspection on 22 March and 6 April 2018. We published our report on 10 May 2018.

Why we inspected: The inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Where services are rated 'Requires Improvement,' we re-inspect within a year of when we published our last report. We asked the provider to send us an improvement plan following the last inspection. This was received and showed the changes they would make at the service.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

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 was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Chilworth House Home Care Services Ltd

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 was carried out by an inspector 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. Their area of expertise was care of older people and dementia care. They made telephone calls to people who use the service and relatives.

Service and service type:

Not everyone using the service receives the regulated activity of 'personal care'. CQC only inspects the service being received by people provided with personal care. This means help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service is required to have a registered manager. 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:

The inspection was announced. We gave the provider three days' notice of the office visit, to make sure someone would be available to assist us and to allow access to records and systems.

Inspection site visit activity started on 4 April 2019 and ended on 5 April 2019. Telephone calls were made to

people on 3 April 2019.

What we did:

- We used information the provider sent us in the Provider Information Return. 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.
- We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.
- We sent questionnaires to people who use the service and staff before the inspection.
- Telephone calls were made to six people who use the service and nine relatives or advocates, to seek their views about the service.
- We contacted social care professionals, to seek their views about people's care.
- We spoke with the registered manager and three staff members in a range of roles.
- We contacted 20 staff by email and invited them to provide feedback about the service.
- We checked some of the required records. These included five people's care plans and medicines records, three staff recruitment files, staff training and development files. Other records included auditing reports, policies and procedures.

Is the service safe?

Our findings

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

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

Using medicines safely:

- At the last inspection in March and April 2018, we asked the provider to take action to make improvements to medicines practice. This was because there were inconsistencies in recording practice and use of medicines prescribed for occasional use. The provider sent us an action plan which outlined the measures they would put in place. This action has been completed.
- We saw records of medicines administered to people were in better order on this occasion, with no gaps to prescribed dose times. This provided an accurate audit trail.
- The registered manager told us they had improved monitoring of the medicines administration records, to make sure any discrepancies were followed up promptly.

Systems and processes to safeguard people from the risk of abuse:

- People and their relatives told us they felt safe from abuse and harm from their care and support workers. One person told us care workers did their shopping for them. They told us care workers were "All trustworthy and bring back receipts." Another said "(I) trust them all."
- Staff told us they knew what to do if they suspected someone was being abused. They told us people who used this service were safe from abuse by staff.
- There were procedures for staff to follow if they had concerns about people's welfare.
- Appropriate referral was made to the local authority safeguarding team, when required. This was followed up by notification to us.

Assessing risk, safety monitoring and management:

- Risk assessments had been written to identify and reduce any risks to people's safety and welfare. These included areas of practice such as moving and handling, people's home environment and the likelihood of falls.
- Appropriate measures were put in place where risk assessments identified potential hazards. For example, two staff were assigned to support people who required a hoist to re-position.
- One relative told us care workers followed procedures when they used the hoist and were "Very patient" with their family member.
- Risk assessments were reviewed and updated to reflect people's changing circumstances.

Staffing and recruitment:

- People told us care workers completed all the tasks required during their visits.

- They told us care workers stayed for the agreed length of time.
- 50% of people who completed surveys for us said their care workers arrived on time. We also asked the people we contacted by telephone and received mixed responses. Some people did not report any issues with the timing of their visits whilst others had experience of them being later than expected. The service usually allowed for 45 minutes leeway of the scheduled time. People said they were contacted if the office knew care workers were running late.
- 75% of staff said their work and travel schedule meant they were able to arrive on time and stay for the agreed length of time.
- 86% of staff said the time allowed for each visit meant they were able to complete all of the care and support required by the person's care plan.
- The service used robust procedures when it recruited staff. This included a check for any criminal convictions, uptake of references and checking identity.

Preventing and controlling infection:

- People told us care workers did all they could to prevent the spread of infection. For example, by wearing disposable gloves and aprons.
- Stocks of gloves and aprons were stored at the office and staff could drop in to pick them up when they needed to.
- Staff received training on infection prevention as part of their induction and on-going training.

Learning lessons when things go wrong:

- People told us staff took appropriate action if they had accidents. For example, ambulances were called, they informed relatives and made people's houses secure if they needed to be taken to hospital.
- The service received information about national and local safety alerts, so action could be taken, if required.
- The provider and registered manager complied with any requests made by the local authority or CQC regarding enquiries or investigations.

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.

Good: 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:

- Staff said they were told about the needs, choices and preferences of the people they provided care and support to.
- Assessment of care needs was completed by the registered manager or other senior staff before a service was offered to people. This included assessment of physical and mental health needs and took into account any needs related to disabilities, communication and cultural needs. People were asked if they had a preference for the gender of staff who supported them.

Staff support: induction, training, skills and experience:

- People told us care workers had the skills and knowledge to meet their care needs.
- Staff told us they had completed an induction before they worked unsupervised. They told us they received support through supervision and training.
- New workers completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work.
- Records showed staff received regular supervision from their line managers, to discuss how they were working and to look at any developmental needs.
- There was on-going staff training to update skills.

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

- Many of the people we spoke with either prepared their meals themselves or were supported by their relatives.
- Where people required support with their nutrition and hydration needs from care workers, this was identified in their care plans.
- People told us they received the support they needed from care workers and were left snacks and drinks for in between mealtimes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- We saw notes in people's care plans of where the service had referred and liaised with other agencies about people's care.
- This included occupational therapists, social workers, GPs, hospital teams and pharmacies.

- People's care plans identified any support they required to meet their healthcare needs.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In this type of service, applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.
- At the previous inspection, we recommended the service made sure it obtained certified copies of Power of Attorney documents at such time as people no longer had capacity and their relatives needed to be consulted about their care.
- The registered manager had obtained a copy of one person's Lasting Power of Attorney document but had not obtained them for two other people we discussed. They told us relatives had not been forthcoming in providing the records.
- We recommend further efforts are made to obtain copies of Lasting Power of Attorney documents, where applicable. This will ensure the service satisfies itself it consults the right people who have legal authority to make decisions on others' behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: 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:

- People told us they were happy with the care and support they received.
- Comments included "The girls are unbelievable," "Brilliant," "Absolutely fabulous" and "Mostly they are lovely." One person told us "One particular carer is a joy, words of encouragement all the way."
- People told us they were always treated with respect and their care workers were caring and kind.
- Comments included "They are very friendly," "Very, very caring," "(They) brighten up his life. Lovely banter, genuine conversation."
- Telephone calls were answered politely when people contacted the office. For example, we heard one member of staff asked the caller "Hello, how are you? I heard you haven't been well."

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

- People told us they were involved in decision-making about their care. A relative said they were consulted as part of decision-making processes regarding care and support.
- People were sent questionnaires by the provider, to ask about their experiences of using the service. Feedback from the most recent questionnaires, sent out in December 2018, showed positive responses from people. Responses showed most people felt fully involved in the development and planning of their support.

Respecting and promoting people's privacy, dignity and independence:

- People told us the support they received helped them to be as independent as they could be.
- People said they were treated with dignity.
- Comments included "They help wash my hair, (they) show respect for me as an individual." A relative told us care workers placed a towel over their family member when they carried out personal care, to protect their dignity. Another relative told us care workers knew their family member's needs and how to support them when they were "Having a bad day."
- People said they always received female care workers to support them if that was what they had requested.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- Care plans were in place for each person. These identified people's needs in relation to a range of areas including protected characteristics under the Equality Act (2010), such as age, disability, ethnicity and gender.
- Care plans had been reviewed regularly to ensure they reflected people's current circumstances.
- Information had been added since the previous inspection to alert staff where people took anticoagulants to thin their blood. Side effects of anticoagulant therapy were added so that staff would be aware of these, such as excessive bleeding.
- The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service had assessed people's communication needs as part of their initial and on-going care needs assessments. This included any aids people needed to communicate effectively. For example, whether people wore glasses or required hearing aids.
- One care plan contained information about technology the person used to communicate. Information was also noted about how the person could indicate 'yes' and 'no' when they were unable to use the technology whilst personal care was being carried out.
- People told us the information they received from the service was clear and easy to understand.
- Reviews were held to check people received the support they required.
- People told us the service had been flexible to accommodate changes to care packages. For example, one person said they had asked for the main mealtime to be changed to lunchtime. This change was reported to be working well. Another person said "When the care package needed to change it was very straight forward, the agency are quite flexible."

Improving care quality in response to complaints or concerns:

- People said they knew how to make a complaint if need be.
- Comments included "If I have anything to say I would tell the girls or (name of registered manager)," "I complained about one carer, they were not sent again," and "Staff (are) approachable. (They) always answer (the telephone) and come back."
- People told us care workers responded well to any complaints or concerns they raised.
- The registered manager told us there had not been any complaints since our last inspection.
- Any concerns or points raised by people in the provider's questionnaires were followed up. For example, some people said they had not received a review of their care. The registered manager was able to show reviews had taken place but people had not realised that was what it was.

End of life care and support:

- The service did not provide palliative care or end of life support.

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.

Good: 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:

- People told us they would recommend this service to another person.
- One person told us "The carers are so hardworking. I hope they tell them how wonderful they are. I tell them but hope management do as well."
- The provider had implemented an employee recognition scheme so that good practice or 'going the extra mile' was acknowledged.
- Four people commented about things they would like improved. This included timekeeping, consistency of care worker, being informed if a second worker was coming out to shadow a care worker and lateness. These points were fed back to the registered manager after the inspection as general points, without revealing who had raised them.
- The registered manager understood their responsibilities towards the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.
- The provider had developed a policy about duty of candour since the previous inspection.
- We were able to see from records in people's care plans that relatives had been informed when things had gone wrong.
- Staff described good teamwork at the service.

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

- The service had a registered manager in post. They understood their responsibilities towards meeting the regulatory requirements.
- They notified us of certain incidents which had occurred during, or as a result of, the provision of care and support to people. We were able to see from these notifications that appropriate actions had been taken.
- The provider worked from the office and was accessible to staff and others.
- Weekly meetings were held between the provider and office staff to discuss any issues and ways of improving the service.

- Monitoring of the service took place. This included unannounced 'spot checks' of care workers whilst they supported people in their homes.
- The service's computer system sent alerts to office staff if care workers had not arrived at people's homes within 45 minutes of the assigned time. This alert timeframe could be adjusted. Office staff then checked to see where the care worker was and could advise people of the delay.
- Questionnaires were sent out to staff and people who used the service. The findings from these were analysed, to look at any trends and make improvements.
- Sensitive information was stored and handled in line with data security standards.
- Staff were clear about their roles, responsibilities and lines of accountability.
- Records were in good order.
- We spoke with the provider and registered manager about the actions they were considering regarding the UK's extended planned departure from the EU. They had kept abreast of government advice and had developed a policy for the service.

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

- Staff knew how to raise any concerns they had about people's welfare. There was a procedure on how to raise whistleblowing concerns. Whistleblowing is raising concerns about wrong-doing in the workplace. Staff received training on safeguarding people from abuse.
- People told us they had been asked what they thought about the service they received.
- People said they knew who to contact in the service if need be. They said they could easily communicate with the office.
- Comments included "(They're) really good at answering emails" and "Easy to get hold of and a mobile number for emergencies."
- Staff were supported through regular supervision.
- Information was shared with staff by email, text or telephone calls.

Continuous learning and improving care:

- The registered manager kept their learning up to date. They were part of a local forum for domiciliary care providers, to share good practice.
- There was learning from investigations. For example, changes had been made to who supervised care workers. This was to ensure there was impartiality where staff were related or knew each other outside of the workplace.

Working in partnership with others:

- The service worked with other organisations to ensure people received effective and continuous care. For example, healthcare professionals and the local authority.