

Chestnut Homecare Limited

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Inspection report

Unit 8, Concorde House
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Tel: 01652661985

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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

Chestnut Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Chestnut Home Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. During the inspection there were 56 people receiving personal care or social support.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff reported potential harm or abuse. Safeguarding issues were raised with the local authority and were acted upon. Incidents and accidents were investigated. Risks to people's wellbeing were assessed and reviewed to maintain people's health and safety. There were enough staff to meet people's needs. Medicine management and infection control was robust.

Staff were provided with training, supervision and a yearly appraisal to maintain and develop their skills. People were supported to have maximum choice and control of their lives and staff do support them in the least restrictive way possible; the policies and systems in the service supported this practice. Social support was provided to some people using the service.

Staff understood people's dietary needs.

People said staff were caring and kind and protected their privacy and dignity.

People's preferences for their care and support were recorded and this information was reassessed as people's needs changed. The provider had a complaints policy which was provided to people. Issues raised were investigated and resolved and learning from this was used to improve the service. End of life care was provided to people.

Quality assurance checks and audits were undertaken. There was an 'on call' system outside of office hours for people, their relatives or staff to use to gain help and advice. Senior staff undertook 'spot checks' to monitor the delivery of care to people. People were asked for their views about the service and feedback received was acted upon.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

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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 checked 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.

This was a scheduled inspection. This inspection took place on 6 September 2018, it was announced and concluded the same day. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

We visited the office to speak with the registered manager and office staff and to review care records, policies and procedures. The inspection was completed by one inspector.

Prior to our inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received and reviewed all the intelligence the Care Quality Commission (CQC) held to help us make a judgement about this service.

During our inspection we looked at a variety of records which, included four people's care records, three staff files, staff training, supervision and appraisal records and recruitment documentation. We looked at records relating to the management of the service including policies and procedures, quality assurance documents, staff rotas and complaint records. We spoke with the provider, registered manager and three staff. We telephoned five people to gain their views about the service.

We asked the local authority commissioning and safeguarding teams for their views about this service prior to our inspection. We also contacted Healthwatch (a healthcare consumer champion) to ask if they had any feedback to share about this service. We did not receive any information of concern.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People we spoke with told us they felt safe with the staff when they visited them in their homes. One person said, "The staff keep me safe. I have a key safe." Another person said, "I am safe and well looked after."

The provider had safeguarding and whistleblowing (telling someone) policies and procedures in place. Staff undertook training about how to protect people from harm and abuse. Potential issues were reported to the local authority and the Care Quality Commission (CQC) which, helped to protect people. Staff told us they would report concerns straight away. One said, "I would speak to the provider or manager straight away."

Risks to people's health and wellbeing were assessed, recorded and monitored. This included risks present in people's home environment which, helped to protect all parties. We saw risk assessments were reviewed and updated when people's needs changed. Staff supported people to be as independent as possible even if there were risks attached to this to promote their independence and choice.

We found there were enough staff to meet people's needs. Staffing levels were monitored by the registered manager. The provider, registered manager and office staff were trained and able to undertake care calls. People using the service and staff we spoke with told us there were enough staff to provide a reliable service. Staff recruitment procedures were robust.

Medicine policies and procedures were present for staff to follow. Safe medicine management training was provided for staff and they had regular supervision about how to assist and prompt people with medicine, in line with the provider's medicine management policy. Staff used medication administration records (MAR) to record people's medicines. They contained information about people's allergies so staff and health care professionals were informed of any potential hazards. MAR were audited to make sure people received their prescribed medicine.

Staff were provided with infection prevention and control training. Personal protective equipment, for example, gloves and aprons were provided for staff to use.

The registered manager monitored accidents and incidents that occurred and took corrective action to help prevent any further re-occurrence. The provider had an early warning system in place to help the registered manager look for any issues and act upon them, in a timely way.

Is the service effective?

Our findings

At the last comprehensive inspection we found the service was effective and awarded a rating of good. At this inspection we found the service continued to be effective.

People told us the staff were effective at supporting them and they met their needs. One person said, "The staff work very hard. They are eager and willing to help. My needs are met." Another person told us, "All the carers are good they are great with me. They are able to look after me."

People's needs were assessed by senior staff prior to the care package starting. Information was gathered from the local authority, discharging hospitals and from relevant health care professionals about people's needs. This information was used to create person-centred care plans and risk assessments which described the support people required.

Staff undertook mandatory training in subjects such as, medicine management, health and safety, safeguarding, first aid, fire safety, food hygiene and the Mental Capacity Act 2005. New staff undertook a period of induction and worked with senior care staff. They completed the Care Certificate, (a nationally recognised training programme) to develop their care skills. A member of staff said, "I have done my first aid, diet and nutrition, record keeping, fire safety and dementia care training recently." Regular supervision and a yearly appraisal was provided for staff to monitor their practice and training needs.

Staff were allocated to work in different geographical areas but were flexible and worked as a team to make sure people received the care and support they required. Staff said they developed a good working relationship with people they supported and provided person-centred care. People we spoke with confirmed this. Staff gained advice from health care professionals when people's needs changed to ensure their needs continued to be met.

People dietary needs were assessed and monitored. Information about people's preferences or food allergies were recorded. Staff prepared meals and encouraged a balanced diet, people assisted if they could. Staff reported any concerns to help to make sure people's dietary needs were met.

Staff told us how they supported people to make decisions about their care and support. Where people lacked capacity to make their own decisions care was provided in their best interests following discussions with the person's relatives and relevant health care professionals. This helped to protect their rights. Staff told us they gained consent to provide care and gave people choices. One member of staff said, "We give people choice and encourage independence. For example, if a person can still wash their face I ask if they would like to do this."

Is the service caring?

Our findings

At the last comprehensive inspection we found the service was caring and awarded a rating of good. At this inspection we found the service continued to be caring.

People told us the staff were compassionate, caring and kind. One person said, "The staff are very caring, it is their nature. They are wonderful and work very hard." Another person said, "The carers make the service brilliant. They protect my privacy and dignity. They really do care."

Staff told us they loved working for the service and with the people they supported. One told us, "The agency is smaller than some. We have time to talk with people. I really enjoy working here."

People were supported by a team of staff who covered each other's sickness and annual leave which, provided people with care and support from staff who understood their needs. Staff told us they got to know people over time and understood their likes, dislikes and preferences for their care. Staff were knowledgeable about people's background and life history, which allowed them to hold meaningful conversations with people which helped people feel at ease.

Staff told us they asked people how they wished to be looked after and read people's care records so they understood the individual's preferences for their care and support. This was confirmed by people we spoke with. People's communication needs were recorded in their care records. Information about the service was provided to people in a format that met their needs. Staff told us they listened to and acted upon what people said. A member of staff said, "We talk with people, gain their confidence and get to know their day to day routines. We get to know what they are capable of and always give people choices."

People told us staff respected their privacy and dignity and care was provided to them in their bedroom or bathroom with the curtains closed. People told us when staff washed them towels were used to protect people's modesty.

We saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files. From speaking with staff, we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Is the service responsive?

Our findings

At the last comprehensive inspection we found the service was responsive and awarded a rating of good. At this inspection we found the service continued to be responsive.

People told us that the staff were responsive to their needs. We received the following comments, "Staff know my needs and preferences. They listen to what I say" and, "Staff know my needs, they have had training. If I need extra help it is there for me. The staff would call an ambulance for me if I was unwell, and they have."

People had their needs assessed. The information was gathered from the person, their family, the local authority, discharging hospitals and from relevant healthcare professionals. This information was used to start to create person centred care records, which were developed over time. The service had just been inspected by the provider team at North Lincolnshire Council. They had suggested people's care records could be developed further so they were more person centred. This advice was acted upon. Staff understood the care and support people needed to receive. People were provided with information about the service in a format that met their needs.

We saw as people's needs changed their care records were updated to reflect their current needs. This information was shared with staff. A member of staff said, "We are kept informed. The office staff ring us to let us know what has happened and we are told how to meet people's changing needs. People's care records are updated when this occurs." Help and advice from relevant health care professionals was sought to maintain people's wellbeing.

If staff had concerns about people's wellbeing they contacted the office, people's family and relevant health care professionals for help and advice. If people were unwell and required hospital admission staff stayed with them and had their next calls covered so they were supported.

People were given a copy of the provider's complaints policy. People told us they would make a complaint but had none to raise. We looked at the complaints received, they were investigated and people were informed of the outcome. We saw this information was used to enhance the service provided. People we spoke with said, "If I had a complaint I would ring the office" and, "I could complain, but don't need to."

End of life care was provided by the service. People's wishes for their care and support was recorded, where people wished to disclose this. The registered manager confirmed relevant health care professionals would support the staff at this time to ensure people remained comfortable and had a dignified death.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection we found the service continued to be well-led.

People using the service said it was well-led. One person told us, "I cannot fault them. I have spot checks and they ask me if everything is alright." Another said, "I would not want to leave this service. I am quite happy with everything."

The service had a registered manager in place. 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.

The provider had systems in place to make sure the service was reliable and staff were supported to deliver good support to people. People using the service and staff were valued for their diversity and the service was run to make sure they remained satisfied with the service they received.

The management team were open and transparent. There was a positive ethos and staff were proud to work for the service and support people. The registered manager had an 'open door' policy so that feedback about the service could be provided.

There was an 'on call' system in place so people using the service, their relatives and staff could gain help and advice at any time. People's views were sought about the service through face to face discussion, from spot check's, by telephone or through surveys. We saw feedback received was acted upon by the management team to maintain or improve the service.

Staff meetings were held. Staff told us they spoke with the management team between meetings if they had issues to discuss. Minutes of staff meetings were produced for those who could not attend. A member of staff said, "We have staff meeting's although, we can raise our concerns anytime."

There was an 'on call' system in place so people using the service, their relatives and staff could gain help and advice at any time. A member of staff said, "The on-call team are one hundred percent, they are helpful and supportive and talk us through any issues and the management team are really approachable."

The management team undertook checks and audits to monitor the quality of the service provided to people. For example, people's care records and medicine administration charts were audited. The registered manager worked with other services and relevant healthcare professionals to make sure people received the care they required. The provider worked at the service and undertook some people's care calls along with the registered manager to increase the quality monitoring of the service. The provider kept up to date with good practice ideas and new developments in the care sector.