

Chiltern Home Care Ltd

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Inspection report

Old Hall
Meadow Cottages
Little Kingshill
Buckinghamshire
HP16 0DZ

Tel: 01494864617

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection started on 29 November 2018 and was completed on 3 December 2018 and was announced. We gave the provider 48 hours' notice of our intended inspection to make sure someone would be available to assist us with locating documents. The inspection began on 29 November and was completed on 3 December. We asked the provider to request authority from people to visit them in their homes. People agreed to our request and was happy for us to visit them in their homes.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and disabled adults. At the time of our inspection the service was supporting six people.

The service is required to have a registered manager to manage the service. At the time of our inspection a registered manager was managing the service. 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 we spoke with told us the service was good and they thought the staff were good and knew how to take care of them. People we visited said, "Very good, they are marvellous they know what's what" and "Oh yes, they know what to do alright."

Staff received training in safeguarding and were aware of their responsibilities of reporting any concerns to the relevant authority. There were sufficient numbers of staff to support people. The service had robust recruitment procedures in place. The provider did not use any agency staff to support people.

Staff received regular supervisions and appraisals. Staff told us the registered manager was always at the end of the phone if they required advice or support. The provider told us they spoke with staff on a daily basis.

Medicines were not managed safely at the time of our inspection. The provider had not followed best practice guidelines in the administration of medicines.

People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

A complaints procedure was given to people when they first joined the service. There had been no complaints since the service was first registered.

Staff were appropriately inducted and completed mandatory training before they supported people. However, some tasks were carried out without the relevant training. The registered manager told us they

carried out spot checks to monitor staff.

The service supported people with their meals. People were monitored who were at risk of malnutrition. However, the provider had not used an assessment tool such as the Malnutrition Screening Tool (MUST).

We have made a recommendation in relation to this.

Risk assessments were mostly in place for people when they first joined the service. However, specific risks for people with additional support needs were not assessed or in place at the time of our inspection.

Staff had access to personal protective equipment to protect people and understood their roles and responsibilities in relation to infection control and hygiene.

The provider had had systems and processes to record and learn from accidents and incidents that identified trends and helped prevent re-occurrence.

People were able to access health care professionals to maintain their health and well-being. We saw community nurses and occupational therapists were involved in the support of people who used the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

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 not always safe.

Medicines were not managed according to legislation and guidelines for safe practice.

Risks to people were not always identified and monitored.

Robust recruitment procedures were used to ensure only the correct staff were recruited.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were appropriately inducted when they first joined the service.

People were able to make decisions about their care and day to day lives.

People received support to attend healthcare appointments and keep healthy.

Good ●

Is the service caring?

The service was caring.

People were supported to be independent and access the community.

Staff treated people with respect and protected their dignity.

Good ●

Is the service responsive?

The service was not always responsive.

Care plans did not always contain information and details of how staff should support people with specific needs.

There were procedures for making complaints about the service.

Requires Improvement ●

People were able to access the community to avoid social isolation.

Is the service well-led?

The service was not always well led.

Robust auditing systems were not in place to make sure people's needs were met.

The registered manager kept under review the culture of the service.

Requires Improvement ●

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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 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.

This inspection took place between 29 November 2018 and 3 December 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit activity started on 29 November 2018 and ended on 3 December 2018. It included visits to people's homes. We visited the office location on 29 November 2018 to see the manager and office staff and to review care records and policies and procedures.

The inspection was carried out by one inspector. Prior to the inspection we reviewed notifications we had received since our last inspection. Notifications are information about important events which the service is required to send us by law. We requested the provider to send us a Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what it does well and improvements they plan to make. Due to technical problems, the provider was not able to complete a PIR.

We looked at three people's care plans, three medicine charts, four recruitment files, training records and accident records. In addition, we viewed supervision records, visited two people in their home and spoke with three members of staff and two relatives.

Is the service safe?

Our findings

People's feedback about the service described it as good and that they felt safe. Staff we spoke with had an awareness of signs of potential abuse. Staff knew what they needed to do to make sure people in the community were protected and had received training in safeguarding. People we spoke with told us the service was good and they thought the staff were good and knew how to take care of them. People we visited said, "Very good, they are marvellous they know what's what" and "Oh yes, they know what to do alright."

Risk assessments were carried out during the initial assessment which included moving and handling and environmental risk assessments. However, care plans did not demonstrate identified risks were addressed and appropriate measures put in place to protect people. For example, we saw that one person with a catheter in situ did not have information on how this was managed. In addition, the person also had diabetes and staff did not have any information of what to do in the event of complications such as hypoglycaemic (low blood glucose) or hyperglycaemic (high blood glucose) attacks. We discussed this with the registered manager who said this would be addressed. Following our inspection the provider sent us a plan of care relating to supporting the person with their catheter.

We found medicines were not managed safely. At the time of our inspection the provider did not have a specific chart in place to record all medicines people had received. We saw staff recorded in people's daily records that medicines had been administered. However, this was not for each individual medicine on every occasion. In addition, we did not see an accurate record of medicines contained in blister packs. We only saw an insert of what the medicines were and the dosage which were sent by the pharmacy. We discussed this with the provider during feedback.

This meant that the provider did not have robust processes for recording people's medicines. The service did not follow safe practice around administering medicines to people. This meant that poor record keeping may have put people receiving medicines at risk. We discussed this with the registered manager who said they would speak to the pharmacy to discuss the required medicine charts to be sent to the provider.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment procedures were carried out. Files we viewed contained relevant documentation required to ensure only suitable staff were appointed. We saw checks such as Disclosure and Barring Service (DBS) checks, written references, and proof of identity and of address were obtained. There were sufficient staff to support people. The service considered travelling time to make sure people received the amount of care that had been agreed. Agency staff were not used by the provider. Ongoing recruitment was in place and the provider told us they were keen to employ more staff to expand the service.

The provider had systems and processes to record and learn from accidents and incidents that identified

trends and helped prevent re-occurrence. Accidents and incidents were recorded when incidents occurred. However, significant events were not always reported to us. We were aware of an incident that occurred at the service which had not been reported to us. We discussed this with the provider and they confirmed this would be rectified.

The service managed the control of infection well; policies and procedures were in place to guide staff. Staff understood their role and responsibilities for maintaining standards of cleanliness. People's risks from infections were minimised because staff ensured they followed correct procedures for infection control. Staff told us they were provided with personal protective equipment such as gloves and aprons to support people receiving a service. Environmental risk assessments were completed prior to staff working in people's homes.

Is the service effective?

Our findings

We received positive comments from people we spoke with when we asked if staff provided effective care. They told us, "Very good, they are marvellous they know what's what" and "Oh yes, they know what to do alright." People told us staff contacted healthcare professionals if they became unwell.

Staff completed an induction which gave them the skills required to carry out their role. Newly recruited staff did not work alone unsupervised until they and the provider were confident in their abilities. The service made sure people were introduced to new staff before providing support. However, we found that training did not always cover the right areas to meet people's needs. For example, we saw that staff were carrying out blood glucose testing for one person we visited. We asked staff if they had received any training in this area and they told us they had not. This meant the person may have been at risk if staff had not recognised any anomalies in the person's readings. Furthermore, incorrect procedures could cause damage to the person's skin when testing was carried out. We fed this back to the provider and they took immediate action. For example, they contacted the GP to discuss this during our feedback. We were told following our inspection the GP had agreed that staff did not need to test the person's blood glucose levels daily and the district nursing team would continue to monitor this when they visited the person. The registered manager told us they were keen to access further training to ensure the service could meet people's needs. For example, the provider had taken steps to source diabetes training for staff to ensure people were safe. This was a direct response to our feedback.

Staff had effective support, induction, supervision and appraisal. Formal supervisions were carried out by the provider. Staff told us they spoke with the registered manager on a regular basis and said they could contact them at any time with any concerns or issues they had. Records we saw confirmed this. Staff told us the registered manager was always at the end of the phone and was in regular conversation with them on a daily basis.

Staff had a good knowledge of the key requirements of the Mental Capacity Act 2005. People had their capacity assessed prior to the service providing support. Consent to care and support was sought before staff supported people. Staff were considerate to take particular decisions and knew what they needed to do to make sure decisions were taken in people's best interests. People were enabled to make decisions whenever possible. We saw an example where this was put into practice. For example, we saw that one person requested a particular staff member not to support them. The service respected the person's wishes and took steps to address this. Two people using the service had given another person authority to take decisions about the service provided. This was referred to as Lasting Power of Attorney (LPOA). In instances where people lacked capacity to make decisions relevant significant others were involved in the process. For example, appropriate referrals were made to other health and social care services to ensure correct decisions were made in relation to people's health.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires 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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA. Applications were made directly to the Court of Protection if the service felt someone was being deprived of their liberty. There was no one who had applications made to the Court of Protection at the time of our inspection.

People were supported to maintain a balanced diet. Staff supported people to shop and cook meals of their choice. We saw staff preparing meals for people during our visit to people's homes. Staff told us people were able to shop with them and choose what they preferred to eat. People with low weight and at risk of malnutrition were monitored to ensure they received adequate nutrition. However, the provider had not used a recognised malnutrition screening tool to assess this such as the Malnutrition Universal Screening Tool (MUST).

We recommend the provider uses a recognised screening tool to assess people who may be at risk of malnutrition.

The service worked with other healthcare professionals to enable specialist input to be provided. We saw input from various healthcare professionals when required. Such as, occupational health and community nurses. People were supported to receive on-going healthcare support.

Is the service caring?

Our findings

People were supported to express their views and staff were skilled in anticipating people's needs. We saw evidence of this during our visits to people's homes. For example, one person was needed a precise order of their day and the member of staff supporting the person told us, "We have to have things exactly the same otherwise [person] becomes confused and disorientated." We were told the member of staff had been supporting the person for some time and knew their needs well. We saw good interaction between people and staff. Staff were respectful and compassionate and spent time with people they were supporting, listening to them and responding appropriately. Staff developed trusting relationships and understood and respected confidentiality. Staff were able to explain how they maintained people's dignity whilst delivering personal care.

People received support from staff who knew and understood their history, likes and preferences. One person we visited liked to go shopping. The member of staff supporting the person told us they were going to visit the local shops later as the person wanted to purchase some items of clothing and wanted to choose their meal for later that day. We asked the member of staff how the person was given choice. They told us, "If [name of person] doesn't want to get up that's fine, we let her dictate the routine."

The registered manager visited people in their home on a regular basis, during this time they were able to discuss any changes the person wanted and observe staff during their daily routine with people. However, this was not documented to evidence spot checks were being carried out. We discussed this with the registered manager and they were receptive to our comments and said they would act upon this.

The service enabled people to receive support to help them understand and be involved in their care and support. The registered manager made referrals to other agencies such as guardianship services and advocacy services when necessary. We saw one person had a regular advocate to advise and support them. Advocates are people independent of the service who help people make decisions about their care and promote their rights.

The service complied with the General Data Protection Regulations (GDPR) to protect people's personal information. People could be assured that information held about them was treated confidentially. Records were stored securely in the service's office.

Is the service responsive?

Our findings

People's individual needs were assessed before they joined the service. The assessment reflected people's mental, physical, emotional and social needs. This included their individual preferences to enable people to have as much choice and control as possible.

Care plans were stored in the services office and in people's homes. We reviewed care plans and found they identified the support people required but they did not sufficiently guide staff on people's current care, treatment and support needs; this puts people at risk of inappropriate care. For example, we saw one person had diabetes. The care plan did not identify what support the person required in the event of a hypoglycaemic or hyperglycaemic attack. In addition, it did not record the input the person received from the district nursing team to manage their condition.

We also saw the person had a catheter in situ. The care plan made no reference to how this was managed. For example, what staff should do if the catheter became blocked or the person experienced any pain or discomfort relating to the catheter. However, when we spoke with staff they could tell us what they would do if they had concerns relating to the person's catheter. They told us, "We would just contact the doctor or the district nurse." However, they could not tell us the signs or complications relating to the person's diabetes. We have already reported on addressing this issue with the registered manager in the safe domain of this report.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact. Staff were proactive and made sure that people were able to keep relationships that mattered to them and other social links. The service supported people to access the community and follow their interests. We saw coffee mornings were attended by people and shopping trips arranged to ensure people were not socially isolated. One friend of a person using the service told us how their friend used to listen to opera, they told us that staff continued to ensure the person had opportunities to attend opera events and listen to this type of music when they requested this.

The service provided a complaints procedure when people first joined the service. We spoke with one person's representative and they told us, "[Name of person] would certainly tell me if they weren't happy with anything. He is not backward in coming forward." The service had not received any complaints since they first registered.

We saw that people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders in place. These were kept in people's homes with a copy at the services offices. We saw that relevant others had been involved where necessary. There was no one receiving end of life care at the time of our inspection.

The service enabled people to have access to information they needed in a way they could understand. The service complied with the Accessible Information Standard. The Accessible Information Standard 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. Staff told us they

communicated with people effectively and would know if they did not understand something as they knew the people they support very well. Staff said they would speak clearly and slowly to make sure people could 'digest' the information they were given.

The service complied with the Equality Act 2010 and ensured people were not treated unfairly due to any characteristics that were protected under the legislation. Through discussion with the registered manager and staff we saw that the service was pro-active in promoting people's rights. For example, we saw that people could choose their choice of care staff and follow their preferred lifestyle.

Is the service well-led?

Our findings

Relatives and friends of people using the service told us how pleased they were with the service. One comment we received was, "[Registered manager] is brilliant, this is most definitely the best service I have come across. We have never looked back since (Name of person) has joined the service.

Staff could describe the service's vision and values and how these impacted on the care delivery. Most of the staff we spoke with said they could approach the registered manager with any concerns or worries at any time. One member of staff told us, "I really enjoy my work we build relationships with families. I have time to sit and chat and prepare food."

The registered manager was aware of the importance of the culture of the service and kept this under review, including the attitudes and behaviour of staff. We saw that when issues were identified the provider investigated and put measures in place to address this.

The service had daily access to care records as well as carrying out spot checks to ensure staff were competent in their role and care being delivered was of high standards. The service engaged with people using the service on a regular basis. The provider enabled and encouraged communication with people and their relatives. This was usually when visiting people in their homes or by telephone contact. However, the registered manager had not recorded that spot checks took place to evidence they were monitoring the care and support provided. We discussed this during feedback and they said they would look into this.

The registered manager told us they reviewed care records on a regular basis. However, an auditing tool was not used to identify and address any actions required. We discussed this with the provider who was receptive to our comments and said they would act on our feedback. The provider did not send questionnaires for people and relatives to provide feedback about the service. They told us they were in communication with people and their relatives on a regular basis and said people would always let them know if they had any concerns or if improvements could be made.

The service did not always identify specific risks and did not have strategies in place to minimise these risks to make sure people were safe. Staff told us they mainly felt supported but not all staff understood their responsibilities. For example, we asked staff how they knew the procedure of blood glucose testing was carried out correctly. They told us they were not sure but as they had always done this they felt there was no reason to question this. However, the registered manager sent us information following our inspection to confirm staff will not be carrying out this procedure in the future.

Providers are required by law to notify us of significant events that occur in services. We were aware of one incident and safeguarding concern that had occurred. The incident had been reported to the local authority by the person's representative. However, the registered manager had not reported this to us. We discussed this with the provider and they confirmed they will report any significant incidents to us in the future.

The provider had not displayed their previous rating on their website at the time of our inspection. However, we were told the website was under construction and once this was completed the future rating would be displayed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed in line with best practice guidelines.