

Chiltern Health & Business Training (Healthcare Division) Ltd

Chiltern Health Division

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chiltern Health Division is a domiciliary care agency providing personal care and support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 170 adults and 3 children/young people who received packages of support which included personal care.

People's experience of using this service and what we found

Some areas of people's care records required strengthening to ensure risk assessments were in place and personalised for known risks, and care plans reviewed regularly and updated after any changes occurred.

Some notifications had not been submitted to CQC as required by law, and this was rectified during the inspection.

Quality assurance audits took place in most key areas of the service, and the provider introduced additional checks during the inspection to strengthen oversight further.

Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles.

People normally received care from a consistent group of staff who arrived within a window of time and stayed for the duration of the call. Calls were monitored on a live system and regularly audited to identify and rectify any arising issues. People and their relatives were usually informed if carers were running late.

People were supported safely with their medicines and good infection control practices were in place.

Staff reported and followed up on accidents and incidents promptly. Lessons were learned when things went wrong, and learning was shared with the staff team to reduce the risk of the same thing happening again.

The provider and management team were proactive in their approach to ensuring people received high quality care. They were supportive of the inspection process and keen to drive continuous improvements to the service. A high majority of people were confident any arising problems or issues would be resolved in a timely manner.

Very positive feedback was received from professionals who worked with the service. The staff team felt supported and gave positive feedback about teamwork and working for Chiltern Health Division.

Staff understood and followed the principles of the Mental Capacity Act and sought consent, offered choice

and supported people make decisions about their care.

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

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

Rating at last inspection and update

The last rating for this service was good (published 7 August 2021.) We made a recommendation for the provider to ensure an accurate information system was developed to provide up to the minute information to ensure a good outcome for people and staff. At this inspection we found improvements had been made in this area.

Why we inspected

The inspection was prompted in part due to concerns received about call times and some aspects of care. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chiltern Health Division on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chiltern Health Division

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and 4 Experts 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The general manager had submitted an application to CQC to become a second registered manager in the service.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care agency and we needed to be sure that the provider or general manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 12 people and 21 relatives about their experience of the care and support provided. We visited 2 of those people in their own homes. We spoke with the general manager who facilitated the inspection. We spoke with and/or received email feedback from 17 staff which included the client liaison manager, client liaison assistant, head team leader, medicine auditor, team leaders, senior care staff and care staff. We spoke with 2 professionals who worked with the service.

We looked at aspects of care records for 13 people and some medication records. We reviewed a range of documentation relating to the management of the service including training records, meeting notes and quality assurance audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. All of the feedback we received confirmed this. One relative told us, "Yes, [my relative] is safe. Staff all treat [family member] with respect." A person told us, "I trust them implicitly."
- The provider had systems in place to safeguard people from abuse and followed local safeguarding protocols when required. Records were kept of safeguarding referrals, investigations and outcomes.
- Staff received training to recognise abuse and protect people from the risk of abuse. Safeguarding was discussed with the staff team and information was available on how to report any concerns.

Assessing risk, safety monitoring and management

- We found some care records including risk assessments required strengthening to ensure they were personalised to individuals, updated when needs changed or an incident occurred and reviewed regularly. The management team responded immediately when any gaps were brought to their attention. We did not find any negative impact on people's care.
- People's risks were managed safely. For example, some people had skin damage, or were at heightened risk of choking or falls. People and their relatives were confident in the care provided by staff to manage these risks and keep people safe. One relative told us, "[Family member] has to be turned in bed. There are always 2 people that help, they do it in [family member's] time." Another said, "I don't even need to be in the room. I have full faith in them."
- Some people required equipment to support them mobilise. For example, wheelchairs, walking frames or hoists. Care plans confirmed the type of equipment people used and staff had received training in how to use these safely. One relative told us, "They use a hoist and use it safely."

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Care plans and daily records showed staff understood and followed the principles of the MCA. One relative told us, "They always ask for consent."
- People's consent to their care and support plans was included in their care records. Where people had a Power of Attorney who could make decisions on their behalf, this was recorded.
- Most people who received support had capacity to make their own decisions. Where people lacked or had fluctuating capacity, for example due to living with advancing dementia, this was recorded in their care records. The general manager intended to introduce capacity assessments to support decision making in this area.
- For children and young people who received support, care records clearly set out the requirement for parents to make and be involved in all decision making.

Staffing and recruitment

- The provider followed safe recruitment practices. Checks were carried out to make sure staff were suitable and the right character and experience for their roles. For example, references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- People received care and support from a consistent staff team as far as possible. People were usually visited by a small team of regular carers, and the majority of feedback confirmed this. One person told us, "We see the same people most of the time, that makes a huge difference to us as a family."
- Staff usually arrived within the agreed window of time and stayed for the full duration of the call length. Most people or their relatives were informed if staff were running late, and the majority of feedback confirmed people were satisfied with the service they received. One person said, "99% of the time they arrive on time. They phone and let us know otherwise. They do everything I need them to do. Sometimes I let them go 10 minutes early if I am sorted."

Using medicines safely

- People received their medicines safely. Processes were in place to ensure the safe administration, recording and oversight of medicines where people needed support with this.
- Staff received training in medicines administration and also had their competency checked to ensure they had good skills and knowledge. Qualified nurses were employed to ensure good medicines practice was followed, including completing audits to identify and remedy any arising issues. A member of staff was responsible for all medicine orders where people needed support, which reduced the risk of medicines running out or errors occurring.
- People were supported flexibly by staff when short notice issues arose with medicines. For example, one relative told us, "On New Year's Eve, [family member] needed some antibiotics and one of the carers picked them up and administered them at the right time so that it wouldn't be missed. Fantastic." Another told us, "They took some photos of [relative's] eye on Monday morning and in the afternoon they had bought some medicine from the chemist for it."

Preventing and controlling infection

- Staff received training in the prevention and control of infection. They knew how to reduce the risk of infection spread and keep people as safe as possible.
- Staff had plenty of personal protective equipment (PPE) to use in people's homes. This included gloves, aprons, masks and hand sanitiser.

Learning lessons when things go wrong

- Staff followed processes when an accident or incident occurred. Teams used WhatsApp private groups to share concerns, which were constantly monitored by office staff. This ensured immediate action was taken

when an incident or accident took place. Staff told us the communication via WhatsApp groups was effective.

- Lessons were learned when things went wrong or an area of improvement was identified. These were recorded in a 'Lessons Learned' document and shared with staff. We saw the provider had discussed a particular situation with the staff team and taken robust action to reduce the risk of recurrence when something went wrong recently for a person receiving 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Some areas of people's care records required strengthening. For example, to ensure risk assessments were in place and personalised for all known risks, and care plans were reviewed and updated regularly and after any changes occurred. The provider responded immediately throughout the inspection when we found any care record which needed to be updated.
- Not all notifications were submitted to CQC as required. This included informing CQC when any allegation of abuse was made. As soon as this was brought to the provider's attention they refreshed their knowledge on the relevant regulation and rectified this. Appropriate actions had already been taken to involve other agencies as needed, for example, the local authority safeguarding team so there was no negative impact upon people.
- The provider had audits and quality assurance checks in place for most key areas of the service. They planned to introduce an audit of people's care planning documentation to strengthen oversight of these. During the inspection they introduced a template to record their regular analysis of accidents, incidents and falls to spot any patterns or themes, which was usually a discussion that was not written down.
- The majority of feedback confirmed people knew who to contact and were confident any arising issues would be addressed in a timely and appropriate way. One person told us, "Yes, I have the numbers in the file. There is information in there if you have concerns." Another said, "I would ring the office and they would be on it straight away."

Continuous learning and improving care

- The general manager, and management team, were committed to driving continuous improvements of the service for the benefit of people receiving care and support. For example, they had employed qualified nurses to help deal with issues which required nursing skills and knowledge. For example, queries from care staff, medicines processes and some medical issues which could be dealt with without the need to contact other health professionals.
- People's care had improved by moving to a postcode system where staff generally lived in the same local area as people they were supporting. This meant staff were not travelling long distances between visits, and this led to more flexibility when needed. Positive feedback was received from staff about this way of working.
- Since the last inspection improvements were made to the oversight of call times and duration. This included regular monitoring on the live system throughout the day to check that all calls had taken place, and regular audits of call times and visit duration.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and staff team were passionate about delivering good quality care to people in their own homes. Staff put people at the centre of the service. Feedback confirmed this.
- One professional told us, "They have always gone the extra mile in quite difficult, intense and challenging situations. They have a 'can do' attitude, are proactive and if there's anything we're not happy with it gets sorted and met with a positive approach." Another professional said, "Carers take pride in what they do. They do well beyond what they need to do, they try their best. They are professional and sort out issues promptly, not that there are many."
- Staff worked as a team and told us this had a positive impact upon people and the support they received. One staff member said, "I would say it's more like a big family as we all work as a team." Other staff made similar comments such as, "We all work as one family, helping and make sure our clients priorities comes first."
- Staff felt supported by the provider and senior team which impacted positively on their ability to do their job well. Some of the feedback we received included, "Managers are very supportive and always helpful. Proud to be part of Chiltern Healthcare," "Management are easy to talk to and always find a solution for you. They're always on hand at any time" and, "I wouldn't work for anyone else as this place makes me very happy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The general manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.

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

- Team meetings regularly took place which provided staff with opportunities to receive information and discuss arising issues. Minutes were taken and shared with any staff who were not able to attend.
- Staff told us communication with the staff and management team was effective. This was assisted by various WhatsApp private chat groups to raise issues, share information and receive updates. We saw examples of 'Memos' which were shared regularly with staff and covered a range of day to day issues.
- People and their relatives were encouraged to share their views and feedback with care staff, team leaders and office based staff. Feedback surveys were sometimes used. During the inspection the general manager considered how feedback could be regularly captured and planned to look into ways of developing this further.

Working in partnership with others

- The staff team worked with a wide range of health and social care professionals involved in monitoring and providing care and treatment for people using the service.
- Positive feedback was received from people and their relatives about staff support in working with other agencies. One relative said, "The carers help with ringing the doctors as [family member] can't speak English much." Another told us, "I told them of [family member's] fall and they rang the doctor and got him out. They also get the district nurse if the carers see something that is not right. I have no concerns."
- The provider was supportive of the inspection and was open and transparent about areas which required strengthening. The general manager responded immediately when any issues were identified and was keen to take on board any suggestions for improvement.

