

## Chesterfield Home Care Limited Chesterfield Home Care Ltd

#### **Inspection report**

Commerce House Millennium Way Chesterfield S41 8ND Date of inspection visit: 21 March 2019

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Tel: 01246580187 Website: www.homeinstead.co.uk/chesterfield

#### Ratings

#### Overall rating for this service

Outstanding  $\updownarrow$ 

Is the service safe?	Good •
Is the service effective?	Good •
Is the service caring?	Good •
Is the service responsive?	Outstanding 🗘
Is the service well-led?	Outstanding 🟠

## Summary of findings

#### Overall summary

#### About the service:

Chesterfield Home Care Ltd, also known as Home Instead Chesterfield, is a domiciliary care agency. The service is registered to provide personal care. Not all people using the service received personal care. The service was providing personal care to 38 people at the time of the inspection.

#### People's experience of using this service:

People who used the service received exceptional care from a very well led service. People consistently told us how they were supported with great kindness and respect. We received extremely positive feedback from people, relatives and professionals on how staff had developed caring relationships with people and their relatives.

The culture of the service was one of building positive relationships with people, assisting them wherever possible and going the extra mile to make sure people were happy and safe. People spoke about looking forward to the visits from staff. One person said, "Home Instead Chesterfield provide an absolutely first-class service in every respect."

People were placed at the centre of the service and were consulted on every level. Respect for privacy and dignity was at the heart of culture and values of the service. Everyone told us staff asked them before carrying out tasks and involved people in deciding on how they wanted to be supported.

Relatives told us the staff noticed things that only close family members would and were willing to take on supporting people with any task, big or small, to ensure they were comfortable and happy. The willingness of staff to step in and help and their attention to detail was highlighted as particularly valuable by people's relatives.

We saw instances of the service providing an extremely high standard of care and support to people at the end of their lives. This included helping people to fulfil their end of life wishes and creating special memories with and for their loved ones.

The service was especially well run. Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. There were systems to assess the quality of the service provided. The registered manager and director worked hands on with the staff team, training staff to a high standard, knowing people's needs and ensuring these were being met.

Staff worked in partnership with external health and social care professionals to ensure they supported people well. The lessons were learnt where appropriate to improve the service further.

People were supported by consistent and very well-trained staff. There was a very strong emphasis on continuous improvement with staff attending training on a range of subjects to ensure they supported

people appropriately. This included the provider supporting staff to study for additional qualifications in areas such as dementia and end of life care. Staff spoke highly of the training and support they received.

People and their relatives told us they received safe care. Staff understood their responsibilities in protecting people from the risk of harm. Risks to people's well-being and their environment were detailed and updated when circumstances changed. People received support to take their medicines safely and as prescribed. Regular checks on staff and their ability to do their jobs in a safe way meant people could be reassured they were receiving good quality care.

More information is in the full version of the report.

Rating at last inspection:

At the last inspection the service was rated good (report published 14 December 2016). For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

#### The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained Good.	Good 🔵
Details are in our Safe findings below.	
<b>Is the service effective?</b> The service remained Good. Details are in our Effective findings below.	Good ●
<b>Is the service caring?</b> The service remained Good. Details are in our Caring findings below.	Good ●
<b>Is the service responsive?</b> The service improved to Outstanding Details are in our Responsive findings below.	Outstanding 🟠
<b>Is the service well-led?</b> The service improved to Outstanding. Details are in our Well-Led findings below.	Outstanding 🟠



# Chesterfield Home Care Ltd

## Background to this 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 one adult social care inspector.

Service and service type:

Home Instead Senior Care Chesterfield (Chesterfield Home Care Ltd) is a domiciliary care agency. The service provides personal care to people living in their own houses and flats in the community.

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:

We gave the service 24 hours' notice of the inspection site visit because we needed to be sure that the registered manager would be available.

We visited the office location on 21 March 2019 to see the registered manager and office staff and to review care records and other documents relating to the running of the service.

#### What we did:

Before the inspection we sent out questionnaires to a sample of people to ask for their views about the service. This included people who used the service, their relatives and staff working in the service. We also contacted social care and health care professionals via e-mail to seek their views of the service, including social workers and specialist nurses.

We reviewed the information we held about the service and the service provider. We looked at the notifications we had received for the service. Notifications are information about important events the

service is required to send us by law.

During the office site visit we looked at two people's care records. We checked staff recruitment, training and supervision records for two staff. We also looked at a range of records about how the service was managed, including audits, complaints records and minutes of meetings. We spoke with the registered manager, who is a company director, and briefly, with another company director. We met the operations manager, two schedulers and two care supervisors.

After the inspection we telephoned four people who used the service and four people's relatives to gather their views about the care and support received. We also received feedback from four care staff via telephone.



#### Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

• Systems in place to safeguard people from abuse were effective. We received very positive feedback about the service via questionnaires, e-mails and phone calls. People consistently told us they felt safe using the service.

- People and their relatives confirmed staff stayed for the agreed length of time and were on time and everyone told us there had never been a missed visit. One person said, "The Caregivers are marvellous, people. They are always on time and always turn up. I'm very pleased to have found this service."
- Systems were in place to monitor the times of visits to ensure people always received their service as planned.
- People benefitted from staff who knew how to recognise abuse and protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety were well managed. Risks to people's well-being were assessed, recorded and updated when people's needs changed.
- Risks which affected their daily lives, such as mobility, environment, communication, skin integrity and nutrition were clearly documented.
- People were safely supported by equipment that was serviced and checked on a regular basis.

#### Staffing and recruitment

- The provider continued to recruit staff safely. People were supported consistently by the same staff.
- People told us there was enough staff and they were provided with rotas in advance, so they knew which staff would be visiting. One person told us, "Always the same team of lovely people. If there are any problems, they always ring you and staff from the office will come instead. I always know who is coming and at what time."
- The provider followed safe recruitment practices, to help make sure people were protected against the employment of unsuitable staff. This included seeking six references for applicants.

Preventing and controlling infection

• Measures were in place to prevent and control the spread of infection. People and their relatives said staff used protective equipment such as disposable gloves and aprons when needed. This helped prevent the spread of infection.

• Staff were trained in infection control and senior staff periodically observed staffs' practice to make sure they followed infection control guidelines

Learning lessons when things go wrong

• The service learned from past incidents and accidents to enable them to support people better. The provider had a system to record accidents and incidents. We viewed records and saw appropriate action had been taken where necessary.

• Management were keen to develop and learn from events. Staff were encouraged to reflect on where things could have been improved and used this as an opportunity to improve the service for people and for staff. For example, the provider's audit system highlighted issues in the records staff made when they supported people with their medicines. All members of staff had been re-trained and observed to make sure they were recording correctly.

Using medicines safely

- People were provided with safe and appropriate support with their medicines. People said they were happy with the support they received to take their medicines.
- Where possible, staff promoted people independence.
- People's plans included information about the medicines they were prescribed and clear guidance about the support they required from staff.
- Staff were trained and administered medicines safely, and senior staff periodically observed staffs' practice to make sure they were competent.
- Medicines records were checked by the management team to make sure people received their medicines as prescribed. Appropriate action taken when errors, for example, missed signatures where found.

### Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to receiving a service to ensure staff could meet those needs. People and relatives, if appropriate, were involved in the assessment process. Expected outcomes were identified, and care and support regularly reviewed in line with legislation and best practice.
- Without exception, everyone's feedback was very positive. One person told us, "I am very pleased with the care I receive."
- One relative said, "The service has changed as [my family member's] needs have changed. They now provide a team on a 24-hour basis. This has meant [my family member] can stay at home and not have to go into hospital. This means a lot to [my family member]. The care is very good. I am very impressed."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to support people effectively. One person who used the service said, "I like it that caregivers are always properly introduced, and you can get to know each other before they give any care."
- New staff received an in-depth induction to the service, which included meeting the people they would support. They spent time shadowing experienced staff and were assessed throughout their induction period and beyond to make sure they were confident and competent in their care duties. The service had introduced a mentoring scheme to provide extra support and advice to new starters from their colleagues.
- Staff received training in areas important to their work, including specialised care. For example, compressed stockings, catheter care and administering eye drops.
- All staff confirmed they received a good range of training and they could ask for additional training. One staff member told us, "I am encouraged to continue my professional development by enrolling on courses that will make me a more 'rounded' Caregiver; this both affirms me in my current role and illustrates that the company value me and care about my progress."
- Staff studied the City and Guilds dementia course to ensure they had a detailed understanding of this subject and how it affects people and their relatives.
- Staff were well supported in their roles and had regular one to one and group meetings. Staff spoke highly of the support they received from their line manager. One staff member told us, "I have only worked in the care industry for a few months. However, with the training I received and the support that the team gave me I was confident, and I have enjoyed each day. My clients have been happy with what I do, and I feel very proud that I work for a professional company. If I needed care this would be the company I would choose."

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

- Where appropriate people were supported by staff to maintain a healthy and balanced diet. Everyone was happy with how these were provided.
- People's dietary requirements were included in their care plans. People's likes and dislikes were also recorded so staff were aware of their preferences.

• People were supported to eat food in ways that suited their individual needs. Staff received training and information on how to vary the way they encouraged a person to eat and keep hydrated if they were living with dementia.

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

• Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. One healthcare professional told us, "I have nothing but high praise for the service. [The registered manager's] responses to my requests are always acted on very quickly and she actions any changes quickly."

• People's health needs were recorded to inform staff on how to support people appropriately. The registered manager told us of examples where staff had noted changes to people's health and acted quickly to ensure people were assessed by relevant healthcare professionals. This enabled people's treatment to be swiftly arranged and helped with their overall wellbeing.

- People were supported to maintain good health and accompanied to health appointments when this was needed. One relative commented that this was helpful for them as the person's family did not live locally and could not ensure they could always attend appointments.
- People's relatives said staff worked well with GPs and other health care professionals such as district nurses.

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. Any decision to deprive a person of their liberty within a community setting must be legally authorised by the Court of Protection.

- The service was working within the principles of the Mental Capacity Act 2005.
- People were supported by staff who were appropriately trained and knew the principles of the MCA.
- People's mental capacity to make decisions was assumed unless there was evidence to suggest otherwise.

• People were encouraged to make all decisions for themselves. There was a very strong emphasis on involving people and enabling them to make choices wherever possible.

#### 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

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

- All feedback about the staff was very complimentary and showed the staff team provided a quality service and showed real empathy for the people they supported. People and their relatives confirmed staff treated people in a very caring way. One person said," I'm stuck in the house a lot and need people to care for me, and they really do care."
- Relatives' comments included, "Fantastic carers. A real, personal service", "They go the extra mile, they are a vital link with [family member] since I don't live nearby" and "They are very fond of [family member] and their attitude is very caring"
- People's individuality and diversity was respected. This was achieved by identifying people's preferences and where people needed support. People's individuality was reflected in their care plans. This included information such as their backgrounds and histories, religion and spiritual beliefs.
- The registered manager promoted person-centred, high-quality care and good outcomes for people. This took the social aspects of a person's life into account.
- We were told that staff had volunteered to provide additional support to people outside of their usual availability. This included accompanying and staying with people when they had to be admitted to hospital at short notice and making sure everything was prepared and safe for them, when they returned home.
- More than one staff member told of times they had stayed over the scheduled length of visits, because they did not want to leave until they were sure people were comfortable.

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

- People were placed at the centre of the service and were consulted on every level. For instance, people were introduced to new staff so that they could decide on which staff they wanted support from. This helped people and their relatives feel involved and their views listened to.
- People and their relatives were asked for their views about the support they had from the staff team. People had regular reviews where they could share their views on the care they received. One person's relative said, "I have got to know [care staff] and we talk regularly about how things are going and what we might need to meet [family member's] needs."
- People were cared for by staff who considered the person's views. Staff explained how they made sure they gave information in a way that suited people's needs. Giving people time to understand and making sure people were in control whenever possible.
- To help people remain safely at home people and their relatives were helped and informed about equipment to keep the person safe.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us staff respected their privacy and dignity. People confirmed consent was sought before staff carried out any support tasks.
- Staff told us they had training in maintaining people's privacy, dignity and independence. One staff member explained, "I say, 'Do you want a hand with that?' rather than assuming and doing things for [the person]."

• The provider ensured people's confidentiality was respected. People's care records were kept confidential and safely stored.

### Is the service responsive?

## Our findings

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

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

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

- People benefitted from a service that provided exceptionally personalised care.
- Staff used innovative ways to maintain people's quality of life and enrich people's lives, through pursuing their hobbies and interests. For instance, people were supported to make a valuable contribution in their community, undertaking activities to raise money for local charities of their choice. This also helped to maintain and improve people's self-worth.
- More than one relative told us the staff noticed things that only close family members would and were willing to take on supporting people with any task, big or small, to ensure they were comfortable and happy. One relative said, "[Staff] are very nice people and go the extra mile to help. This also includes helping to manage the running of the household. They are not clock watching and do all sorts of things to make life easier for us."
- The willingness of staff to step in and help people with the day to day running of their homes and their attention to detail in keeping people well was highlighted as particularly valuable by people's relatives, especially those who did not live nearby.
- Feedback from other professionals included that the service was particularly adaptable and responsive to people's needs, and preferences. There were instances where the service very thoughtfully and sensitively planned, and slowly introduced support to meet people's individual preferences. There were also instances when they organised and set up very complex and comprehensive packages of care exceptionally speedily, if people became ill, or needed extra support to stay in their own homes.
- Staff were carefully matched to people's needs, preferences and requests and this helped to promote positive relationships between them. One person said, "They [managers] give you people who are like minded, so you suit each other. This has meant I have companionship as well, instead of people just coming and working."
- Each person had an individualised plan of their care and support, which outlined their individual preferences. People and their relatives confirmed they were involved in the development of the care plans and could contribute to how they wanted to be supported. The plans were reviewed regularly and reassessed quickly if people's needs changed. One external professional told us, "The provision of service has been very good and tailored to individual's needs. I have met with the registered manager to carry out reviews and they have been professional in sharing any concerns."
- One professional told us of the difference the service had made to one person's life. Staff helped them to re-establish their confidence and enabling them to get out into the community.
- Staff had an excellent understanding of people's needs, preferences and wishes. as they had built up a trusting relationship over time. One person said, "On the days that they [staff] don't come I really miss that companionship. We get on well, excellent. I feel lucky to have found them."

• People's communication needs were noted in their care plans and staff understood the communication needs of the people they supported well.

• The service provided information to people in line with the Accessible Information Standard (AIS). The AIS is a requirement for providers to ensure people with a disability or sensory loss have access to information in a way they can understand. For instance, one person was provided with documents in very large print to enable them to read the information. The registered manager also told us documents could be translated if needed, so people could read information in their preferred language.

End of life care and support

• People were supported to plan for and have a dignified pain free death.

• Relatives gave us very positive feedback on the support their family members received towards the end of their lives. One relative told us staff were exceptionally caring and behaved as a close family member would, going out of their way to make sure the person received the best of everything. The person's relative went on to tell us staff had been very persistent in making sure specialist equipment was obtained for their family member. This had resulted in their family member being much more comfortable in bed.

• Staff were undertaking in-depth City and Guilds training regarding end of life care to ensure everyone understood how to support people appropriately.

• We saw instances of the service providing an extremely high standard of care and support to help people to fulfil their end of life wishes. In more than one instance, staff went out of their way to help people in this, to create special memories with and for their loved ones by helping to make activities and occasions special. In one instance, the team arranged for a person and their loved ones to attend a concert of their most favourite music, in the last weeks of their life.

• One healthcare professional told us staff in the service were particularly compassionate. They went on to say, "The carers are all very professional and caring, they have total respect and dignity for my patients."

Improving care quality in response to complaints or concerns

- The service was proactive in responding to any concerns or complaints raised.
- Complaints were taken seriously, thoroughly investigated and responded to appropriately. They were also analysed for themes and patterns and used to improve the service overall.

• Everyone praised the service very highly and had no complaints to share with us. People told us they had no reason to complain, as matters were always dealt with very quickly, if they made any comments or suggestions.

#### 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.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager planned and promoted holistic, person-centred, high-quality care which led to excellent outcomes for people. Their values and the culture embedded in the service ensured people were at the heart of the support they received.
- The management team had an inspiring shared purpose and vision, which helped to motivate staff. Staff understood the management team's vision and were keen to implement this in their work, so people received the best care possible. They told us they were very proud to work for the service and were very appreciative of the "brilliant" support they received from the management and office staff.
- There was a strong emphasis on offering a reliable service with continuity of care, respecting people's rights and ensuring care delivery was non-discriminatory. People and their relatives spoke exceptionally favourably about all aspects of the service, including how it was managed. It was clear that people were at the heart of the service from the comments we received. For instance, one person told us, "Home Instead Chesterfield provide an absolutely first-class service in every respect."
- One person's relative told us, "The carers that attend always provide an excellent service and feel completely confident in the care they provide. The staff in the office are friendly, helpful and accommodating. I would highly recommend Home Instead Chesterfield to anyone needing home care assistance."
- The registered manager and their management team worked alongside the staff team and had fostered an open and positive culture.
- The company directors engaged with local businesses, with the outcome of improving understanding, in local shops and community services, of the needs of people living with dementia.
- People were supported in a sensitive way. Several relatives spoke of how staff listened to how people wanted to be supported and looked at the best way in providing the care people required. This had led to particularly positive outcomes for people. For instance, staff had supported people's mental health and wellbeing, helping them to build positive relationships and confidence.
- There was also a very strong emphasis on 'giving something back' to the community and we saw several examples of the service making valuable contributions to local, national and international charities.
- The service had recently received a Ministry of Defence Silver Award, for commitment to being 'forces friendly'. Part of this was because the service provided employment for local people who were entering the civilian workplace, after they had served in the armed forces.

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

regulatory requirements

• Staff understood their roles and could seek advice to ensure people received a quality service. Staff also said they loved their work and enjoyed spending quality time with people. One staff member commented, "An excellent company, which provides first class care to clients and supports its staff. A pleasure to work for." `

• There was a strong line of accountability, with the registered manager having clear oversight of the service.

• People were safely supported as the provider had quality assurance systems in place, which were meaningful and encouraged different staff to engage in the auditing process.

• The effective monitoring of the service was consistently achieved and there was a very strong emphasis on learning from experience and striving for excellence. Swift and effective action was taken to address any shortfalls or areas for improvement identified by audits.

• Since our last inspection we saw a range of improvements the service had made and initiatives that had been introduced as a result of audit results. For example, new guidance and forms had been introduced to improve records of the support people received with their medicines. This helped protect people from errors with their medicines. The induction and support for staff who were new to care had been strengthened. This helped retain new staff. Reducing staff changes and maintaining consistency for people.

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

• It was clear the management team fostered a culture of openness, consulted people who used the service and there was very effective communication between staff and managers.

• The provider had gathered people's views on the service by use of phone calls, visits and quality surveys. Staff also kept in regular contact with people's relatives to reassure them and shared information appropriately to ensure people's welfare. One staff member commented, "We work hard to provide a service fit for anyone's mum or dad. We are always looking for ways we can improve and listen to all feedback to help us do this."

• There were two folders bursting with compliments, and thank you cards and e-mails. These were from people and their families, expressing thanks to the team for the exceptional care they provided and the positive difference they had made in people's lives.

Continuous learning and improving care

• The management team placed a very strong emphasis on continuously learning new ways of doing things. The registered manager said this helped the team not to stand still and made sure staff knew how to meet people's diverse needs.

• The service celebrated 'Golden Moments'. This was a way of capturing and recognising when staff provided outstanding person-centred care or had exceeded people's expectations. We saw several instances of this, including staff members volunteering to visit people in hospital outside of their normal availability.

• The office-based team had together to produce a 'charter' to make sure they supported care staff in a positive supportive way. It was evident that this had a positive impact on the experience of the staff, as they were overwhelmingly positive about working for the service. This in turn, resulted in staff being very positive in their approach to people who used the service. One staff member said, "There is excellent support from office staff: calls are answered promptly and, depending on the issue raised, I am put through to the best person for dealing with it. Working as a caregiver is an essentially solitary job, so this contact is extremely

valuable and an important way in which caregivers can develop greater confidence in how they are caring for their clients."

• Records showed there were very regular meetings and a high level of discussion about what more could be done to improve the service and to positively affect people's lives.

• The registered manager was passionate about learning and developing the skills they had developed over the years. They maintained their clinical qualification, kept up to date with best practice guidance and training for managers, was a dignity champion and a 'dementia friend', and ensured they passed good practice onto the staff team.

Working in partnership with others

• There were exceptional examples of when the service had successfully worked in collaboration with external professionals. As a result, people who used the service were kept safe and experienced very positive outcomes. We saw many examples of the positive impact the service had on people's lives. For instance, going out of their way to ensure people had access specialist equipment that made a real difference in their physical comfort or independence.

• All professionals were extremely complimentary about the service people received. One social worker said, "If I was looking for care for my parents this would be the agency I would go to."

• The service and the registered manager were held in high regard due to their very positive track record.