

Chiron Healthcare at Home Ltd

Chiron Healthcare at Home Northampton Branch

Inspection report

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30 September 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Chiron Healthcare at Home Northampton Branch is a care at home service providing the regulated activity of personal care to 21 people at the time of this inspection. 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.

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

People were protected from the risk of abuse and neglect and risks to people's health were assessed to reduce risks. There were enough staff to provide safe care to people in their homes.

Medicines were safely administered. Staff followed infection control policies and procedures, including COVID-19 guidance to reduce the risk of the spread of infection. Systems were in place to ensure that accidents and incidents were recorded and acted upon.

People had their needs assessed prior to receiving personal care. Staff were inducted effectively into the service and trained. Staff received regular supervision to develop their roles. Where needed people were supported with their meals and to maintain a balanced diet. Referrals were made to other health and social care professionals as and when required.

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.

People and their relatives were listened to and were able to make decisions about their care. Staff were kind, caring and respectful. Care was provided in a dignified and respectful way.

People's received person-centred care. People were able to make choices about the way they wanted their care to be provided. A complaints policy and system were in place so that any complaints could be dealt with appropriately. People felt able to raise concerns with staff and management if needed.

The management team had a good understanding of the regulatory requirements of their roles. People's feedback on the quality of care was sought. People told us they felt the service was well managed, and communication was good. Systems were in place to monitor and check on all areas of the service.

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

This service was registered with us on 22 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Chiron Healthcare at Home Northampton Branch

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

This inspection was carried out by two inspectors.

Service and service type

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

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 September 2022 and ended on 30 September 2022. We visited the

location's office on 26 September 2022, and made phone calls to people on 30 September 2022.

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 professionals who work with the service. 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

We spoke with four people who used the service, and one relative of a person who used the service. We also spoke with four staff members, the deputy manager, and the provider. We looked at multiple records during our inspection, including care plans, staff files, medication records, call logs and training records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. The provider had a safeguarding policy in place and people or their representative knew how to raise any concerns they might have.
- People told us they felt safe when receiving care from staff. One person said, "I have always felt safe with the staff. I would raise a complaint if I didn't."
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- Suitable risk assessments were in place to document any risks that were present within people's lives, although in some cases required further detail. One person had diabetes, and more information was required to ensure staff fully understood the signs and symptoms of illness, and how to react. The provider told us this would be added immediately.
- Other assessments included moving and handling assessments, skin care, and environmental risks that may be present. Staff understood these risks, and updated records whenever things changed.
- People and relatives we spoke with told us they had copies of care plans and risk assessments within their homes, and they were happy the content reflected their up to date needs and requirements.

Staffing and recruitment

- There were enough staff to provide consistent care to people. One person said, "They are always on time unless there is a bit of traffic, but I get a phone call if they were going to be late." People told us their needs were met promptly by a consistent staff team. One person said, "I usually have the same staff arrive, I have got to know them."
- A system was in place to monitor staff calls and ensure that no calls were missed, or late, and ensured that management could take action promptly if required.
- Staff were recruited safely. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were administered safely. There was an electronic system for recording medicines. Medicine records were reviewed regularly by management. This meant any issues with medicine management could be identified and addressed quickly.

- Staff received training in safe medicine administration. All the people we spoke with were happy with the support they received in this area.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely.
- We were assured the provider was following the guidance at the time of the inspection by accessing testing for people using the service and staff.

Learning lessons when things go wrong

- Systems were in place to ensure that lessons were learned if things went wrong. Accident and incident recording was in place to make sure details of any incidents were documented, and actions created to reduce the risk of recurrence.
- Staff meeting minutes showed that any issues and concerns were discussed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 had their care needs and preferences assessed and identified before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required .

Staff support: induction, training, skills and experience

- Staff were trained to ensure they could deliver effective care. Staff members told us they received an extensive induction training period, which included covering basic training courses and shadowing more experienced staff. One staff member said, "The induction was very good, I didn't have to go out on any care calls by myself until I was confident and felt I knew what to do."
- Staff were trained to care certificate standards. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported with regular supervision from management. This included spot checks on their work, which looked at things such as interactions with people, punctuality, Medicines administration, and Personal Protective Equipment (PPE)use.

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

- The staff provided some people with support to prepare meals and drinks. Most people had the support of family members in this area, but when staff did support people, they felt confident in doing so. Staff we spoke with knew how to support people. People had information around their support needs with food and drink documented within their care plans.

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

- Staff worked with other health and social care professionals to promote better outcomes for people. This included professionals such as occupational therapists, when a person required support to use specialised equipment within their home to aid their mobility and independence.
- Information about people's healthcare needs and conditions were detailed within their care plans.

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 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 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.

- We saw that capacity assessments had been carried out for people using the service, although some of these required more detail. The provider showed us a new form that was in the process of being rolled out for use, which would document the required detail around mental capacity.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received support from staff who had a friendly, positive, and caring approach towards them and their family members. One person said, "They [staff] have the time to have a chat with me which is nice, because I don't see many other people. They are all very nice." Another person said, "I can't fault them [staff] at all, they know me well."
- Staff we spoke with understood people's backgrounds and culture, respected people's differences, and were trained to understand equality and diversity within care.

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

- People and relatives said they were involved in their own care planning. One relative said, "I have been involved in the care planning for [name]. We are lucky to have this company. They do more than just the basics."
- Staff we spoke with including management said they regularly checked in with people to ensure any changes in care could be expressed and implemented as required.

Respecting and promoting people's privacy, dignity and independence

- People and relatives we spoke with all confirmed that staff were respectful of privacy and dignity when undertaking care tasks within their homes. One person said, "The staff are fantastic people. I have no worries about them at all. They are very respectful and polite."
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care that was personalised to their needs. One person told us, "This is a really excellent company. We had a lot of care companies before this one that were useless, but this one is great."
- Care plans documented people's individual preferences and history, for example, we saw care plans which included personal background and family history, an 'All about me' section, Important relationships and 'Things people like about me' information.
- Staff supported some people to take part in activities within their community, and maintain relationships with others. For example, the provider arranged a sunflower growing competition to get people involved in an activity with others. Other examples, included taking people out shopping, to music groups, theatres and sports events.
- The service was flexible to people's needs and people told us that if they needed their care calls changing, the service was able to meet their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The management understood the need to provide people with information in a variety of formats if required, to meet their needs. We saw that regular news and updates were sent to people which included pictures and large print.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which enabled complaints to be recorded and dealt with formally. We saw that when complaints were made, a detailed record was kept and actions were taken to address issues promptly.
- People we spoke with understood how to make a complaint and felt confident they would be responded to promptly if they did.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The registered manager was aware of what was required should someone require this type of support.

- Staff had received end of life training in care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff and management were positive about providing good care to people, and were proactive in seeking out ways to improve the service. For example, the provider had volunteered to be part of forums and discussions with other government and health and social care professionals in relation to best practice in care and other matters.
- The management team and staff all had a good knowledge and understanding of the people they were supporting and knew them well.
- Staff told us they were happy working at the service and felt supported by the registered manager and provider. One staff member said, "I've worked here a long time and it's very good. All the support I need is from the managers." Another staff member said, "The management have been very understanding and supportive with my personal situation."

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 management team and the provider understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- All the staff we spoke with felt confident in their roles and clear about what their duties were. They were all confident to ask for support when needed and thought they would get it.
- People and relatives spoke highly of the service and the way it was managed.
- Detailed and regular audits and checks took place across the service by the management team. This included regular quality meetings which looked at all areas of the service. An in depth analysis of care calls and timings, medication administration, finances, and staff note taking was undertaken. Where any gaps or issues were found, there was a prompt response to drive improvement.
- There was a dedicated member of staff who conducted staff spot checks and supervisions, to ensure standards remained high within the service.

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

- People and relatives felt engaged with the service and told us communication was good. We saw newsletters were sent out to people to update them on a wide range of topics within the company. For example, activities and events, office updates, birthdays and celebrations, and health and wellbeing updates.
- People were able to feedback to the service both formally and informally and felt their voices were heard. One person said, "They do listen when I ask something."

Working in partnership with others

- Contact with health professionals was made promptly to ensure joined up care was effective and met people's needs.
- The management team and provider were open and receptive to feedback during our inspection. All communication we saw both internal and external from the management team was open and transparent.