Chesterford Homecare Limited

Chesterford Homecare

Inspection report

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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

Chesterford Homecare is a domiciliary care agency and provides care to people living at home in the community. This service provides both live in carers and visiting carers and supports older people, people living with dementia and adults with a physical disability. Chesterford Homecare was previously known as Audley Homecare and at the time of our inspection there were 27 people using the service, of which 13 people were in receipt of personal care.

There was a registered manager in place who had been registered since the last inspection and was present at the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had its last comprehensive inspection in September 2017 and we identified a number of concerns and rated the service 'requires improvement.' We asked the provider to take action in response to our findings. At this inspection we found that the provider had addressed the concerns that we identified.

At our last inspection quality assurance systems had not always been effective in recognising and rectifying issues and where people's views about the service had been obtained there had been no analysis of the feedback. At this inspection we found that audits on practice and on documentation had been undertaken on a regular basis and the information used to drive improvement at the service. People's views about their experience of using the service had been obtained, the results analysed and actions taken to address the issues identified. The results showed that people had confidence in the service and the quality of care provided. People's comments, including both positive and negative had been published along with the actions taken which demonstrated an openness and transparency.

At our last inspection we found that the systems in place for the recruitment and selection of staff were ineffective and recruitment checks had not routinely been carried out before staff started their employment. At this inspection we found that improvements had been made and appropriate checks were undertaken on staff prior to their employment to ensure they were suitable to work with people using the service.

At the last inspection we found that not everyone had an up to date care plan which guided staff as to their care and support needs. Risks to people's wellbeing had not always been clearly identified and actions taken to minimise these. At this inspection we found that improvements had been made. People's needs were assessed prior to the commencement of care and the information used to develop a detailed and informative care plan to guide staff. The care plans were person centred and people's care needs were regularly reviewed and plans amended as required. Staff were provided with guidance about how risks should be managed and steps that staff should take to reduce the likelihood of harm.

There were sufficient staff employed and people told us that they received care from a consistent team of

staff who knew them well. There were clear systems in place for people and staff to seek advice and support out of hours. On the occasions where the service used staff from another agency we saw that they asked the other care agency to provide information on the staff as to their suitability.

There were systems in place for the management of safeguarding concerns and staff were clear about the actions that they should take if they had a concern.

There were procedures in place to guide staff in the administration of medicines and regular audits to check that people were receiving their medicines as prescribed. During the course of the inspection we identified a small number of anomalies with medicines and the registered manager responded to these by strengthening the auditing process.

Staff had received training which provided them with the necessary knowledge and skills. Staff performance was monitored to ensure that they were working to the required standards and regular staff meetings were held. Staff told us that they were well supported and the management of the service was approachable and helpful.

People were supported by staff who were described as being kind and caring. Staff enabled people to make choices and remain in control of the decisions around their care.

People were supported to eat and drink in line with their preferences and needs. Where there were concerns about people's nutritional intake there was a clear plan in place as to how this should be managed and monitored. People had good access to health care support when they needed it. The agency sought advice appropriately from health professionals when people's needs changed.

There was a complaints policy in place and people's concerns were investigated. People told us that they felt comfortable raising concerns.

Management information was collected and analysed to identity areas for improvement. For example, when incidents took place, the registered manager reflected on what happened to ensure that issues were identified, and where appropriate information was shared with staff and people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

There were systems and processes in place to guide staff on how to keep people safe.

Risks to people's wellbeing were identified and plans were in place to reduce risks.

There were sufficient staff to meet the needs of the people using the service and clear arrangements in place to meet people's needs outside office hours.

The provider checked people's suitability to work with vulnerable people.

There were systems in place to oversee the administration of medicines.

Staff were clear about their responsibilities to reduce the likelihood of infection.

Is the service effective?

Good

The service was effective.

Staff received training to enable them meet people's needs.

Staff had received training in the Mental Capacity Act 2005 (MCA) and sought people's consent prior to providing care.

People were referred appropriately to external services when their needs changed.

People were supported to eat and drink.

People were given support to help them stay healthy and access health care support when they needed to.

Is the service caring?

Good

The service was caring.

People had good relationships with staff.

People were consulted about their care needs.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed before they started to use the service and the information was used to develop a plan of care. People's needs were reviewed on a regular basis to ensure that the care provided was appropriate.

Complaints procedures were in place and people's concerns were investigated.

Is the service well-led?

Good

The service was well led.

There is a clear management structure and visible leadership.

Quality assurance systems were in place to drive continuous improvement at the service.

Chesterford Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken between the 5 and 13 November 2018. The inspection was announced. We gave the service notice that we would be doing the inspection so that they could make sure the necessary people were available at the office when we called. The inspection team consisted of two inspectors and an expert 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, and their expertise was in the care of older people.

Before the inspection, the service completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent out questionnaires to people who use service and staff about their experience of the agency. We had 18 responses from people who used the service and their relatives, nine responses from staff and one professional.

In advance of our inspection we reviewed the information we held on the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

As part of the inspection, we spoke to four people who used the service and six relatives. We undertook visits to two people who received care in their home. We spoke to staff both in person and by telephone; in total we spoke with eight care staff as well as three staff from the head office team, including the registered manager and provider.

We visited the office on 5 November 2018 and reviewed a range of documents and records, including care records for people who used the service, records of staff employed, complaints records, medication,

accident and incident records. We looked at a range of quality audits and management records.

Good

Is the service safe?

Our findings

People were overwhelmingly positive about the support they received from the agency, both for live in support and visiting care. One relative told us, "I'd say [my relative] has been much happier since [the carer's] been there, I think [my relative] knew how unsafe they were and were worried about their future. I was always being called at night, and now I know that they are safe and well cared for, it's such a relief."

At the last comprehensive inspection in September 2016 we identified a breach in Regulation 19 of the Health and Social Care (Regulated Activities) Regulations 2014. We found shortfalls in the systems in place to recruit staff. Appropriate checks had not routinely been carried out before staff started their employment to ensure they were suitable to work with people using the service. At this inspection we found that improvements had been made and saw that an application form was in place, references and identification checks had been undertaken on all newly recruited staff, prior to them starting their employment. Gaps in employment were checked and criminal record checks had been undertaken. However, in one of the records we viewed, an omission had been made, but this had been identified and addressed almost immediately by the agency. The registered manager told us that they had learnt from this and showed us a new checklist that they were implementing.

At the last inspection we had some concerns about medicine administration as care plans did not always set out the medicines prescribed and any specific requirements regarding these. At this inspection we found that improvements had been made. Care plans contained clear information about the medicines that people were prescribed and details of any potential side effects.

Staff had undertaken training and were clear if medicines had to be given within an agreed timescale. We looked at a sample of medication administration records (MAR) which staff signed to evidence that people had been administered their medicines as prescribed. Appropriate records were being maintained however we identified an anomaly with one person's medication which the registered manager agreed to follow up. They subsequently identified the issue and sent us details of the changes they had made to the auditing documentation to enable them to more quickly identify shortfalls. We reviewed some of the audits which had been undertaken and saw that the majority of errors which were identified were recording issues. Staff told us that all errors were taken seriously and they were spoken with, and if necessary were required to do a refresher course.

At the last inspection we found that staff shortages had impacted on people. At this inspection we found that the agency had reduced in size and consolidated its systems. They were in a better position to meet their commitments and people were supported by a consistent team of staff. The feedback from people using the service and relatives was very positive and they told us that their carers were punctual, and stayed for the correct length of time, never rushing them to get away early. One person told us, "They're always here on time, I don't have to wait ages for them." A relative told us, "They never go early, in fact they stay longer than is required sometimes. . . . . They go above and beyond what would be expected of them."

Support visits were scheduled in a way that allowed staff time to travel between people and ensure

consistency of care staff. Staff told us that that shortfalls such as those caused by staff sickness were sorted between them and described themselves as a 'good team'. We looked at the records of missed calls and saw that these were not a regular event but when they did occur, they were investigated and actions taken to reduce the likelihood of reoccurrence.

Staff confirmed that there was a call system which worked outside of office hours and this provided them with the support and back up that they needed to protect them and people from harm.

Risk assessments were carried out to identify any risks to people when providing care. There were management plans in place which set out the actions staff should take to reduce the likelihood of harm. For example, we saw that there were risk assessments in place for specific medicines, the environment and the management of people's health conditions. Where further advice was needed, this was sought. For example, a person had been identified as being at risk of falling out of bed and we saw that the service had sought advice from an Occupational Therapist and it was agreed that the risks of them falling would be reduced by them using a low bed, which was now in place.

Incidents were reviewed by the registered manager and provider to identify what they could have done differently and what could be done to minimise future risks. A relative told us how their family member had fallen and how this was taken very seriously by the carer, and the agency itself, and now the carer sleeps within easy reach. They told us, "We also have an alarm which goes off if [our relative] is out of bed for longer than just going to the toilet. Now we feel they are much safer."

We found that people were protected from the risk of abuse because staff had an understanding of abuse and were trained to identify and report any concerns they might have. Body maps were used to record changes in people's skin and possible causes of bruising. Staff had access to a range of procedures which contained the contact details of the safeguarding teams in the local authority areas where people were supported. There were clear arrangements in place to support people who required staff to undertake shopping on their behalf and which provided safeguards to people.

There were systems in place to protect people by the prevention and control of infection. Staff told us that they received training on food hygiene and infection control and had good access to a range of personal protective equipment (PPE). Spot checks which were undertaken on the care provided looked at how staff were using PPE.

Good

Is the service effective?

Our findings

At the last inspection we found that staff support and supervision was not consistent. At this inspection we found that improvements had been made. Staff were positive about the support they received from the registered manager and other senior staff. We saw that staff received regular spot checks which were unannounced where senior staff checked that care staff were implementing their training and working to the required standard. Regular supervision was undertaken and team meetings were held to discuss practice.

We found that the provider had systems in place to provide staff with the skills and knowledge they needed to meet people's needs. People told us that they were supported by efficient, caring, and knowledgeable staff. One relative told us, "There was no haphazard settling-in period, they were good from the start, and have continued to be so." Staff told us that the induction training they received was informative and provided them with the knowledge they needed. Training consisted of a combination of face to face and eLearning and covered areas such as health and safety, nutrition, safeguarding and moving and handling. The registered manager told us they only employed experienced staff to undertake live in duties and they always received a face to face handover before commencing a care package. All visiting care staff shadowed an experienced member of staff before working unsupervised. Staff's understanding of what they had learnt was tested through workbooks, discussion and observation. During the course of the inspection the registered manager subsequently sent us a copy of new competency assessment documentation which they intended to implement.

Care staff were booked onto refresher training which was held on a rolling basis. Staff told us that the agency organised specific training if an individual had a specific health condition or required a specialist intervention. For example, they told us that they supported an individual with a percutaneous endoscopic gastrostomy (PEG.) which is a feeding tube which goes through the abdominal wall and the agency had organised specialist training for this. There was support available to help people access additional qualifications and a number of the staff were undertaking the Qualification and Credit Framework (QCF) training.

People were supported to eat and drink and maintain a balanced diet as outlined in their care package. One person told us, "They do my breakfast nicely for me, give me a choice . . . . they make me a nice cup of tea too." A relative told us, "Meals are served hot and they look good . . . . for tea-time they'll ask what [my relative] fancies, something on toast normally."

Allergies were clearly documented and care plans reinforced the importance of eating well. Where people had been identified as being at risk of malnourishment the care plans provided clear guidance about how to the encourage the person to eat. For example, one care plan stated, 'Please do not ask what I would like for tea as I will often decline…please do not bring in lots of food for me as this will put me off."

People's health was monitored and they were referred to external health services when they needed additional support. A relative told us, "The other day they told me [my relative's] wee smelt quite strong, so

we did a dipstick test . . . . it was fine, but I'm grateful they don't leave things." Staff spoken to were able to give examples of where they had made referrals or communicated with health professionals such as the district nurse or the dietician for advice. One person told us that they had skin tear and how staff had contacted the district nurse who had applied a dressing. In people's care records we saw that the agency had contacted people's GP to clarify health concerns and people's medicines.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that staff had received training in the MCA and the staff we spoke with understood the importance of giving people choices and ascertaining their consent before providing care. We saw that in people's records, best interest decisions were in place.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People and relative's we spoke with who used the agency were positive about the staff that supported them. Staff also told us they had time to spend with people and clearly knew the people who used the service well. They could tell us about individuals and what was important to them. It was evident from our discussions that people had meaningful relationships with care staff. One person told us, "My carers are very nice to me, we talk to each other about all sorts of things . . .. she listens to me when I talk about my family…. They're very cheery when they come, and they notice if I'm down. . . . they were very kind when my relative recently died, and helped me to talk about them." A relative told us, "[My relative] loves them . . .. I think they view (main carer's name) as part of the family now…. I'm very pleased with all aspects of how they care for my relative."

People were actively involved in their care and listened to. A relative told us "[My relative's] carers are very respectful, and patient, they take their time . . .. my relative is extremely deaf so they talk slowly, and speak clearly, they know it helps if they can see them as we think they lip-read a lot." Another relative told us how the agency had listened when they had expressed some concerns. "There was one person my relative didn't get on very well with, nothing against the person, they just didn't hit it off. . ... When I mentioned it to the office they were changed within two days, and my relative has not seen them since."

All people we spoke with said their privacy and dignity were respected. Staff were considered to be attentive, friendly and respectful in their approach. One relative told us, " They have to hoist [my relative] to move them, and they will check that nobody is about before bringing them in, in order to protect their dignity….They totally understand that some things need to be done away from the rest of the family in private." Another person told us, "I'm very happy with the way they treat my relative, their face lights up when they come in, they look forward to seeing the carers…. I've never had any worries that they haven't been kind, gentle and understanding with them."

Good

Is the service responsive?

Our findings

People and their relatives were actively involved in the care planning process and told us that the care was responsive to their needs. One family member told us, "It works so well now that when I visit my relative I'm not running around doing jobs, now we can sit and have family time . . . I'm not the carer anymore, and that is just a gift for us both." Another said, "If I ever had a problem I'd talk to one of the carers directly, they're all very approachable and flexible. ….If we need extra help at times, or we need specific earlier or later visits, they'll do all they can to accommodate us."

At the last comprehensive inspection in September 2017 we identified a breach in Regulation 9 of the Health and Social Care (Regulated Activities) Regulations 2014. We found that the care plans did not always provide staff with sufficient detail. At this inspection we found that the improvements had been made and staff provided with the information they needed to deliver care in a safe and consistent way.

Peoples need's were assessed and information was developed into an informative care plan which guided staff in how to meet people's needs. Care plans provided information on people's abilities, their interests and what they had done throughout their life. The ways in which people communicated was included, for example, one plan stated, 'I have some hearing loss in my right ear and wear a hearing aid. Please change my batteries on a Friday.' Information was included on any preferences, for example, 'I generally have a hot chocolate but I would still like to have a choice.' A one page summary was also in place providing staff with the key details about the individual enabling them to see at a glance what care should be delivered.

Staff told us that the care plans were informative and they were kept up to date. We saw that plans were regularly reviewed and where necessary contact was made with other professionals such as GP's to ensure that the staff had all the information they needed to keep people safe and meet their needs.

Daily records were maintained which outlined the care provided on each visit. We found that these were completed as required and provided an overview of the care provided and any areas which required further intervention or observation.

There were clear arrangements in place for the handover of information between staff where there was a change in live in carer. Most people told us that this worked well however one relative told us that on occasions this was rushed and could be improved.

As part of care planning people's future wishes were recorded. For example, we saw that some people had requested that they would not wish to be resuscitated and had a Do Not Attempt Resuscitation (DNAR) in place. Where people had made alternative requests this was also clearly recorded. The registered manager told us that the service had supported individuals in the past who had required end of life care and they would continue to so to enable people to stay at home. They told us that they had commissioned further training on end of life care for staff and were in the process of rolling this out.

People told us that any concerns were considered and addressed. We saw for example that one person had

said that they were not comfortable with one of the care staff who was supporting them and we saw that this was immediately addressed and an alternative member of care staff provided. We looked at the records of complaints and saw where concerns had been raised they had been investigated and responded to.

Good

Is the service well-led?

Our findings

People spoke highly of the agency and told us that they would not hesitate to recommend the agency to others. One person told us, "I think it's very well organised….and has a good reputation locally. . .. they ring us regularly to check if things are ok." Another told us, "One of the management came out to assess [my relative] beforehand, and they have been back to check if it's working . . . . things seem to run very efficiently. . . . All I can say is that they've provided the service that we asked them for."

At the last comprehensive inspection in September 2017 we identified a breach in Regulation 17 of the Health and Social Care (Regulated Activities) Regulations 2014. We found that the audits that were undertaken were not sufficiently robust and the service had not identified or addressed issues that we found. At this inspection we found that improvements had been made.

The registered manager was being supported by a client relationship manager, a field care supervisor and a recruitment administrator. There were clearer lines of accountability and one member of staff had taken over responsibility for the Live-in component of the service and another for the visiting part. The numbers of care packages had reduced which had enabled them to consolidate and review their systems and how they did things.

The provider told us that they had been through a renaissance which had also included a name change and an introduction of a new motto, 'caring with head and heart'. We saw that they had made changes to the documentation and oversight of the service and there was increased reporting and analysis of data. There was a greater focus on staff meetings and the supervision of staff.

There were quality assurance systems in place to help ensure any areas for improvement were identified and action taken to improve the quality of the service provided. Senior staff monitored the quality of the service provided by regular visits, satisfaction surveys and by regularly speaking with people to ensure they were happy with the service they received. Regular audits were also undertaken on records and these mechanisms helped to assess the quality of the services provided and maintain the quality of the service.

Staff we spoke with were positive about working for the agency and told us that management were approachable and helpful. Newsletters had recently been introduced which served as a way to communicate changes to staff, provide reminders and celebrate good practice. We saw for example that awards had been given to staff for being the first to complete all their eLearning modules. In addition, both live in and visiting care had a carer of the month for which they received a gift voucher. Staff had an individual set of policies and procedures in relation to the different aspects of the service.

People and relatives were provided with opportunities to provide feedback to the management of the service through meetings and surveys. We looked at the surveys which had recently been completed and saw that relatives and people provided positive feedback about the care that they received. The results showed that people had confidence in the service and the quality of care provided. People's comments, including both positive and negative, had been published along with the actions taken which demonstrated

an openness and transparency.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.