

Chilmington Homes Limited

Chilmington at Home

Inspection report

Chilmington House
Westcote Road
Reading
Berkshire
RG30 2ES

Date of inspection visit:
20 February 2018

Date of publication:
06 April 2018

Tel: 01189585329

Website: www.chilmingtonhomes.co.uk

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

Care service description.

Chilmington at Home is a domiciliary care agency providing care support for three adults with a learning disability within a supported living setting where they share a house with another person who receives support from other services. Each person has their own tenancy and individual funding for different levels of care and support based on the local authority's needs assessment. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Rating at last inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

The service continued to provide people with safe, effective care which met their needs. People were kept as safe as possible through robust staff recruitment, effective training, staff support and monitoring. Potential risks were assessed and where necessary, action taken to minimise them. People were supported, where necessary, to receive their prescribed medicines appropriately.

People's rights and freedom were respected and supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People received appropriate support related to nutrition and hydration and their healthcare needs were well met through liaison with external health professionals.

Staff were kind and caring and treated people with respect. People's dignity, privacy and rights were supported in the ways staff supported them.

People's and families views were sought and listened to. Relatives felt their opinions were valued and any concerns were addressed.

People were supported to attend events and activities in the community when this was part of their care plan. Care plans were person centred and regularly reviewed, with input from people and, where appropriate, their families.

Relatives and external professionals all felt the service was well led and run in the interests of the people it

supported. The service advocated strongly on behalf of those supported and worked very effectively with external care and health agencies.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Chilmington at Home

Detailed findings

Background to this inspection

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

The service was last inspected in October 2015 when it was rated Good.

This comprehensive inspection took place on 20 February 2018 and was announced. It was carried out by one inspector, supported by an expert by experience who spoke with the relative of one person receiving support. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The service had submitted a provider information return (PIR), in November 2017. 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 looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed the information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted three representatives of the local authority who funded people supported by the service, for their feedback and received comments from each of them.

During the inspection we spoke with one person supported, the registered manager and six staff. We examined a sample of three care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including one recent recruitment record, training and supervision records and medicines recording.

Is the service safe?

Our findings

People and relatives said people were safe in the care of the staff. One person told us, "I feel safe." A relative said, "I feel he is very safe."

People continued to be supported by staff who were trained about keeping them safe and knew how to report any concerns. Staff were confident the service would respond positively and appropriately to any safeguarding concerns. One concern raised with us during the inspection was responded to immediately by the registered manager who was able to satisfactorily address the matter. Staff understood their responsibilities and were aware of the provider's whistle blowing policy, should they feel something needed to be reported outside the organisation.

People remained as safe as possible because the service had systems in place to keep them safe. These included individual, premises and fire risk assessments and appropriate action was taken to minimise any identified risks. For example where people were assessed as at risk from epileptic seizures, detailed information was provided for staff on the appropriate response.

People's needs continued to be met by sufficient numbers of knowledgeable, trained staff, employed by the service. The service used a robust recruitment process to ensure, as far as possible, the staff employed had suitable skills and a caring approach. New staff worked within the provider's registered residential care service during induction so their skills could be directly observed. The day to day work of staff was monitored periodically after this via spot checks, to monitor the quality of their interventions and help keep people safe. Staff completed a recognised induction process which included completion of all core training and assessments of competency. All staff were expected to work towards an appropriate social care qualification.

Staff were open and transparent about reporting incidents and accidents. They were reviewed by management and any necessary learning was taken from them to reduce the risk of recurrence. For example an incident while travelling in a vehicle led to the adoption of different seating arrangement and other appropriate changes. The registered manager and staff had acted in an advocacy role to help keep people safe where placement decisions outside of their direct control had placed people at potential risk.

Two of the people supported could present some behaviours which challenged staff. Staff understood the provider's policy to use de-escalation and distraction techniques. They understood the situations which might trigger these behaviours for each person and intervened proactively to try to avoid them arising. These and other support plans and risk assessments were regularly updated to ensure they remained relevant.

People's medicines were still managed safely where necessary, on people's behalf. A robust medicines management system, regular training updates and assessments of competence helped ensure staff knowledge remained current and minimised errors.

People, were protected from the risk of cross infection by the use of appropriate personal protective equipment (PPE) when staff delivered personal care. Spot checks included monitoring of the use of PPE by staff. During the recent flu season staff rotas were changed so staff didn't work across both of the provider's services to reduce the risk of cross infection.

Is the service effective?

Our findings

People and relatives felt staff knew people well which enabled them to offer effective support. A relative told us, "They really do know how to support [name] well. They proactively encourage [name] to cook for themselves. It's not always successful but they do try to involve [name]." They added, "I do believe [name] is happy living there. I feel they are really really brilliant with [name]. They really try to push [name] to do things for themselves." One issue was noted by a relative who was concerned about their family member's lack of friends.

People's rights were protected in the way the service worked with them, respecting their right to make decisions and be involved in their care. Where people did not have capacity to make complex decisions, best interest discussions had taken place involving relevant others to safeguard people's rights. The service had also acted as advocates for the people supported to try to ensure their needs were met. One person had their own independent advocate who visits them periodically. The service had managed the transition of one person to a care home very well.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where necessary applications should be made to the Court of Protection for a Community DoLS via the local authority. We found the service was working within the principles of the MCA. The registered manager told us they had referred two people for consideration of a Community DoLS.

People still received person centred care and support which was sensitive to their diverse and individual needs and preferences. Care plans provided clear guidance and included reference to mental capacity issues where necessary. Staff were selected to work with individuals based on likely compatibility, for example, where they had shared interests. People were as involved as they wished to be, in decisions about their care along with families with the person's consent, or where best interest decisions were needed. All were able to communicate their day to day wishes and needs to staff. Staff knew them well and understood each person's preferred communication. Staff sought consent from people before providing personal care.

Staff were positive about the quality of the care provided to people. One said, "We provide good person-centred, specific care for each individual." Another staff member said, "Communication is really good and they make sure the service users come first. They also work well with other professionals. They really care about getting each and every one a good life." Their views were supported by the positive feedback from external health and care professionals.

People still received support from a team of well trained and supported staff who had undergone a comprehensive induction to their role. The service used the care certificate framework (a set of 15 standards health and social care workers need to complete during their induction period), as their induction tool. This meant they received a comprehensive induction to equip them with the skills and knowledge needed. This was complemented by regular training updates in all core areas. Staff described the induction process as, "Really good, it was full of really good information and very thorough," and, "Brilliant." They said the training

provided was comprehensive and their competence was assessed. One staff member said, "They have a good online training resource, you can do things that are outside the essential training." Staff felt the skilled and experienced management team provided effective ongoing support through supervision and annual appraisals.

People still experienced good support around diet and fluid intake. These were monitored when necessary as shown by the recording found within people's files. A relative said, "They do try and encourage [name] to eat healthily."

People still received excellent healthcare support from a service which liaised very effectively with external healthcare specialists when necessary. This ensured people's health needs were met in a timely way. Care plans referred to healthcare needs and included detailed guidance when needed, for example, around seizure management. Care files included reports from external health specialists, including the speech and language therapy team and mental health services as well as records of routine health checks. A relative was happy with the healthcare support provided by staff. They said, "The staff take care of [name's] health needs." A relative told us about how the staff were working with a person's individual health needs. They went on to explain that people took turns to cook the Sunday lunch with staff.

Is the service caring?

Our findings

People and relatives said the approach of staff was very caring. A relative said, "[Name] is really well looked after by the staff. It's not just in a professional role that they care for [name], they are also warm and friendly towards [name]." Another relative's view was, "All the staff that I have met and seen with [name] have been very caring and warm. They actively try and include [name] in making decisions, such as good decisions about food."

Staff continued to work in a caring way with people using their preferred communication method, to encourage involvement in decision making. Staff knew and understood the people they supported, very well. One staff member told us, "We have [name] who uses Makaton, we have all learned basic signs and [name] is helping us to improve on this. We always try and involve them in anything they are able to decide. It is always fundamental to have their best interests at the centre of our work." A second staff member commented, "People are really well cared for."

People's files contained communication passports which clearly described the person's preferred method(s) of communication, how they might display various emotions and how staff should respond. People's diverse needs and wishes were also recorded and this enabled staff to deliver personalised care.

Staff respected people's rights and decision making. A staff member told us, "We encourage people to make good decisions and choices. We are also very aware that they are able to make not so good choices. It's not our job to make them do things they don't want to."

People's privacy and dignity were still respected by staff. Staff described in detail the various ways they supported dignity when delivering personal care. Examples included keeping people as covered as possible while washing them, talking to people during the process of providing care, encouraging and involving people and explaining what they are doing.

Is the service responsive?

Our findings

Relatives told us the service and staff were very responsive and kept them appropriately informed and involved. A relative said, "The staff keep me informed at every level. I like to be informed about what's happening." Another relative told us, "I attend all the planning reviews and so does [name] if available. We enjoy talking through what the plans are for now and for things in the future. Our voice is heard and documented in [name's] plans and we are part of that decision-making process."

People were supported to attend activities or events in the community where this was part of their care plan. Where this was the case, the events and activities were noted in their care plan. One person told us about some of the activities they were supported to attend in the community, which they really enjoyed. They also said they decided what they wanted to do and said, "I do my own thing." People's diverse needs were supported by the staff and the service had advocated on people's behalf to try to obtain support from other relevant services. People received appropriate, individual and relevant care and support. Their care plans and assessments supported this. They were detailed and identified all relevant aspects of the person's support needs, including for example, those relating to health, communication and community access.

People and relatives felt their views were listened to and any issues raised were addressed. One person told us, "I have no complaints," and said that any issues were sorted out. One relative said, "I have no problem with the service [name] receives, they are brilliant at what they do." Another relative told us, "When I've flagged up some issues I was concerned with, they've always been dealt with and I've always been treated with the utmost respect from all the staff." One relative would have liked their family member to be supported to go out more, but recognised this was a funding issue outside the service's direct control. The feelings of relatives were summed up by one who said of the service, "They go out of their way to solve service user's problems. If they feel things need to be changed to improve a person's life, they go out of the way to have meetings and discuss how it can be done." The service had responded positively where any conflicts had arisen between people sharing supported accommodation. Staff had worked with them to help them resolve the issues and improve their relationship. Action had been taken to safeguard people where the actions of one tenant had placed others at risk.

People were provided with information in a form they could understand. The service complied with the Accessible Information Standard, which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. Key documents such as the complaints procedure and the results of quality surveys were made available in an 'easy read' format. Documents could be provided in other languages if required. Pictures, symbols and objects had been used to support people's communication in the past and some people's cupboards had pictures on the doors to identify the contents. One person's care plan noted the need for documents to be read to them by staff to ensure they could access the information. The service made appropriate use of technology in supporting people's needs. A person was supported to use a computer-based communication programme to keep in touch with those important to them. Epilepsy monitors were used where necessary to help keep people safe.

Is the service well-led?

Our findings

Relatives felt the service was well run and described the management team as hands-on and the organisation as being run very effectively. They felt everyone in the organisation was approachable and accessible when needed. One relative told us, "Yes I feel the organisation is well run and if I had any issues I could speak to [the registered manager] or [director]. I feel I would be listened to. I believe [the registered manager] manages them very well and I feel that the organisation has really good values and puts people first."

A registered manager was in post to manage the service day-to-day. 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.

Staff felt the service had positive values and management demonstrated these in everything they did. They valued the fact that the management team had a wealth of knowledge and experience. The service offered staff opportunities and encouragement to progress and develop their skills and knowledge. Staff demonstrated a good understanding of their role and the legislative framework surrounding it. They indicated there was a good team spirit. They felt well supported through ongoing supervision and professional development. Staff felt the service was well run. One member of staff said, "I find the company really proactive as an organisation when making decisions. It's really lovely working in this type of environment, where people are very well cared for." Another staff member commented, "We work together really well and support each other. Equally we receive support from our managers and management team, who are approachable and always available to speak to you." A third said, "We are a really tight team and everyone gets along. This is a good benefit for service users as we work together to get the best for them." As a result of staff feedback, regular staff meetings for the service were about to be restarted.

People's views and those of their families were sought through periodic surveys. The most recent survey forms were only just being returned but showed a positive response about the service. A relative told us, "I've not done a survey yet, however, we are consistently asked about how we feel things are going. We have options to speak to staff on any occasion we feel we want to raise any issues." A local authority representative told us, "This is a highly regarded service."

The management team are on site regularly to monitor the quality of care and identify any issues. Managerial monitoring and other tasks are listed as an aide memoire and all aspects of the service are regularly monitored which had led to a low level of issues. For example there had been no medicines errors identified and no notifiable events had taken place. A notification is information about important events which the service is required to tell us about by law. The provider and management team kept up to date with developments in social care by attending relevant training and conferences. For example, the provider had attended a recent "Better health for better lives" conference. The provider had a workforce development plan and business plan for this and their other registered service and progress was subject to regular monitoring and review. The registered manager completed ongoing audits of the service. The service

worked very effectively with external care and health agencies on behalf of the people it supported. A local authority representative commented, "They are very engaged with services to promote the well-being of their clients." Another reported, "We have no concerns about Chilmington at Home."