

Worcestershire County Council

Home Care Service

Inspection report

Ground Floor North Wing, Wildwood
City Hall Campus, Spetchley Road
Worcester
Worcestershire
WR5 2NP

Tel: 01905843341

Date of inspection visit:
28 June 2016
01 July 2016

Date of publication:
10 August 2016

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

This inspection was announced and took place on 28 June and 1 July 2016. We gave the provider 48 hours' of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Home care service is registered to provide personal care to people living in their own homes. A range of personal care services were offered by the provider. These included short term support to maximise independence and longer term support, usually for people living with dementia. At the time of our inspection 173 people received care and support services.

There were four registered managers in place, a lead registered manager and three registered managers who each covered services within a separate geographical area. 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.

People were safe and cared for by staff who had a clear understanding of the risk associated with people's needs. Staff demonstrated knowledge of the different types of potential abuse to people and how to respond. People had their individual risks assessed and had plans in place to manage them. Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

Staff had been recruited following appropriate checks and the provider had arrangements in place to make sure that there were enough staff to ensure that people had their calls at the agreed time and by the required number of staff. People told us they received care from reliable staff who understood their personal preferences. People felt staff were trained to meet their needs and staff told us the provider gave excellent access to training, which gave them the right skills for their role.

People were involved in making decisions about their care. Staff understood they could only care for and support people who gave their consent. People told us that they were happy with the way in which staff supported them with preparing their meals and that staff gave them a choice. Staff worked with external health professionals and people told us they were supported to access healthcare appointments.

People said staff were caring and provided support that ensured they were treated with privacy and dignity. People were supported by staff to maintain and improve their independence. Some people had received services to regain their independence and no longer needed support at home.

People were encouraged to express their views and give feedback about their care. People said staff listened to them and they felt confident they could raise any issues should the need arise and that action would be taken.

People were positive about the care and support they received and the service as a whole. The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made.

Staff felt supported by the registered managers and that the provider gave them opportunity to progress. The management team was committed to developing new initiatives to support the care provided to people.

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.

People received care from staff that understood how to keep them safe and minimise the risk of potential harm.

People were supported by a sufficient number of staff and were happy with how staff supported them with their medicines.

Is the service effective?

Good ●

The service was effective.

People received care in the way they wanted and from staff who were trained to support them.

Staff had a good understanding of their responsibilities and sought people's consent before providing care.

People's dietary needs and preferences were supported and input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs from care staff who had caring relationships with them. Staff provided care that took account of people's privacy, dignity and individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their needs and when they needed it.

People felt staff and management were responsive and there were regular opportunities to feedback about the service.

Is the service well-led?

Good ●

The service was well led.

People and staff were complimentary about the service and had their views listened to.

Staff felt well supported by the management team and people benefited from a service which was regularly monitored because the provider had systems in place to check and improve the quality of the service provided.

Home Care Service

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.

This inspection took place on 28 June and 1 July 2016 and was announced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had 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 provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in.

As part of the inspection, the provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

We spoke to 11 people who used the service and five relatives by telephone. At the service we spoke with three registered managers, five team leaders, a care co-ordinator and five members of care staff. We looked at the care records of five people to see how their care was planned. We also looked at three staff files, medication records, staff observation (spot check) records, complaints and compliments logs and checks and audits records.

Is the service safe?

Our findings

We spoke with 11 people and five relatives all of whom told us they felt safe with the care staff coming into their homes and providing care. One person told us they felt assured when staff arrived and said, "Staff shout out when they arrive so I know they are here." One relative told us they were assured staff kept their family member safe, they said, "They keep her safe, I've no concerns on that score."

All staff we spoke with demonstrated a good understanding of the types of abuse people could be at risk from and confirmed that they had received training in safeguarding people. They were clear about the steps they would take if they had any concerns. Prior to the inspection we sent the service a Provider Information Return (PIR) including a questionnaire to staff. All 42 members of staff that responded confirmed that they knew what to do if they suspected a person they supported was being abused or was at risk of harm. They also confirmed that they felt people they supported were safe.

Staff told us they were confident to report any concerns with people's safety or welfare to senior staff or the registered managers and that action would be taken. Two members of staff told us of concerns they had raised. They said that action had been taken and the situation had been quickly resolved.

All staff we spoke with were able to describe the different risks to people and how they supported them. One member of staff gave examples of when two members of staff were needed for a call. All staff told us they referred to the care plans before providing care and this was confirmed by people we spoke with. People's risks had been assessed when they first received care from the service and had then been reviewed and any changes recorded in care plans. One relative told us, "There are risk assessments, if anything changes they [senior staff] come out and change them." Staff said the assessments gave them the correct level of information to provide care and support.

Staff were organised into different teams, one to cover services in promoting independence and one to provide longer term care called the side by side team. People receiving care told us there were sufficient numbers of staff available to meet their needs. One person said, "I do get different staff from within the team but I've met them all before so I don't mind." A relative told us, "Different staff do cover calls but they are all professional so it's not a problem." Staff confirmed they were able to attend all of the required calls. One member of staff said, "We always manage to cover the calls. It's a good team, we all help cover each other and help each other out."

The provider used an electronic call planning system to ensure staff cover. The system recorded all care calls and alerted office staff if a visit had not been made enabling them to take action to ensure people received the support they needed. A member of staff said, "The care co-ordinators do a fantastic job they always manage to arrange the staff so we can cover the calls."

We saw records of employment checks completed by the service to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of

criminal convictions.

Some people told us they received support with their medicines. One relative said, "They support [relative's name] with her medicine, I've got no worries." They said that they felt assured that staff were trained and observed guidance as they would not administer any medication that was not recorded on the Medication Administration Record (MAR) sheet.

Staff confirmed they had received medicines training which included being observed by one of the senior staff. Staff told us what actions they would take if people refused their medicine. One member of staff told us, "People have the right to refuse but I would explain why it was important," and told us that they would notify the office and ensure it was recorded. Checks of the medicines record sheets were made to ensure staff had correctly recorded the medicines they had given to people. Where any gaps or concerns had been noted the care staff were supported with supervision and additional training.

Is the service effective?

Our findings

All people we spoke with told us that staff knew the care they needed. One person told us they felt staff were well trained, they said, "They [staff] are very good at what they do." A relative we spoke with told us, "They [staff] are definitely trained; they know what they are doing."

All staff we spoke with said they felt confident to deliver the care that people required and their training helped them do this. All 42 members of staff that responded to the PIR questionnaire sent prior to the inspection stated they received the training needed to meet people's needs, choices and preferences. Staff said training was a strength of the service and described it as excellent. One member of staff said, "Training is right for the job, it's second to none." Another member of staff said, "Training is brilliant, you can't fault it." All five care staff we spoke with gave examples of how training had impacted on the care they gave to people. For example, one member of staff explained how dementia training had improved how they gave choices to people in a way they would understand.

All staff told us they received regular supervisions, which gave them the opportunity to discuss their role or any issues and request further training. Staff also felt the management team were always available to talk to if they needed. Senior staff completed staff observations in people's homes so they ensured staff knew how to provide the care as expected and in the right way. For example, making sure the correct moving and handling guidance was followed.

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

We saw the provider had made sure staff had access to training to help them understand the requirements of MCA. Four of the staff we spoke to told us they were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. People we spoke with said staff checked if they agreed to receive care. One person said, "Staff always ask if I'm OK before they start." One relative told us staff sought the consent of their relative, they commented, "[Staff] ask their permission before they offer any support."

Staff knew what action to take if people did not consent to their care. Staff gave us examples of the actions they had taken when this had happened. This included offering the care again later and reporting concerns to senior staff if they thought this would affect a person's health and well-being.

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. Applications to deprive someone of their liberty must be made to the Court of Protection.

The provider had made applications to the Court of Protection where they assessed people required support in making decisions. The registered manager told us they previously worked with other agencies when a best interest decision was made on behalf of one person who used the service.

Where people were supported with the preparation of meals, they told us support was good. All staff we spoke with told us about the importance of giving people choice, which was also confirmed by the people we spoke to. Nine people we spoke to told us that staff were patient and encouraged them to finish their meals and also made sure they drank plenty of fluids. Staff also told us how they encouraged people's independence by supporting them to prepare meals. One member of staff said, "It's good if they can do part of the meal themselves, we [staff] encourage them and work together." Staff also knew who required a specialist diet or support when eating their food. For example where people required softer foods or where certain foods needed to be avoided.

Staff demonstrated that they knew when to contact outside assistance. One relative told us how they had been supported to access the GP when their family member was unwell. They said staff had alerted them and then supported their family member when further tests were required. One person who used the service said they would always ask staff to help them if they needed to contact their GP. They said, "They [staff] always help in such cases, you only have to ask."

The promoting independence team had good links with health colleagues and worked closely with occupational therapists. We spoke to one occupational therapist who told us that communication was good and the teams worked well together for the benefit of people using the services and to streamline the care provided. They told us they felt that staff were well trained and were a very good team of staff.

Is the service caring?

Our findings

All of the people we spoke with told us they felt staff were caring. One person said, "I can't sing their praises enough." A second person commented on staff and said, "They are all brilliant," and a third person told us, "I can't say anything bad about any of them, they are all golden." A relative told us of the relationship they had developed with staff, they said, "They are all so caring and very professional, more than that they have all become friends actually." One person said the, "Girls are very helpful and supportive."

Staff we spoke with said they were motivated to provide good care. One member of staff told us, "I enjoy my job, they are a lovely lot of people". Another member of staff said when they supported people, "I do it for the service user and not the business." Staff spoke in a caring way about the people they supported. They told us by providing care to the same people they could build up relationships and get to know them and their families. A member of staff said, "You get to know people really well, you just want what's best for them."

All people we spoke with said staff encouraged them to be involved in their care. People told us care staff asked them how they would like their care to be given or what they would like. One person said that if they wanted different staff or to change the way the care was delivered they would tell care staff. All staff we spoke with explained how they involved people in decisions about their care. One member of care staff said, "We want to know what works for them".

All of the people we asked told us staff were considerate and treated them with dignity and respect. One person told us, "Staff are polite and they respect us." One relative told us, "They [staff] always make my [relative's name] know when I am here, so that she is made aware. I have respect for that."

Two relatives told us staff also respected their home. One relative commented, "When the carer's arrive, they always knock the door and when they leave they also make sure they put things away." A second relative told us, "They leave everything neat, whatever they use they put back neat."

One person told us how staff encouraged them to maintain their independence, they said, "I am quite independent and they [staff] always encourage me." A relative commented, "My [family member's name] mobility is quite poor, staff encourage them to do regular basic exercise to keep fit." Where people were supported by the promoting independence team, senior staff completed an assessment which agreed short term independence goals with people. Staff told us assessment of people's progress was reviewed with people throughout the agreed period of support.

Care plans gave information to staff on maintaining a person's independence and ensuring they treated people with dignity and respect. Staff told us how they respected people as individuals and how they involved people in their day to day care and which promoted their independence. Staff we spoke with also shared their understanding of caring for someone with dignity. They told us about practical ways in which they maintained a person's dignity. One staff member listed things they did such as closing curtains when people were getting dressed as well as ensuring doors were closed when supporting people with personal

care.

Is the service responsive?

Our findings

All people we spoke with and their relatives were very happy with the service and the staff. People told us staff understood their needs and made them feel comfortable in discussing and sharing their day to day tasks. One person told us, "Staff encourage people to share what they like and dislike so they can offer right support to individuals in regards to their preferences and choices." One relative commented they respected the way staff gave care, which they said, "Shows that they care for each individual".

People's needs were assessed and reviewed. People told us and we saw that care plans were reviewed and that they had been involved in the reviews. One person told us, "They listen to me and what I want." One relative told us, "Senior staff come out for reviews, check if all OK or any changes. They do talk to me, I feel listened to." Another relative told us, "They [staff] definitely do know [relative's name], what she likes and the care she needs."

A wellbeing form was completed by staff on each visit. They recorded the wellbeing of the person receiving care and how they were feeling. One member of staff said, "If someone is unwell there's a reason and the form can pick up trends and action is taken." For example, they said relatives could be alerted or a GP could be called.

Staff said good communication systems were in place to advise them of any changes. Staff in the promoting independence team had access to computerised care records so they could update and access information in a timely way. Staff in the side by side, longer term care team told us updates were telephoned through to them. One member of staff said, "It's a good system, it's a system that works." They said communication was discussed at team meetings to ensure all staff were updated. One person we spoke with said, "Staff are flexible and if I contact them to come late or early they adhere to it, and therefore I feel listened to. They also respect my needs."

Staff demonstrated a detailed knowledge of the people they cared for and how they supported them in the way they wanted to be supported. One relative told us how they had requested a change in carer, they said things had worked out to their satisfaction. They commented, "I was very pleased, office staff did listen."

The provider had a procedure for people to raise complaints should they have them. Nine people we spoke with told us they had not had reason to complain but were aware of how to raise concerns. One person told us, "I would contact the manager without hesitation." Another person said, "I would ring the number in the folder they have given me. I would certainly call if I was not happy." People we spoke with told us they felt assured that action would be taken as necessary. One relative told us they hadn't had reason to complain but if they had a query they said, "I will always ring the office. I have always been given help."

All staff we spoke with told us they knew how to raise concerns or complaints on behalf of people receiving care and support. All 42 members of staff that responded to the PIR questionnaire sent prior to the inspection stated they would feel confident about reporting any concerns or poor practice to their managers. One member of staff told us about a concern they had raised, they told us prompt action had

been taken. The member of staff said, "I raised a concern. Managers followed up and took action. I would chase them [if no action was taken] but I never had to."

There had been four written complaints over the previous twelve month period these were logged by a separate team within the provider. Records kept showed complaints received were logged, investigated and responded to. The registered managers looked to take any learning for improvements from complaints received.

Is the service well-led?

Our findings

All people we spoke with were very positive about the service they received. One person told us the quality of the service is, "Top! Top! Top!" and a relative said, "The service is excellent, I'd recommend them." People told us that they had been provided with an information booklet when they first used the service, which gave them information on the service including its aims and visions and contact numbers if they had a query.

Nine people we spoke with told us the management and senior staff were 'approachable and helpful'. One relative said, "Managers often visit us and discuss if there are any changes." One relative told us they felt, "This service is very well managed." Staff also spoke positively of the management. They told us they felt listened to and supported with one member of staff said, "The managers are always there for you. You can ask anything. [Registered manager's name] is spot on, 100%, I really rate them."

All staff told us they received regular supervisions and attended staff meetings, which gave them the opportunity to discuss any issues or request further training. One member of staff told us, "An agenda is sent out prior to the meeting, you can add to the agenda. Anything can be discussed." Another member of staff told us, "We share experiences," and told us the team would discuss what worked well.

Regular spot checks were made by team leaders to observe staff care practice. One member of staff said, "Spots checks are made which include peoples feedback. The record goes in our supervision file". This was confirmed by people we spoke with who told us supervisors and managers had visited them and asked questions on how they can improve the service or if they would like to bring any changes within the service.

The registered managers felt that all staff worked well as a team. Staff confirmed this with one member of staff telling us, "It's a brilliant service, everyone works well together." Another told us, "I'm proud to say I work for this team. I am proud to wear my badge." Three members of staff also told us that the provider gave them opportunity to progress. One member of staff commented, "They have supported me to achieve a higher level of training, I really appreciate their support."

We saw that the service had received a number of compliments from people and their relatives, the registered manager logged these and we saw that they then passed on the thanks and comments to individual staff. One member of staff said, "I feel valued, if we do something good they send a thank you email."

The provider had sent a questionnaire to all people using the side by side service in July 2015 asking for their feedback and opinions on the care provided. A response was made by 36 people and the overall results were published in a report, a summary of which was sent to all people using the service in September 2015. The results showed that people were happy with the care provided. People who responded said carers kept them safe and respected their property whilst assisting them to be as independent as possible. Where an area had been identified for improvement the summary stated how this would be addressed going forward. People using the promoting independence service were given a questionnaire to complete at the end of

their short term care. Feedback was positive and we saw that where people raised issues action was taken in response.

The registered managers completed a number of monthly checks to assure themselves of the quality of care being delivered. The registered managers told us how they supported each other and held weekly registered managers meetings. We saw that if any improvements were identified these were noted and actioned.

The three registered managers we spoke with said they were well supported by the provider, they told us they had been given access to management training and had shadowed health colleagues to enhance their skills and knowledge. Each registered manager also had a day off site each week to support staff out in their teams, which they felt worked well. They also advised how being located at council offices gave them good access to other council teams, for example the safeguarding team or social work teams, who they could approach for advice and support.

The registered managers told us the service was developing and was currently under review. New changes were also being implemented, for example a new training programme had been introduced for manual handling. Programme coaches had been trained and the training was now being rolled out to the care staff.