Derbyshire County Council

Cromwell House (DCC Homecare Service)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 1 and 11 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records.

The service provides personal care and support to people who live in their homes in and around the High Peak area of Derbyshire. At the time of this inspection nearly one hundred people received support from the agency.

The service is required to have a registered manager. 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 manager had been in post for three months and had applied to the Care Quality Commission to become a registered manager.

The service could not demonstrate all people received their medicines as prescribed. Medicine administration records were not always accurate and procedures were not always followed to ensure people receiving medicines were supported to do so safely. Audits, and steps taken to improve medicine administration records were not effective.

Not all staff had received up to date training identified as required by the provider. Systems and audits in place to ensure staff training was up to date were not always effective.

People told us they felt safe with the care provided by the service. Staff we spoke with had received training in safeguarding people, however not all staff had received up to date training. The service could not demonstrate staff were always deployed to meet people's needs safely.

People were supported to raise any worries or concerns. However, some people had not experienced improvements to the service, despite raising their concerns.

Risks to people's health or risks in their homes were identified and assessed in care plans with people. Staff recruitment was managed safely.

People were cared for by staff that were respectful and caring. Staff had developed positive and caring relationships with the people they cared for. Staff supported people with their independence and promoted people's dignity and privacy. People were involved in planning their care and support.

The provider had a policy in place on the Mental Capacity Act 2005 and people's consent to their care and support was obtained in line with guidance. People received support from staff who had the skills and knowledge to meet their needs, including how to support people with their nutrition and hydration needs.

People were supported to access other healthcare provision when required.

People received personalised and responsive care and their views and preferences were respected.

The service promoted an open and inclusive culture. The manager demonstrated an open and inclusive style of leadership.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Procedures to ensure the safe and proper use of medicines were not always followed. Staff were not always deployed in a way that met people's needs. Staff employed by the service had been subject to pre-employment checks to make sure they were suitable to work at the service. People felt safe and risks were identified and assessed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff training had not always been kept up to date. Staff felt supported through supervision and meetings with their managers. People were supported to have good health and nutrition. The provider had a policy in place for the Mental Capacity Act 2005 (MCA) and people's consent to care and support was obtained in line with guidance.

Is the service caring?

Good

The service was caring.

People felt staff were respectful and caring. Staff understood the principles of dignity, respect and independence and supported these principles as part of their day to day work. People identified what care and support they required and their views and decisions were respected.

Is the service responsive?

Requires Improvement

The service was responsive.

People knew how to make compliments or complaints and any complaints received were investigated. However, people did not always experience improvements to the service despite raising concerns. People received personalised care, responsive to their needs and were involved in planning and reviewing what support they needed. The views of people and their preferences were respected.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Records of medicines administration were not always accurate or complete and audits of medicines administration charts were not effective. Steps taken to improve services were not always effective. Systems had not been effective at ensuring all staff were trained to the provider's expectations. The management and culture of the service was open and inclusive.

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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 1 and 11 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection team included one inspector 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.

Before the inspection we looked at all of the key information we held about the service. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

In addition, during our inspection we visited two people and one person's relatives in their own homes and spoke with 18 people or their relatives on the telephone. We also spoke with the manager and another of the provider's registered managers. We spoke with three staff with responsibility for organising calls to people and four care workers.

We looked at three people's care plans and other care records relating to an additional four people. We looked at medicine administration record (MAR) charts and reviewed other records relating to the care people received and how the agency was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

One person told us, "[Staff] give me my medication. It all gets written down in the book. They re-order my medication." Another person told us staff did their creams and staff, "Record it." However, we reviewed medicines administration record (MAR) charts in the office and found these contained errors. Records for one person showed gaps where no signatures or explanation of why paracetamol had not been given as prescribed. On some occasions, there was nothing recorded for consecutive periods of up to six days for medicines prescribed to lower cholesterol. MAR charts were not consistently signed. This meant that the provider could not assure themselves that people received their medication as prescribed.

Staff did not maintain accurate and up to date records of the medicines they administered to people. We reviewed the MAR chart of a person who had been supported by staff with their prescribed creams that morning. However the MAR chart was not signed to say this person's creams had been applied. The staff member who had attended that morning, confirmed they had forgotten to complete the MAR chart as required. This meant there was not an accurate and complete record of the prescribed cream that had been applied. This was a concern because there was a risk that the person may not have received their medication as prescribed.

We also found errors when MAR charts had been handwritten by staff. One person was prescribed paracetamol four times a day; however staff had handwritten the MAR chart to administer paracetamol three times a day. This meant that for a period of one month this person did not receive the prescribed level of paracetamol a day. The provider's policy stated MAR charts must not be handwritten by the home carer. In an emergency the policy permitted managers to write MAR charts and to have these preferably double signed. On this occasion this policy was not followed and resulted in a person not receiving their medicine as prescribed. Risks relating to the health, safety and welfare of people were not mitigated as policies designed to safeguard people from medicines errors were not followed.

Although staff told us they had been trained in medicines management we found not all staff had attended, as required by the provider's training policy, up to date training in medicines management. Therefore the service could not demonstrate people were supported to take their medicines as prescribed and that staff received training to support them with the safe management of medicines in line with the provider's policy.

This is a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People's views on whether the service had sufficient staff were mixed. Some people told us they felt the service had sufficient staff most of the time. However, other people told us staff occasionally arrived late, and when they called the office this resulted in an explanation or another staff member visiting. One person told us, "Generally they are very good. I understand if someone needs extra time." One person told us they had, 'Staff not available' written on their rota. They told us, "My [family] or somebody will help. It is not often, it is just now and again but it is quite a worry when you see that no one is coming." Another person told us the staff who came to them changed quite a lot, they said, "They are short-staffed so it is understandable." The manager told us they were recruiting more staff in some geographical areas where they had identified

occasional staffing pressures. Other people told us they received support from a consistent staff group when this was needed, and other people who had different carers told us this was not a problem. Their comments included, "I get some [staff] more frequently than others, but they are all very good," "One or two [of the staff] are regular, I get others, but they are all very nice," and, "It varies a little bit but I do love them all." People were not always supported by sufficient numbers of staff as people had experienced staff not being available to meet their needs.

People told us the care and support they received from the service helped them to stay safe. One person told us, "I feel very safe with [my carers]," another person told us, "Yes, very safe; they are very good." People also commented they felt confident in their carers to deal with any emergencies. Comments included, "[Carers] notice things like safety; smoke alarms," and, "[Carers] could deal with emergencies, I'm sure." People told us they knew who to contact if they had any worries and people we spoke with told us they felt confident to do so. Staff could tell us about their safeguarding training and understood the type of issues that would require a safeguarding referral to be made. However we found that not all staff were up to date with their safeguarding refresher training. This could compromise people's safety as not all staff had been trained in line with the provider's policy to ensure that their knowledge and practice relating to safeguarding remained up to date.

We saw that staff supported actions to address specific risks to people by including the input of other professionals. One staff member told us, "Occupational therapy are always involved with any moving and handling and soon come out to help." We saw involvement from other professionals in people's care plans and risk assessments. For example, in addition to professionals involved with moving and handling practice, we saw professionals involved where people had difficulty swallowing and how their food and drinks needed to be prepared. This meant staff were well supported to understand individual risks to people and to take action to reduce those risks.

Staff told us, and records confirmed, they reported any accidents or incidents in line with the provider's reporting process. Records showed that appropriate actions were taken in relation to any incident, including how to reduce further risks. This meant any risks to people were managed safely.

The service checked to ensure staff employed were suitable to work with people using the service. When we checked staff recruitment files we found checks on people's suitability to work with people had been completed. This included references from previous employers and checks to confirm people's identity. This helped to ensure people with the right skills and approach to working in care were employed by the service.

Requires Improvement

Is the service effective?

Our findings

Although staff told us the training they received was up to date and helpful to their job role we found not all staff training had been kept up to date. Managers told us staff refreshed their training every three years. However we found some staff had not refreshed their skills in medicines management since 2009 and 2010. Other staff had not refreshed their training in safeguarding since 2009 and 2010. Refresher training in first aid for another two members of staff had not been completed since 2008 and 2010. Three staff had not received refresher training in food safety since 2010, 2012. We were told training dates had now been booked to ensure all staff would be up to date with the training required for their role, however not all staff were kept up to date with relevant training.

People told us they felt supported by staff who understood their needs. One person told us, "I am most happy with the carers. I have a good understanding with them." Another person told us, "When they come here it is like they are coming home. They know where everything is and what is to be done and they just get on with it."

Staff told us they felt supported by their managers through individual supervision as well as at staff meetings. One staff member told us, "[Supervision] has been very useful; I can ask [my manager] questions." They also told us their manager observed their practice and gave feedback and this was useful. Records showed managers observed staff in such areas as assisting people to mobilise and use of personal protective equipment. Staff received feedback and support to develop their skills and experience.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. People had been asked for their consent to care and treatment in line with guidance. One person told us, "As soon as [staff] come in they introduce themselves and ask what I want done, and how I want them to do it." Records also showed people had their views discussed as part of their care and support and consented to it. We found people had been asked about their care and treatment and their choices, views and preferences had been recorded. One person told us, "Right at the start they asked what was the best time for me, which I thought was excellent."

Where people lacked the capacity to consent to specific decisions regarding their care and support the service worked in line with guidance to agree and follow decisions made in the person's best interest. This meant that the service was supporting people who lacked capacity effectively.

People who received support with their meals had sufficient to eat and drink. One person told us, "[Staff]

prepared food and I leave out what I want so it is my choice." Staff we spoke with told us, "I always ask [the person] what frozen meal they'd like." Another staff member told us about how they met a person's diabetic needs and how they, "Always leave them with a drink." Care plans recorded if people had any specific dietary needs as well as any preferences.

People were supported to access other healthcare services. One person told us, "They notice if I am ill. They noticed it and reported it and they did everything to get it better; they would call the doctor if needed." Another person told us, "They do tell me if they think something is wrong and I can phone the doctor." Staff told us and records confirmed they involved other professionals, such as district nurses where appropriate to help people receive the appropriate healthcare and treatment.

Good

Is the service caring?

Our findings

All the people we spoke with told us they felt staff were respectful and caring. People's comments included, "Staff are respectful and friendly,"; "Marvellous, [staff] are wonderful," and "[Staff] are respectful and helpful." People also told us staff helped them maintain their independence. One person told us, "I am an independent person anyway but they do encourage me." Another person told us, "They get me to do as much as I can and will watch and help. Things like one of them asked, 'Are you alright on your feet today? Let's see what you can do.' We went in the kitchen and I was making toast. They don't expect me to do it every day but if I am up to it I can, which is great." Staff supported people with a caring approach and supported people with their independence.

People's privacy and dignity was respected. One person told us, "[Staff] close doors and curtains and are generally thoughtful." Another person told us, "One day I asked them if they could bring me a bowl of water so I could have a wash. They had a think and suggested they could make a seat by the side of the basin so I can sit in the bathroom with the door shut and do it myself. They are careful to keep my dignity intact. They never just walk in, they always ask." Staff worked to promote people's dignity and respect their privacy.

People told us staff had a caring attitude. One person told us, "We chat about things and I show them my knitting; we talk about our families. They give me a wave as they walk past to another place." Staff spoke warmly of the people they supported and demonstrated an empathy and understanding of people's needs. For example, one member of staff told us, "If someone has dementia, I always make sure they know who I am. I ask people what they did years ago, or sing with them. Before you know it they're having a laugh. I think having compassion builds up trust." Staff also showed a commitment to providing care and support which respected people and their homes. One staff member told us, "It's a lot for people; having different people go into their home; I'm always polite and respect their home, it's how I would want someone to be in my home." Other staff spoke of what actions they took to support people's privacy, for example, staff spoke about closing curtains and having towels prepared before supporting people with personal care. Staff were respectful, kind and caring.

People told us they were involved in writing their care plan and were involved in reviewing if any changes were needed. Comments from people included, "[Staff] came to visit me and talked about what I needed,"; "We [person and their relative] were both involved in the planning," and, "I have a care plan. They tell me what they have written in it and I say okay." Records confirmed care plans reflected people's views. Where reviews of care had been recorded, we again saw the involvement of the person and any other people involved in their care and support. People, and other people involved in their care and support, were involved in planning what care and support was needed.

Requires Improvement

Is the service responsive?

Our findings

The provider had a policy and procedure in place to manage and respond to complaints. We reviewed the records of any issues or complaints that had been received by the service. We saw one person raised a concern that staff rotas were not received on time. We saw the manager had investigated this and confirmed delays were due to delivery arrangements. In this case, staff had arranged to call the person to let them know the care arrangements for the next week. However, other people we spoke with told us they also experienced this problem. We did not see arrangements had been made to call all people affected by the delay in receiving rotas. One person told us, "We don't get the rotas on time. It might not come until the Saturday so we won't know who will be there. [Name of person] asks who is coming and at what time, [they] find it a bit unsettling not to know." The manager was aware that other people were still affected by this issue and told us they were working on a solution. However they had failed to consistently implement interim measures to ensure that they were responsive to the concerns raised.

People told us that if they wanted to raise a concern or make a suggestion they would know how to so. One person told us they had raised a concern, they said, "They responded very positively." Another person told us, "There have been little things over the years but they have been very responsive and sorted them out." One person told us staff sometimes came late in the morning and they had raised their concerns with the service, however they had not as yet seen an improvement. Other people told us they had contacted the service to give compliments. One person told us, "I have rung with a compliment but not a compliant."

People contributed to the assessment and planning of their care. One person told us, "I had [a review of my care] not long ago. They do listen because I made a remark that they picked up on and said they would write it down." Other people told us they had a review of their care once a year. Records showed care plans were reviewed with people, their relatives and their views were recorded. One person's records showed they had a review of their care when their needs changed. They told staff they felt better and had requested to now be assisted to sit in a chair rather than rest in bed. We saw that their care was reviewed with other professionals involved in their care and changes were made to the person's care plan and equipment obtained to support this person's wishes. People contributed to their care plans and reviews and received personalised and responsive care.

People told us staff understood their views and preferences. One person told us, "Staff know my preferences and I can leave them to get on with it." Another person told us, "[Staff] always ask what I want and say, 'If you think of anything else just let me know.'" Records showed people's choices and preferences, for example people had been asked their preferred name and what type of food and drink they liked. One person told us, "Right at the start they asked what was the best time for me, which I thought was excellent." Other people told us the service was flexible to fit round their needs. One person told us, "I am going to phone the office in a minute because I have got a hospital appointment and will need them to come early." Staff provided personalised and responsive care and respected people's views and preferences.

Requires Improvement

Is the service well-led?

Our findings

Systems and processes were not always effective at securing improvements and identifying shortfalls. MAR charts were audited to identify any errors by managers at the office. However during our inspection in July, MAR charts for February had only just been submitted for audit. These MAR charts contained errors and missed signatures, therefore errors were not identified until five months after the incident occurred. This meant medicines errors, including where people had not received their medicines as prescribed, were not identified in a timely way. We also saw staff had been reminded about their responsibility to sign MAR charts at meetings. Despite these concerns being identified and reminders being given, we saw that MAR chart were still not being completed as required. Actions to address the shortfall in MAR chart recording were not included on an action plan to identify improvements. Systems and processes to assess, monitor and improve the quality and safety of services provided and reduce risks to people, were not effective as audits and steps taken to secure improvements were not effective.

Systems and processes to ensure staff members completed training as required by the provider had been ineffective. This was because systems and processes had failed to identify that staff members had not completed the training as expected by the provider. This meant people may not always be supported by staff with the level of skills and knowledge expected by the provider. Systems designed to identify shortfalls had not identified, and ensured improvements were made in a timely manner.

An action plan, based on audits of the service had identified other improvements. For example, the provider had identified improvements were needed in risk assessments and had planned how this was to be achieved. In addition, the action plan identified policies and guidance and had set dates on when this would be discussed with staff. In addition, meeting minutes showed managers completed health and safety audits. The manager also contributed to and received information from the provider's quality and compliance group. The manager showed us a report from this group that highlighted learning from an incident at another of the provider's services. This meant the provider had identified where improvements could be made and had a system to share learning.

Staff told us the service was inclusive and open. Managers attended staff meetings and we saw staff called into the office to talk with their managers throughout the day. One staff member told us, "It's absolutely fine to raise any issues and I report everything to my manager. We've got such good backup; I'm not worried to report issues." Another staff member told us, "My manager is very good." Other staff we spoke with shared the view that the managers of the service were approachable and listened. All members of staff we spoke with told us they enjoyed working for the service. One member of staff told us, "I get more out of this job than I can say; I like caring for people and making such a big difference to people's lives." Another staff member told us, I love [my job] I give 100% but I get that back." The service was led with an open and approachable management style and staff were motivated in their work.

We asked the manager how they collected feedback from people and how they evaluated and used this information to improve services. The manager was relatively new in post and did not have this information to hand. However they obtained feedback from another manager who advised that people's comments on

their experiences of care were collected as part of an annual review of their care. We saw people were asked such questions as, 'whether they were satisfied with their care', 'whether staff treated them with dignity and respect' and 'whether they were kept informed of day to day changes'. We were told that this information was collated by managers and any issues raised were passed onto to senior managers. We were told questionnaires were also sent to some people and reports shared with senior managers. Whilst we could see some systems and processes were in place to gather people's views, the manager told us they would be looking to develop these further.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not being provided in a safe way as arrangements for the proper and safe management of medicines were not in place. 12 (1) (2) (g)