

Hartlepool Borough Council

Direct Care and Support Team

Inspection report

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13 December 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Direct Care & Support Team is a domiciliary care service which provides reablement (short term support usually after people are discharged from hospital), 'telecare' services (technology to help people live at home longer) and emergency respite care for family carers to over 3000 people in the Hartlepool area. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, 19 people were receiving personal care.

Since the previous inspection the service has moved to an office located at the University Hospital of Hartlepool. The service works closely with health professionals to facilitate timely discharges from hospital or care homes which provide rehabilitation, so people can return home with appropriate support.

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

People told us they felt safe and staff were kind and caring. Staff supported people to regain their independence and confidence. People's privacy was respected.

Staff knew how to safeguard people from abuse. Where concerns had been raised, these had been dealt with appropriately. Medicines were managed effectively. Risks to people had been assessed and actions identified to reduce risk. Recruitment practices reduced the risk of unsuitable staff being employed.

People were supported by suitably trained staff. People's needs were assessed before care was provided and were reviewed regularly. Staff received regular supervisions and said they felt supported by the management team. Staff supported people to access health services if needed. Dietary needs were assessed and, where required, people received support with their meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans were up to date about their individual needs and preferences. Complaints were managed appropriately.

The registered manager had a clear vision about the quality of care they wanted to provide. People's feedback was sought and acted upon. Staff were aware of their roles and responsibilities. Quality assurance systems were in place to monitor the quality and safety of the service. There was a focus on continuous improvement.

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

Rating at last inspection

The last rating for this service was good (published 5 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Direct Care and Support Team

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 6 December 2019 and ended on 13 December 2019. We visited the office location on 6 and 13 December 2019 and contacted people and relatives on 11 December 2019.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all this information to plan our inspection.

We spoke with four people who used the service about their experience of the care provided and received feedback from two relatives via email. We spoke with eight members of staff including the registered manager, three supervisors, two homecare workers, one intermediate care assistant and the nominated individual. A nominated individual has overall responsibility for supervising the management of the regulated activity and ensuring the quality of the services provided.

During the inspection

We reviewed a range of records which included three people's care records and four staff files, in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the staff who supported them. One person told us, "I feel safe with the staff that come into my home."
- Staff had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns they had. Safeguarding records showed appropriate and prompt action had been taken.

Assessing risk, safety monitoring and management; preventing and controlling infection

- There were effective risk management systems in place. People's care plans included risk assessments about individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were clearly set out for staff to refer to.
- Assessments of specific risks within people's homes had been completed and staff were provided with guidance on how to manage these risks.
- Systems were in place to prevent the spread of infection. Staff had access to personal protective equipment such as disposable gloves and aprons.

Staffing and recruitment

- Safe recruitment procedures were followed although we did find gaps in one staff member's employment history. When we mentioned this to the registered manager they said this would be addressed immediately. Other background checks had been completed thoroughly.
- Staff arrived on time and stayed for the right amount of time; electronic call records confirmed this. When people requested shorter calls, due to them regaining their independence, this led to a reassessment of their needs.

Using medicines safely

- Medicines were managed safely. Medicine administration records (MARs) were completed as required and signed to show people had received their prescribed medicines at the right times.
- The management team carried out regular medicine audits. Records showed appropriate action had been taken where issues had been identified.

Learning lessons when things go wrong

- Accidents and incidents were recorded, investigated and analysed appropriately.
- Systems were in place to learn lessons when things went wrong. The management constantly reflected on the performance of the service and lessons learnt were shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began to use the service. Information gathered during the assessment was used to create people's care and support plans. These clearly set out people's needs and how they wished to be supported.
- People's needs were planned and reviewed regularly to ensure they received support that met their changing needs.

Staff support: induction, training, skills and experience

- People and relatives felt staff were well trained for their role. Staff training in key areas was mostly up to date, although staff had not completed up to date equality and diversity training. When we discussed this with the registered manager they immediately arranged for staff to complete this.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisal meetings. Staff said they felt supported.
- Staff who were new to care were expected to complete the Care Certificate, which is considered best practice induction training. Alongside this, staff also completed an in-house induction and were able to shadow experienced care workers before going on visits alone.
- Staff practice was assessed through regular spot checks or direct observations of the care provided.

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

- People received support with eating and drinking, where people had needs in this area.
- Eating and drinking care plans were personalised and included details of people's preferred way of being supported, such as what food people preferred and how they liked to eat it.

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

- Staff worked closely with other professionals to aid people's recovery. For example, occupational therapists, physiotherapists and the falls team. One person told us, "I think it's great the physiotherapist can come to the house as it's not easy for me to get out at the moment."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- At the time of the inspection no one currently using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- Staff had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised and they understood the importance of gaining a person's consent before providing any care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us how kind and compassionate staff were. People said this had a positive impact on their wellbeing. One person told us, "I can't do what I used to do and I find that frustrating, but the care staff have been great. They have been very thoughtful and kind." A relative said, "The staff are wonderful and provide great support."
- Information about people's religious and cultural needs was included in care records, where people had specific needs in this area.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect. One person commented, "Staff are very caring and they always treat me with respect."
- Staff supported people to regain their independence. People said they were respectfully encouraged to do things for themselves. One person told us, "I've just started having the carers come in. I found this difficult at first as I've always been so independent, but the staff are very good. They always treat me with respect." Another person said, "The care staff have been great helping me to get my independence back."
- Staff explained how they respected people's right to privacy and dignity. Staff understood the importance of treating people as individuals and referred to people in a respectful way.
- Staff spoke positively about their role. One staff member said, "I find the job really rewarding and I love my job."

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

- People were supported to express their views and were involved in making decisions about their care.
- People and their relatives were given the opportunity to provide feedback about the service when the care package ended, usually after six weeks. Feedback we viewed was consistently positive.
- Care plans reflected people's communication needs and guidance was in place for staff to follow. For example, where people had a sensory impairment or other disabilities which affected their ability to communicate.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred, up to date and reviewed regularly. They were well written and contained detailed information about people's daily routines and specific care and support needs.
- Staff we spoke with knew people's needs and preferences well.
- Staff were responsive to people's changing needs. People said staff were observant and helped them recognise when changes needed to be made to their level of support.
- The provider used technology to effectively respond to people's needs. Staff had access to electronic hand-held devices which held people's details securely. Staff used these to make diary entries and handover notes, which the management team and other staff based in the office could access and respond to.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the AIS standards. Information about the service could be provided in different formats if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to regain their independence and confidence by accessing the local community.
- People were supported to engage with community and voluntary groups which could offer advice and help reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain although nobody had any complaints. People told us if they had any concerns they would speak to staff based in the office.
- People who used the service were given a copy of the provider's complaints policy when they started using the service. This contained clear information about how to raise any concerns and how they would be managed. Complaints were dealt with appropriately.

End of life care and support

- At the time of the inspection nobody was receiving end of life care.
- People were asked about their wishes regarding end of life care and this was recorded in their care plan,

where they had felt able to discuss this sensitive issue.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives were happy with the care provided and told us they would recommend the service.
- The management team demonstrated a commitment to providing good quality care.
- The registered manager was aware of their responsibility to be open in communications with people and others involved in their care.
- There was an open and transparent culture at the service. Staff felt able to raise issues or concerns and felt supported by the management team. Staff said they felt valued and respected.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their roles and responsibilities and led the service well.
- Staff were clear about their roles and responsibilities. They told us these were discussed in individual supervisions and team meetings.
- People, relatives and staff said the service was well managed. The registered manager, who had previously worked as a supervisor in the service, had been in post since May 2019. One staff member said, "[Registered manager] is very approachable and professional. I think she's doing a good job."
- The management team completed a range of quality checks to monitor, review and improve the service. These were effective in identifying and generating improvements.
- The registered manager understood their regulatory responsibilities to inform CQC about significant events at the service.

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

- People's feedback was sought regularly and acted upon.
- Staff had opportunities to provide feedback via supervisions, team meetings and an annual survey. Staff told us they were able to raise issues at any time.

Working in partnership with others; continuous learning and improving care

- Managers and staff worked well with health and social care professionals daily.
- The management team welcomed our inspection and said our feedback would be used to further support

continuous improvement.