

West Berkshire Council

West Berkshire Council Home Care Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

West Berkshire Home Care Service is a domiciliary care agency providing care and support to people who live in the community. It mainly offers a short term service to assist older people with their rehabilitation after hospital admission or illness. Since November 2017, the provider also offers a long term care service. It provides a service to older adults, younger disabled adults, and people living with dementia, physical disability and sensory impairments.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. 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.

This inspection took place on 19 February 2018 and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

The Care Quality Commission (CQC) only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Not everyone using the service receives the regulated activity. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to 49 people.

The service had a registered manager in place. 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 registered manager supported us with the inspection.

People felt safe while supported by the staff. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

Staff training records indicated which training was considered mandatory. Most of the staff were up to date with their mandatory training but many were due refresher training. The registered manager had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. We have made a recommendation for the registered manager to refer to the current best practice guidance on ongoing training for social care staff.

Staff had ongoing support via regular supervisions and appraisals. They felt supported by the registered manager and senior staff and maintained good team work.

People were supported by sufficient numbers of staff to meet their individual needs. People were informed about the changes to and timings of their visits. The service had an appropriate recruitment procedure to follow before new staff were employed to work with people. They checked to ensure staff were of good character and suitable for their role.

People were supported by a dedicated and caring team of staff and the registered manager, helping them to build and maintain their independence and live their life to the fullest. People were treated with respect and their privacy and dignity were promoted. People and relatives felt their care workers were excellent and supported them in the way they wanted. Staff were responsive to the needs of the people and enabled them to improve and/or maintain their independence with personal care. The whole staff team were motivated and proud of the service they provided to the people.

The staff monitored people's health and wellbeing and took appropriate action when required to address concerns. The service assessed risks to people's personal safety, as well as, staff and visitors, and plans were in place to minimise those risks. There were safe medicines administration systems in place and people received their medicines when required.

People received support that was individualised to their specific needs. Their needs and support plans were kept under review and amended as changes occurred. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights were promoted.

Staff felt they worked really well together and supported each other, which benefitted the people supported. Staff thought the registered manager and senior staff team was very supportive and approachable. They worked with them as a team and they had good communication. The registered manager had quality assurance systems in place to monitor the running of the service and the quality of the service being delivered. The registered manager was able to identify issues and improvements necessary and action was being taken to address these promptly. They praised the staff team for their dedication and hard work and appreciated their contribution to ensure people received the best care and support.

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? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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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.

The comprehensive inspection took place on 19 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure the registered manager would be in. The inspection team consisted of 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.

We reviewed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted 13 community professionals for feedback. We received feedback from four professionals.

During the inspection we spoke with six people who use the service and nine relatives. We spoke with the registered manager and received feedback from six staff. We looked at records relating to the management of the service including seven people's care plans and associated records. We reviewed five recruitment records, staff training records, quality assurance records, the compliments/complaints log and accident/incident records.

Is the service safe?

Our findings

People felt safe in their homes and liked the staff who supported them. People could speak with staff if they were worried. People and relatives said, "Yes I am safe. They are very kind, we know them well", "All of them are well trained" and "They're absolutely wonderful – no problems with them whatsoever." Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. Staff had a good understanding when to report concerns, accidents and/or incidents to the registered manager or other senior staff. The provider had a whistleblowing policy to ensure staff were aware of how to raise concerns and staff confirmed they were aware of it. The registered manager understood their responsibilities in regards to safeguarding people who use the service and reporting concerns to external professionals accordingly.

The registered manager and staff team assessed the risks to people's personal safety and put plans in place to minimise these risks. Risk assessments included information about people's needs and skills, and provided information for staff to monitor their safety. As people's needs changed, risk assessments were also adjusted to reflect it. The registered manager also ensured people had the opportunity to seek advice from the local fire brigade with regard to preventing fires in their home.

The registered manager had recruitment procedures in place to ensure suitable staff were employed. They included a fitness check and a Disclosure and Barring Service check to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values. The registered manager also updated forms after our inspection to ensure any follow up information regarding potential staff was clearly recorded.

The registered manager determined the number of staff required according to the needs of the people using the service. They also matched the staff and people who use the service as much as possible so the care and support would be tailored to people's individual needs. The registered manager used a chart to indicate staff's shifts and vacancies needed to cover. They said if people's needs changed, they would adjust staff's numbers to ensure the right support. The staff confirmed they had time to visit and support people and helped each other to cover absences. The registered manager felt the staff worked well together as a team which had a positive impact on people's care and support.

Staff adhered to medicine policies and procedures in order to manage and administer peoples' medicines safely. Staff did not administer medicines to people unless they were trained to do so. Staff helped people order their medicine and prompted them to take it according to the care plan. When medicine errors occurred, the registered manager and staff team reviewed them and took action promptly to address it. When necessary, the registered manager or senior staff would carry out supervision or observations to ensure staff were competent to administer medicine. There was a recent medicine training where medicine errors and prevention were discussed.

There was a system for recording accidents and incidents, and reviewing them. The registered manager said

if something happened it would be on the agenda to discuss it within the team and think of ways to prevent it. They also looked at types of incidents and accidents, and identify themes as part of the learning. The staff confirmed they regularly discussed any incidents or accidents and ways to address it and prevent it. The service had continuity plans to ensure the service could continue in the event of an emergency. There was information for staff about who to contact should they need help and advice and staff confirmed this. A duty team, out of hours team and community staff team covered the service 24 hours per day throughout the year ensuring people using the service remained safe and supported. Staff were provided with and used personal protective equipment to prevent the spread of infection.

Is the service effective?

Our findings

People and relatives spoke positively about staff and told us they were skilled and able to meet their needs. We received complimentary comments from people and relatives about the support they valued most. They said, "I'm very pleased with the service. They come in at 8 am and help me get up. They're very nice indeed" and "The girls are pretty good, in fact, they're excellent." Staff ensured the personal care people received was effective and supported a good quality of life.

We reviewed the latest training information provided to us which recorded mandatory training. 31 staff out of 58 were due to have refresher training in fire awareness. Some staff had out of date training such as infection control/food safety, medicine, mental capacity act, awareness of mental health and dementia, and introduction to dementia. The registered manager provided us with the plan for this training to ensure all staff were up to date with required knowledge and skills. Each member of staff had a certain period of time to complete it. There had been no negative impact to people and their care at this time.

The registered manager and senior staff regularly monitored the attendance of staff to ensure they were all up to date. However, we noted the timescale for refreshing some of this training was not in line with current recommended best practice. For example, safeguarding, medicine and first aid training was refreshed every three years whereas current guidance recommends an annual refresher.

We recommend that the provider refers to the current best practice guidance on ongoing training and monitoring for social care staff.

When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them. Staff felt they could request training to ensure people's specific needs were met. All staff completed the Care Certificate as part of their role. It is a set of 15 standards that new health and social care workers need to complete during their induction period. Staff felt they received enough training to help them carry out their roles effectively. Staff were also able to obtain further qualifications such as National Vocational Qualifications (NVQ).

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. Staff felt they could contact the registered manager or other senior staff any time to discuss various topics or ask for advice. The registered manager and staff said they always kept in touch with each other and it helped them work as a team well. The registered manager praised the staff team and said their communication ensured people received excellent care and support at all times.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, if a person is living in their own home, as are the people supported by this service, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. The registered manager was aware that applications to the Court of Protection were necessary.

People and relatives agreed staff respected people's wishes. Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. The registered manager demonstrated a good understanding of mental capacity considerations and presuming capacity to ensure people could make their own decisions. If there was a situation where someone became unable to make decisions regarding their wellbeing or safety, then they would support the person to make decisions in their best interest. Families and professionals would be involved as necessary.

The staff were aware of people's dietary needs and preferences. Some people needed support with eating and drinking as part of their care package. The level of support each person needed was identified in their support plan. For example, if someone needed encouragement with drinking and having a balanced diet, there was guidance available for staff. Staff were aware of how to monitor people's food and fluid intake if there were any concerns regarding their diet.

Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the registered manager reporting any changes or issues. If needed, health or social care professionals were involved. Each person had individual needs assessments that identified their health and care needs. The service worked closely with a local discharge project to manage people's transfers from hospital to services more effectively. They also worked with various therapists from the NHS and social care sector to help people achieve their maximum potential. Working with local hospitals and so called 'trusted assessors' like occupational therapist, the service had seen a decline in inappropriate discharges from hospital. Their plan was to start assessing people in the hospital setting to ensure the discharge and settling in process was managed effectively. The registered manager and staff also communicated with GPs, local authority, community nurses and families for guidance and support.

Is the service caring?

Our findings

The service delivered care and support that was caring and person-centred and that had a positive effect on people. People and relatives told us they enjoyed staff's company and the chats they were having, as well as the support provided as part of the visit. People and staff knew each other well and had well established relationships. Staff made sure people were comfortable and relaxed in their own homes and able to share any concerns with staff should they need to. People and relatives told us staff knew them well and provided good support. They said, "All the carers are very friendly, they are nice", "They are very kind, there is a male one – he is great!" and "On the whole they are pretty good and they are always caring". People were always placed at the centre of the services provided to them.

The staff ensured the privacy and dignity of people was upheld. They were positive and courteous about the people they supported and explained how they supported people in a respectful way. For example, making sure people were covered during personal care, giving time to use the bathroom, and asking for permission to do things in people's homes. People and relatives told us staff respected their privacy, dignity and choices at all times. They told us they were happy with the care they received. People felt they were treated with kindness and compassion. They said, "They are very, very nice to me...they are all friendly and kind, and they all know what to do", "I feel safe and looked after by the carers" and "I don't know what I'd do without them!"

People and their relatives felt the staff took their time to complete all the tasks and provide support that was needed. Staff knew people's individual communication skills, abilities and preferences and informed people about the care they were providing. They said, "[We] listen, not only to verbal, but facial [expressions] and other ways of communication", "There are lots of ways to communicate, visual aids, sign language, through their family although you need to make sure it is the service users' wishes, not the family's" and "If someone has difficulty hearing, write it down, point to things, be aware of your facial expressions." The registered manager and staff team ensured people's diverse needs were taken into account and wishes followed. Even the small things such as preferable name or food were important. The registered manager explained they encouraged staff to be respectful and mindful of people's individualities, without assumptions and treat them equally. They always tried to enable people to express their own views ensuring people received the care they needed and wanted.

People were encouraged to be as independent as possible. People felt they mattered and were supported to live an independent life as much as possible. Staff told us how they encouraged people to be as independent as possible. "Start slowly and build up the confidence, give encouragement and support" and "Don't take over the tasks, just help them when needed allowing time. Encourage and praise them". Staff and the registered manager understood this was an important aspect of people's lives. People and staff carried out some tasks together but people did a lot for themselves to maintain their independence. Staff were there to help if someone needed assistance. The registered manager said, "The team is committed, professional and they know what I expect from them."

Any private and confidential information relating to the care and treatment of people was kept in their home

in a chosen place. This information was also kept securely in the office. Staff were aware of confidentiality and appropriate information sharing.

Is the service responsive?

Our findings

People received the care and support they needed at the time specified in the care plan. People were informed when the visits were going to be late or changes had to be made regarding staff attending the visit. When staff visited, they would make sure people were comfortable and happy before they left. People received care and support that was responsive to their needs because staff had a good knowledge of the people. The service also used assistive technologies such as a falls alert system where a dedicated service would inform staff the people who used the service needed help. A night warden service was in place during the night for people who did not have a nominated response individual to ensure they were supported when needed.

Each person had an individual care plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. People and their relatives if needed, were involved in the care planning process. The staff were responsive to requests and suggestions, and people's needs and wishes. The care plans had been regularly reviewed and updated to ensure they accurately reflected people's current care needs. People received support that was individualised to their personal preferences, needs and cultural identities. The registered manager and the staff team ensured people felt comfortable asking for help with private and personal matters. Staff used care plans as an important source of information to make sure the support they provided was personalised to each individual. People and relatives felt all staff were approachable, polite and supportive. The care and support provided at each visit was recorded. There was information about people's physical health, emotional wellbeing and how they spent their day. This helped staff monitor people's health and wellbeing, responding to any changes and enabling them to make timely referrals to appropriate professionals.

We looked at whether the service was compliant with the Accessible Information Standard. The Accessible Information Standard 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 they are given. Records indicated whether people had disabilities or sensory impairments. There was some guidance in communicating with people in a manner they could understand such as to speak slowly and clearly. The registered manager was aware of the Accessible Information Standard and its requirements. They said they would review people's communication needs to ensure the information was highlighted and in line with the guidance. This would ensure all information presented was in a format people would be able to receive it and understand it. After the inspection, the registered manager informed us the care plans had been adjusted to ensure this information was highlighted.

The registered manager and staff sought feedback about the support and service from people. They asked and checked people during visits and encouraged people to contact them if they wanted more support or to raise any concerns. Staff shared any information about people with each other and the registered manager on a regular basis. This helped them take prompt actions that would help manage risks associated with people's care and support.

There had been one complaint since the last inspection. The registered manager took complaints and

concerns seriously and would use them as an opportunity to improve the service. They encouraged people, their relatives and staff to always share any issues or concerns so it could be addressed in timely manner to avoid further negative impact. Staff knew it was important to encourage people to raise any concerns with them. They said, "If someone feels they need to make a complaint, I would advise them to call the office... and give procedure in making a complaint" and "By having a rapport with the service users it means they feel they can raise an issue or concern." They knew how to report concerns or issues to the registered manager and could be confident they would be addressed.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People and relatives were complimentary about the care and support and felt their care during visits was managed well. The service's aim and objectives were to provide people with person centred, high quality support and care. The registered manager and staff ensured people, and what was important to them, was at the centre of their work. After talking to people and relatives we could see they were respected, consulted and involved according to the aims and objectives of the service. The registered manager promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive. They took suggestions and advice from staff seriously and acted upon it. For example, they introduced a value-based recruitment process and the feedback was positive helping to get to know the candidate better. The staff team reviewed observation books to record people's daily support and care. Staff's feedback was to keep the current books in place as they captured information well. The management team listened and kept the books as they were. Staff confirmed they felt supported, valued and really enjoyed their work.

The registered manager had a quality assurance system in place to assess and monitor the service delivered. They regularly sought feedback from people and their relatives to help them monitor the quality of service provided and pick up any issues or prevent incidents. These included audits of the files, medicine records, visits, feedback from outside services, staff performance and competency checks and supervisions. There had been two missed visits and these were addressed appropriately. People's experience of care was monitored through daily visits, quality assurance visits, care reviews, and regular contact with people and their relatives. The people and relatives said, "It's been really good, they've all been very good. They have a rota. I'm never quite sure who is coming but they are all very good" and "They are lovely people and they record everything in the book every time." The registered manager took appropriate disciplinary action if they needed to address poor performance. The registered manager reviewed reported incidents and accidents related to falls, health and any errors made when providing care. All the information and actions taken to address any concerns was recorded. People's needs were accurately reflected in detailed care plans and risk assessments. Records were complete, accurate and stored appropriately.

The service worked closely with health and social care professionals to achieve the best care for people they supported. The professionals agreed the service provided was of high quality and they did not have any concerns. They said, "The feedback from service users is that the service offered is probably the best in the area and we often have requests for care to continue with this service rather than transferring to an external agency" and "This is a very established team who has a vast amount of experience and knowledge...they care for their services users in a professional manner and want to help them achieve as much independence as they can manage."

Staff had regular team meetings which they found very useful. The records showed the staff team discussed

various topics such as any changes in people's needs or care, best practice and other important information related to the service. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff and the registered manager worked together as a team and motivated each other to provide people with the support and care they wanted. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. Staff felt there were plenty of opportunities to discuss issues or ask for advice. Staff felt the registered manager and other senior staff supported them and listened to them. They said, "I think the management is brilliant, very committed to the team, they want to help people and are driven to do so. The management always listens to each individual staff member, they always give us time", "We are one of the best community services and I am proud to be part of it" and "I am proud to work for West Berkshire Reablement team. My management team are always there if I need them."

The registered manager encouraged open and transparent communication in the service. They worked with people, relatives, staff and other health and social care professionals to ensure best practice was always present in the service. Professionals working with the service added, "The management team are very committed and conscientious. In my experience, the service is very responsive and flexible." The registered manager valued how staff worked well together as a team. They said, "I love my team – they are a cracking team. They are all individuals and work well as a team. We are very fortunate to have such team, and they have taught me a lot. I have a lot of respect for them."