

Dudley Metropolitan Borough Council

Dudley MBC Home Care Services

Inspection report

Cottage Street
Brierley Hill
West Midlands
DY5 1RE

Date of inspection visit:
16 April 2019
17 April 2019

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21 May 2019

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:

Dudley MBC Home Care Services is registered to provide personal care to people living in their own homes on a short-term basis. On the day of the inspection, 91 people were receiving support.

People's experience of using this service:

People received safe care. People were supported safely and there were enough care staff to keep them safe. There were recruitment systems in place to ensure only appropriate staff were appointed to support people. Where people were administered medicines, this was carried out as it was prescribed. Care staff had access to appropriate equipment in line with the provider's infection control procedures. Where accidents and incidents took place, trends were monitored.

People received effective care. Care staff had the knowledge and skills to support people how they wanted. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. People decided what meals they had to eat. People could access health care professionals when needed with the support from care staff.

People received support that was caring and compassionate. People told us they decided how care staff supported them. Care staff were respectful of people's privacy, dignity and independence.

People received support that was responsive to their needs. Assessments and care plans were carried out to ensure the support people received was what they wanted. There was a complaints process in place to enable people to raise concerns.

The service was well led. The registered manager demonstrated a good understanding of the service and had plans in place to improve the service people received. Communication between the service and people was good. Audits and spot checks were carried out to ensure the service people received was of a good quality. Questionnaires were used to engage with people and the information gathered was analysed to make improvements to the service.

Rating at last inspection:

Rated Good (Report published 23/09/2016).

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our

re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Dudley MBC Home Care Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Dudley MBC Home Care Services is a domiciliary care service. It provides personal care to people living in their own homes on a short-term basis. CQC regulates only the care provided. 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:

This inspection was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be able to speak with a large number of care staff. Inspection site visit activity started on 16 April 2019 and ended on 17 April 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Due to technical problems, the provider was not able to complete a Provider Information Return. 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. We took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the

service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the commissioners who commissioned services from this provider and other stakeholders.

During the inspection we spoke with seven people, three relatives, 11 members of the care staff, care manager, assistant team manager and the registered manager. We looked at the care and review records for three people, three care staff files and records related to the management and quality of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Care staff knew how to keep people safe and were able to explain the actions they would take where they found people were at risk of harm. They were able to show a good understanding of abuse and told us they had completed safeguarding training, which we confirmed by looking at records.
- People we spoke with told us they felt safe within the service. A person said, "It's a very good service and I do feel safe". Relatives we spoke with confirmed this.

Assessing risk, safety monitoring and management

- Risk assessments were carried out before the service started and were reviewed during the service delivery. Care staff told us they had access to risk assessments and were able to describe how risks were managed to keep people safe. A relative explained how equipment was being used to reduce the risk to their relative when care staff supported them out of bed.
- We found risk assessments were carried out to ensure medicines were being managed safely and where risks were identified the provider ensured these were reduced to keep people safe.

Staffing and recruitment

- People told us there were enough care staff to support them. A person said, "The staff were always on time and I was never missed". Care staff told us there was enough staff. We found there was sufficient care staff to support people safely.
- The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people. We found that the process included the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people.

Using medicines safely

- The provider had systems in place to ensure people were supported with their medicines safely. We found care staff could only support people with medicines where they had been trained to do so. A staff member said, "Our competencies are checked regularly". We were able to confirm this.
- Where medicines were administered 'as and when required' we found the appropriate guidance was in place to ensure this was done consistently.

Preventing and controlling infection

- The provider ensured care staff had access to appropriate equipment to stop the risk of infection being transferred between people. A person said, "Staff always wear their gloves". We found that training was also made available, so care staff understood infection control.

Learning lessons when things go wrong

- We found that trends were monitored so learning could be used to improve the service and keep people safe. The registered manager told us that logs of accidents and incidents were monitored and analysed. The registered manager told us while they did not have many missed calls a system was in place to monitor where this might happen and learn lessons. We were able to confirm this from the records we saw.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found people gave consent before care staff supported them and had the capacity to make decisions as to how they were supported. There was no one within the service who had an order from the Court of Protection.
- Care staff told us they had received training in the MCA and we were able to confirm this from the training records we saw. However, while care staff could explain how people's consent was sought they were less knowledgeable about the MCA which identified the need for further training. This was discussed with the registered manager who confirmed further training would be made available to care staff and their knowledge would be checked regularly in team meetings.

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

- People told us they had copies of their assessments which care staff could access in their homes. Care staff told us they could access care records within people's homes.
- People's likes, dislikes were gathered as part of the assessment process. The protected characteristics of the Equality Act was also considered as part of the assessment process to ensure the service people received considered their equality needs.

Staff support: induction, training, skills and experience

- Care staff told us they could get support when needed. We found care staff had access to a range of training to ensure they had the skills and knowledge to support people. Care staff confirmed training was available.
- People told us the care staff had the skills to support them. We found that care staff received regular supervisions, could attend staff meetings and the provider had an appraisal system in place, which care staff confirmed.
- The provider had an induction process in place, which included care staff completing the care certificate and shadowing more experienced staff before they supported people on their own. The certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

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

- Care staff told us they received training in fluid, nutrition, food hygiene and health and safety so where they were required to prepare a meal they could do so. We confirmed this from the training records.
- A person said, "Staff always prepare me something to eat". A relative said, "I prepare all the meals, but staff will warm up a meal or remind them [person receiving the service] to eat".

Staff working with other agencies to provide consistent, effective, timely care

- We found due to the short period of time people could receive the service for that the provider had to work closely with other agencies when handing over services to a more permanent provider.
- The provider worked closely with the NHS in ensuring where people needed ongoing health care support once they were home that this would happen seamlessly.

Supporting people to live healthier lives, access healthcare services and support

- People were usually supported by family members to access healthcare services where they had a scheduled appointment. Care staff told us where people needed medical support in an emergency they would support people by getting an ambulance. Where a doctor, nurse or another health care professional was needed care staff would ensure people could access these services.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us care staff were kind and caring. A person said, "Staff are nice and caring". Another person said, "Staff are caring and compassionate. I wanted the council's service to continue but I know it can't". A relative said, "Staff are brilliant, staff were always caring".
- Staff knew the people they were supporting and could explain people's needs and what care staff did to support people.

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

- A relative told us that while their relative [person receiving the service] was unable to speak, care staff would always use gestures or write things down to enable people to make decisions as to how they were supported.
- A care staff member said, "We would never make decisions for service users, we support them to make decisions".

Respecting and promoting people's privacy, dignity and independence

- We found that care staff respected people's privacy, dignity and independence. A person said, "Staff always shut the door when supporting me to wash and dress and let me brush my own teeth". Care staff told us they would always make sure relatives were not about when supporting people with personal care.
- The registered manager told us that all care staff had to complete dignity and respect training before they could support people and care staff confirmed this. This meant that care staff would know how to support people respectfully.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were involved in the assessment and care planning process and had a copy in their home. A person said, "I was assessed before the care started and I was given a copy". We found that people's preferences and interest were gathered within the assessment and care planning process.
- We found that formal reviews did not always take place due to the short time people were with the service. However, people told us that office staff would sometimes visit them or contact them by telephone to check how the service was.

Improving care quality in response to complaints or concerns

- The provider had a complaints process which people were aware of so they would know how to raise a complaint. A person told us that they were given a copy of the complaints process when the service started but had not needed to use it.
- We found that a log of complaints were kept and trends were monitored and appropriate action taken to resolve complaints.

End of life care and support

- The provider had a team of specialist care staff who worked closely with nursing staff to support people who were at the end of their life to do so at home. We found the support people received followed recommended guidance.
- We found people were being supported how they wanted. Relatives told us how personalised the support was that care staff gave. Care staff had been trained specifically to support people at the end of their life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People spoke positively about the care staff and the management of the service. They told us the service was well led and they were supported how they wanted. A person said, "Staff know what I want and are professional".
- Care staff knew people's needs and could tell us how they supported people.
- The registered manager promoted good outcomes and ensured the standards and quality they expected was being delivered to people who were in receipt of the service. For example, they ensured regular meetings took place with care staff to reinforce expectations.

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

- There was a registered manager in post. 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.
- We found that the support people received was centred around their needs. A relative told us how the care staff could not do enough for their relative and the support was what they wanted.
- We found that quality audits and spot checks were taking place. A person said, "The office has checked since the service started".
- Care staff we spoke with told us there was a whistle blowing policy and could explain its purpose but had never had to use it. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found this was done. This meant people, relatives and visitors to the service were kept informed of the rating we had given.
- We found good communications systems were in place, so care staff and office staff were clear as to how people should be supported and the actions required when people's needs changed.
- We found there were clear management structures in place to support care staff.
- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.

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

- People were able to share their views on the service and the registered manager carried out several surveys throughout the year to allow people to share their views consistently even though the service was time limited and people did not receive support on a permanent basis.
- We found that any outcomes from surveys carried out were not being shared with people or their relatives. The registered manager told us they would ensure any analysis from surveys were shared in future.
- The protected characteristics of the Equality Act 2010 was considered as part of how the service was delivered to people.

Continuous learning and improving care

- The registered manager and their managers consistently reviewed the service outcomes to ensure the outcomes people expected were being delivered. The registered manager told us they were currently reviewing other options for improving the service.
- We found people could communicate their views and the provider ensured information was communicated in a way that people could understand. However, the registered manager was not aware of the Accessible Information Standard (AIS). The AIS sets out a specific and consistent approach as to how providers should share information with people with a disability, impairment or sensory loss. They told us they would ensure all staff were aware of the standard.

Working in partnership with others

- The registered manager worked closely with health colleagues, Clinical Commissioning Group (CCG) and a number of other organisations as part of ensuring the support people received was what they wanted and was managed in a timely and compassionate way.