

Hampshire County Council

Community Response Team South East

Inspection report

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Date of inspection visit:

28 June 2016

29 June 2016

Date of publication:

29 July 2016

Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

This inspection took place on 28 and 29 June 2016. The inspection was unannounced.

We carried out an announced comprehensive inspection of this service on 22 July 2014. Two breaches of the legal requirements were found. The registered person did not notify the Commission of any abuse or allegation in relation to a service user and did not have an effective operation in place to regularly assess and monitor the service provided. We requested the provider send us an action plan to tell us what they would do to meet legal requirements in relation to these breaches. An action plan was received and the provider informed us they would meet the first breach by the 23 February 2015 and the second breach by 1 March 2015.

Community Response Team (CRT) south east is a free service provided by Hampshire Local Authority which provides short term, up to six weeks, support for adults. The service supports people who have been discharged from hospital and or require a period of enablement to help them to become as independent as they can whilst living in their own homes. Where people require additional support following CRT intervention they are supported to move onto another care agency that provides long term support to them in their own homes. At the time of our inspection there were 48 people using the service. The amount of people using the service could change on a weekly basis dependent upon the needs of the people. There were 50 community reablement assistants, nine senior community reablement assistants, twelve team leaders and three administrative assistants providing support.

There was a registered manager in post that was responsible for the day to day running of the service. 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. At the time of the inspection the registered manager was on annual leave.

At the inspection on 28 and 29 June 2016 we found the service did not follow their legal obligation to send notifications to the Commission and as a result the Commission were not aware if safeguarding referrals were being effectively monitored. There was a system to manage and report, incidents, and safeguarding concerns. However the Commission were not notified of these concerns and an expected death.

Systems were in place to continually review incidents, accidents and safeguarding concerns and this information was shared with the registered manager. Quality assurance processes took place and an emergency plan was in place for any disruption to the service.

People were safe because staff knew how to keep people safe from harm and could recognise signs and symptoms of potential abuse. Risk assessments were in place to identify risks to people. There were enough staff to keep people safe and meet their needs. Safe recruitment practices were followed. There were clear procedures for supporting people with their medicines.

Staff had the skills and experience to ensure people received effective care and support. Staff were well supported and completed regular training courses. Staff demonstrated a good understanding of their roles and responsibilities under the Mental Capacity Act 2005 and put them into practice to protect people. People were supported with food and fluids and to maintain good health.

The staff provided a professional service which was kind, caring and respectful. People's dignity and privacy were protected at all times and people were involved in their care and support to help increase their independence as much as possible.

People's needs were regularly assessed and they were involved in the assessment of needs. Care plans were personalised and updated regularly as and when people's needs changed. People's views were always taken into account and they consented to their care.

People did not have any complaints about the service but knew how to complain if they had any concerns. Complaints received had been dealt with.

Good leadership could be seen at all levels.

We found two breaches of the Care Quality Commission (Registration) Regulations 2009. One was a continued breach of Regulation 18. You can see what action we told the provider to take at the back of the full version of this 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?

Good ●

The service was safe.

Staff knew how to keep people safe from harm and could recognise signs and symptoms of potential abuse.

Risk assessments were in place to identify risks to people.

There were enough staff to keep people safe and meet their needs.

Safe recruitment practices were followed.

There were clear procedures for supporting people with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision, appraisal and training.

Staff had good knowledge of the Mental Capacity Act 2005 and knew how to apply it to their role.

People were supported with food, fluids and to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring, professional and respectful.

People were involved in their care and were supported to maintain their independence.

Staff respected people's privacy and dignity at all times.

Is the service responsive?

Good ●

The service was responsive.

Assessments and on-going monitoring of people's needs took place. There was a system in place for staff to inform the office of sudden changes in need.

Complaints were received and dealt with.

Is the service well-led?

The service was not always well led.

There was a system to manage and report, incidents, and safeguarding concerns. However the Care Quality Commission (CQC) was not notified of these safeguarding concerns and an expected death.

Systems were in place to continually review incidents, accidents and safeguarding concerns and this information was shared with the registered manager.

Quality assurance processes took place and an emergency plan was in place for any disruption to the service.

Good leadership could be seen at all levels.

Requires Improvement ●

Community Response Team South East

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 29 June 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed safeguarding records and other information of concern received about the service. We checked if notifications had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection we asked the provider to complete and send a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the PIR.

During the inspection we spoke with three people who used the service and one relative. We visited one person in their own home. We also spoke with five members of staff, the team manager for the Community Response Team (CRT) North region and the acting team manager for another CRT service.

We reviewed a range of records about people's care and how the service was managed. We looked at plans of care for five people which included specific records relating to people's capacity, health, choices, medicines, risk assessments and personal care needs. We looked at daily reports of care, incident and safeguarding logs, compliments, complaints, service quality feedback forms, audits and minutes of meetings. We looked at the training plan for all staff members, training records and supervision and recruitment records for three staff members.

We asked the provider to send us information during the visit. This information was received.

Is the service safe?

Our findings

People were safe and confirmed they felt safe when receiving care. One person said, "Yes I absolutely feel safe, the staff are wonderful." Staff confirmed they felt people were safe when receiving care. One staff member said, "We are all trained to give safe care."

Staff knew how to keep people safe from harm and could recognise signs and symptoms of potential abuse which included recognising unexplained bruising and marks or a change in behaviour. Staff said they would report any concerns to the registered manager and were confident the registered manager would deal with the concerns. Staff confirmed they had received on-going training in safeguarding and records confirmed this. Three safeguarding concerns had been received by the service which had been dealt with in line with the provider's policy.

Risk assessments were in place to identify risks to people and provide guidance for staff on how to balance risks such as monitoring of people's skin integrity, mobility and the environment. For example, one person's risk assessment identified they were unable to support their own weight and was therefore at risk of falls. Control measures were in place to ensure staff used the appropriate equipment when supporting this person with their care. Staff were able to identify possible risks to people and were confident in risk management and reporting procedures. One said, "Risk assessments are completed at each visit. We put risks in progress notes and report back to the team." Records confirmed this.

There were enough staff to keep people safe and meet their needs. A team leader confirmed the service was provided based on the needs of the people using the service. People's needs were prioritised. People that required two members of staff four times a day or people who required their medicines at a specific time would be seen before other people. People and staff confirmed this.

Safe recruitment practices were followed. We looked at recruitment files for three staff. Appropriate steps had been taken to ensure staff were suitable to work with people. All necessary checks, such as Disclosure and Barring Service checks (DBS) and work references had been undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were clear procedures for supporting people with their medicines. People were assessed on an individual basis to determine if they could manage their medicines or required support. One person said they managed their medicines and three people confirmed they had support from either family or staff. People and staff confirmed they did not have any concerns about how the service dealt with medicines.

Medicines were given from a monitored dosage system (MDS) for people who required support with their medicines. MDS is a medicines storage device designed to simplify the administration of solid oral medicines. This was because the service aimed for people to be independent with this task. Staff had received training in the safe administering of medicines. Medicines records were completed to show when staff had administered any medicines and there were no gaps present that may indicate any missed

medicines. The provider information return stated the service had experienced five medicines errors in the past twelve months. Records demonstrated these errors had been dealt with and resolved.

Is the service effective?

Our findings

People and a relative were positive about the support people received. They felt staff were experienced and knew them or their relative well. One relative said, "The staff have made a big difference to my [relative]." One person said, "I am very happy, staff are very nice and know what they are doing." One person had written to the service to express their thanks and stated, "All the carers are well trained, thoughtful and professional."

Staff received an induction when starting work at the service. This induction programme included the completion of required training and working with an experienced member of staff to watch and learn techniques to meet people's needs. Staff would also read people's support plans. New staff were subject to a probationary period in which their performance was reviewed at regular intervals.

All staff had received a regular supervision, appraisal and a working supervision from their line manager. A working supervision is an observation carried out at random. The working supervision was used as evidence of a staff members practice when supporting and providing care to people. The working supervision considered but was not limited to; how the staff member communicated with the person, how they greeted the person at the visit, how the staff member contributed to the person's independence and how the staff member carried out manual handling tasks. Feedback was provided to staff and if additional training was identified; staff were supported to refresh their knowledge. Staff also completed reflective summaries of their performance. One staff member confirmed they were a good tool to help them think about how they dealt with a difficult situation, how they overcame this and what they would do differently if they experienced a similar situation again. Records and staff confirmed regular team meetings took place.

Staff confirmed they felt well supported and could request any additional training that would help them meet the needs of people. A training plan was in place which identified when staff had completed training and when the training was due to be updated. Staff completed a self-skills assessment for manual handling and medicines. Staff were required to reflect on their own practice and learning to self-assess their confidence in using or supporting people with equipment or medicines. If staff had identified further support or training needs they were required to complete practical training and this was supported. Staff confirmed this was a good tool to help them consider and identify areas for improvement.

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.

Staff had received training on Mental Capacity Act (MCA) 2005. Staff demonstrated a good understanding of their roles and responsibilities under MCA and put them into practice to protect people. Staff confirmed mental capacity assessments were completed by people's social workers before they were referred to the service and any changes in capacity were monitored and discussed with the appropriate professionals.

People were involved in decisions about their nutrition and hydration needs and these were monitored, managed and met by staff. People's care records identified the support required with meals and fluids.

People were supported to receive healthcare services. The service worked with healthcare professionals and were pro-active in referring people for additional support. People had access to health care professionals when they needed them such as District Nurses (DN), occupational therapists, physiotherapists, sensory loss teams or GP's. People's care records included body maps and incident reports had been completed highlighting wounds and when referrals had been made to DN's. Staff told us they worked closely with all professionals and had on many occasions made referrals to them. People confirmed they had been visited by an appropriate professional when required.

Is the service caring?

Our findings

People and relatives were positive about the care and support received from staff. We received comments such as, "Staff are wonderful" and "absolutely brilliant." We observed members of staff speaking with people in a kind, caring and respectful manner.

A large number of compliments had been received into the service in the form of thank you cards, letters or forms. We saw comments such as, "I would like to compliment your staff of carers for the respect and care they have given my [relative]. They were all so kind." "We found everyone to be professional in their manner and exemplary in their care." "Thank you to all the caring carers who attended [person's name]. Your warmth, sensitivity and professionalism was very important to us."

People felt involved in their care. One person had written to the service thanking them for giving them their confidence back. Another person had sent a thank you card to the service which said, "Thank you for the weeks of care I have had from you. The [staff] who came to me were so encouraging and cheerful each day." People we spoke with confirmed staff let them do as much for themselves as possible. Staff confirmed they always ensured people were involved in their care and only supported them with the things they were unable to do.

People's privacy and dignity was respected and promoted. People told us they felt staff respected their privacy and dignity at all times. When we asked one person if staff respected their dignity and privacy when they were being supported with care they said, "Absolutely, so respectful, I have no issues." Staff confirmed they always made sure they respected people's privacy and dignity by closing their bedroom doors and curtains before commencing with personal care tasks. Staff stated they did not share information about people they cared for unless they had concerns about people's care and welfare. Staff confirmed they would only pass concerns onto management.

People's views were taken into consideration and staff listened and acted on people's views. We observed a review being carried out in a person's home. We saw from their care notes they had improved over a period of time. The member of staff completing the review spoke with the person in a professional, friendly and caring way; about the care they were receiving and asked how they were getting on with the support. The person stated they had been improving and an agreement was sought between the staff member and person to cease the service in one week's time; with the person requiring no further care from this service or another permanent care agency. However information was provided to the person on how they could locate a care agency if they required additional support in the future.

The staff member completed a questionnaire with the person which asked them about their views on the service. The person said, "I am very very pleased with the service, wonderful absolutely wonderful."

Is the service responsive?

Our findings

People's needs were regularly assessed and they were involved in the assessment of needs.

A process was in place for when people were referred into the service from either a hospital or community setting. Staff would respond differently dependent upon where the referral came from. For example, if a person was being discharged from a hospital setting and a referral was received into the service, the referral would be accepted and placed on an awaiting allocation board. The service would not be able to commence until the person had been discharged home from hospital. A team leader may then visit the ward at the hospital to complete an assessment with the person or visit them on their return home following a period of adjustment to ensure a correct assessment had been completed. If a community referral had been received and accepted into the service, a team leader would visit the person in their own home to complete a full assessment and set goals and outcomes with the person. This practice was observed during the inspection.

Care plans were personalised and updated regularly as and when people's needs changed. People's views were always taken into account and they consented to their care. The service had recently implemented a computer database called CM2000 which assisted the service in rostering visits for people. The database also supported staff to send messages back to the office via a mobile phone to inform them of an immediate change in a person's needs. The person's care plan would be updated as a result.

A process was in place to ensure people were supported through the service within the timescales allocated and their needs were consistently being met as they changed. From the initial visit which would either take place in people's homes or at the hospital prior to their discharge, on-going monitoring visits were completed to review and reassess people's needs throughout their journey at the service. The service liaised with the appropriate professional either occupational therapists, physiotherapists or sensory loss teams. Where people required additional support following intervention from the service, the person would be supported by the service to move onto another care agency that provides long term support to them in their own home. We observed this process being carried out and staff and people confirmed this process.

People told us staff provided them with the support they needed and the service allowed staff the time to provide care. However timing of visits could be an issue for some people. One person said they would have preferred staff to visit earlier on in the day. However people were aware the service did not provide specific visit times. This was because the service was provided based on needs which could change daily. People confirmed the times of visits did not affect their care needs or the rehabilitation support they received.

People told us if they had any issues they would speak to the registered manager and were confident that something would be done. People said they did not have any complaints about the service and they felt confident to express concerns and complaints. Staff confirmed they would support people to raise complaints or concerns. We saw complaints had been received by the service and dealt with in a timely manner and in line with their complaints policy.

Is the service well-led?

Our findings

At our last inspection on 22 July 2014 we found the provider to be in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision, which is now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. We found the provider did not have effective systems in place to support the registered manager to assess and monitor the service provided. We asked for an action plan. An action plan was received and the provider told us they would be compliant with this regulation by 1st March 2015. At this inspection we found the provider had met this regulation.

At the inspection on 28 and 29 June 2016 the team manager for the Community Response Team (CRT) north region confirmed a monthly meeting was held with the registered manager to discuss internal governance and ensure the registered manager is kept update with incidents, accidents and safeguarding reports. This information would also be discussed within the registered manager's supervision meetings. Records confirmed this. Quality systems were in place by the provider to continually review incidents, accidents and safeguarding concerns and there was a system to manage and report, incidents, and safeguarding concerns. Incidents and safeguarding concerns had been raised and processes had been put into place to protect people from the risk of potential harm.

At our last inspection on 22 July 2014 we found the provider to be in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents. We found the registered person did not notify the Commission of any abuse or allegation in relation to the service user. We asked for an action plan. An action plan was received and the provider told us they would be compliant with this regulation by 23 February 2015. At this inspection we found the provider had not met this regulation.

The provider's action plan stated, "It is the view of the CRT service that the registered manager is now fully aware of the statutory notification requirements and a management instruction has been implemented to ensure full compliance." However at the inspection on 28 and 29 June 2016 we found three safeguarding concerns had been raised in the last 12 months. One safeguarding concern also included an expected death of a person. Notifications had not been received by the Commission for all three safeguarding concerns and the expected death of a person, although the matters had been dealt with appropriately by the service. A notification is information about important events which the service is required to tell us about by law. We spoke with the acting team manager for another CRT service and they confirmed this would be discussed with the registered manager upon their return from leave. We spoke with the registered manager upon their return from leave who advised they had misinterpreted regulation 18 of the Care Quality Commission (Registration) Regulations 2009 and believed the Commission only needed to be notified if the allegation of abuse was substantiated. The registered manager informed us they had spoken with their line manager and confirmed they fully understood both regulatory requirements.

This was a breach of regulation 16 and 18 of the Care Quality Commission (Registration) Regulations 2009.

Good leadership could be seen at all levels. For example, during the inspection we observed team leaders

supporting each other and other staff members with issues and concerns raised throughout the day. We asked staff for their views on management and leadership of the service and they told us it was well managed, excellent and very supportive. All members of staff understood their roles and responsibilities and this was observed throughout the day when there were challenges within the team that required team work to resolve them.

There was a plan in place for any disruption to the service as a result of adverse weather conditions. All staff were aware of this plan and knew what to do and how to prioritise according to needs in an emergency situation.

The previous rating for the inspection completed on 22 July 2014 was clearly displayed in the office in the form of a poster. However the providers website had not displayed the previous rating. We spoke with the team manager from the north region community response team, who advised they would look into this.

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 | <p>Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services</p> <p>The registered person failed to notify the Commission without delay of a death of a service user whilst the services were being provided in the carrying on of a regulated activity. (Regulation 16(1)(a).</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>This regulation was not being met because the registered person did not notify the commission without delay of any abuse or allegation in relation to a service user. Regulation 18 (2) (e).</p> |