

Hampshire County Council

# Community Response Team West Central

## Inspection report

Capital House  
48-52 Andover Road  
Winchester  
Hampshire  
SO23 7BH

Tel: 01962832061

Date of inspection visit:  
18 January 2017  
19 January 2017

Date of publication:  
24 March 2017

### 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

Community Response Team West Central is owned by Hampshire County Council. The agency is primarily a short term assessment and reablement service for people coming out of hospital. Sixty-two people were receiving personal care at the time of this inspection.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received a lot of positive feedback about the service, the managers and the staff. People and their relatives felt the agency supported them in a kind and caring manner to meet their needs.

People and their relatives were involved in the care they received, which was personalised to their individual needs.

Staff understood how to identify, report and manage any concerns related to people's safety and welfare. There were systems and processes in place to protect people from harm, including how medicines were managed.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to provide care for people. There were sufficient numbers of experienced staff deployed to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained and supervised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

Staff assisted people to obtain advice and support from other health professionals to maintain and improve their health or when their needs changed.

The service was responsive to people's needs and staff listened to what they said. Systems were in place to help ensure any concerns or complaints were responded to appropriately.

There was an open and inclusive culture within the service and the registered manager provided leadership to the staff team.

## 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.

Care workers had a clear understanding of what constituted potential abuse and of their responsibilities for reporting suspected abuse.

Risks associated with the provision of care were assessed and care workers were aware of the procedures to follow in the event of an emergency.

Staffing levels were sufficient and organised to take account of people's needs and where they lived.

Care workers were aware of their responsibilities in relation to assisting people with medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to deliver effective care to people.

Staff had a good awareness of legislation to protect people's rights.

People were supported to access healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People received support from compassionate and caring staff.

People and their relatives were involved in decisions about their care and their privacy, dignity and confidentiality was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received a personal care service that was responsive to their needs.

People and their relatives were involved in reviews of their care and changes were clearly communicated.

People and their relatives were confident to share any concerns and these would be acted on.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an open and positive culture and staff felt well supported.

The provider and registered manager played active roles in quality assurance and ensured the service continuously developed and improved.

# Community Response Team West Central

## **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 visits took place on 18 and 19 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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 improvements they plan to make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

In surveys we sent since the last inspection, nine people who used the service, one relative, ten staff and six community professionals responded.

During the inspection we met and spoke with two people who used the service in their own homes. We spoke with eight other people and/or their relatives by telephone. We spoke with the registered manager, three team leaders, two senior care workers and two care workers. We looked at care records for four people. We also reviewed records about how the service was managed, including staff training and recruitment records, complaints and quality assurance.

# Is the service safe?

## Our findings

People who responded to our survey questionnaire or spoke with us during the inspection confirmed they felt safe from abuse or harm from their care workers. They told us the care workers promoted their safety, confidence and independence. One person said "They let me cope on my own and get back to normal again. I know they're there but they don't interfere and try to do things for me". Community care professionals also confirmed the service worked to keep people safe from abuse or harm.

Staff knew and followed procedures to help keep people safe. These included procedures for making sure that access arrangements to people's homes and other personal information remained confidential and protected people. People confirmed that care workers wore identity badges when visiting people in their homes. Staff had the knowledge and confidence to identify safeguarding concerns and to act on these. They were aware of guidance in relation to safeguarding and whistleblowing procedures. Staff were able to speak clearly about the possible signs of abuse to look for as well as who to report to. Staff were confident any concerns they raised to the registered manager or provider would be addressed.

Risk assessment and management plans were in place in relation to each person receiving care in their own home. There were also individual risk assessments for each member of staff and these were reviewed at least annually. Staff told us how they were continually assessing risk when providing care in people's homes. This started at the initial assessment when a senior care worker met the person to discuss the care plan and look to see if any special equipment was used or needed. For example, the agency could order perching stools to assist people with bathing. The agency staff worked closely with community care professionals including occupational therapists.

Staff were aware of the provider's lone worker policy, which provided guidance on how to stay safe in their work. There was a service recovery plan to inform decision making in the event of disruption to normal business operations, for example through fire, flooding or severe weather. This included the names and telephone numbers of people to contact.

Care workers told us there were enough staff deployed on each shift to meet people's needs, for example when two staff were required to support a person. The care workers told us there were no missed calls and now "less of a margin for error" in care visits being allocated, since the provider had invested in a new computer system for coordinating visits. The service used an electronic rota and scheduling system to help ensure effective care visit monitoring and safer lone working arrangements for staff. The system flagged any unallocated visits and also recorded when visits took place. Information was sent securely to and from care workers mobile phones.

The provider followed safe staff recruitment practices. We looked at recruitment records for two staff and these showed that relevant checks had been completed. The records included evidence of Disclosure and Barring (DBS) checks. DBS checks provide confirmation that staff are not on the list of people barred from working in care services. The registered manager told us the provider now asked for DBS checks to be renewed every three years. References from previous employers and employment histories were also on file.

These measures helped to ensure that only suitable staff were employed to support people.

Staff undertook training in practical competencies in the safe administering of medicines. They told us that priority care visit times were given to people requiring support with specific medicines. Where staff assisted people with medicines this was clearly recorded. Staff had a clear understanding of the provider's policy in relation to supporting people with medicines. People were given advice about this policy in their service information packs, which included what staff could and could not provide assistance with.

People informed us their care and support workers did all they could to prevent and control infection, for example staff used personal protective equipment (PPE) when providing care. This included aprons, gloves and hand gels to help ensure there was no cross infection from individual to individual.

## Is the service effective?

### Our findings

The majority of the people who responded to our survey questionnaire told us they received care and support from familiar, consistent care workers. During the inspection people told us the service had been explained to them at the outset and the care workers delivered all the agreed and expected care and support.

The agency operated an untimed service that prioritised and responded to individual needs. Care workers told us this meant they were able to stay supporting people for as long or as short a time as was needed at each visit in order to achieve the outcome. One care worker said "You can't reable someone on a timed basis". Another care worker told us "I'm not having to think I've got to get out quickly". Staff told us that visit times were also varied in order to explore and promote people's independence, linked to an on-going review process.

Community care professionals who completed our survey confirmed the care agency made sure its staff knew about the needs, choices and preferences of the people they worked with. They told us the support helped people to be as independent as they could be.

Care workers were supported to have the skills and knowledge to give people the care they needed. A record was kept of the training each member of staff had completed and this also showed when training updates were due. Training records included moving and positioning people, safeguarding adults, emergency aid, understanding behaviour and defusing difficult situations, equality and diversity, and data protection.

The provider's induction programme for new staff involved eight days of essential training during the first four weeks, complemented by shadowing experienced staff to help ensure that the training could be applied in practice. A staff supervision structure was in place that included observation and monitoring of care practices and annual appraisals. Senior care workers occasionally also worked alongside care workers when two staff were required on a visit.

Staff told us they were well supported to carry out their roles. A care worker said they were "Always on training" and told us that training in end of life care and stroke awareness was planned during the next two months. Another care worker confirmed training had to be completed by staff before they were allowed to carry out relevant tasks. They said they felt "The training is the best in the county" and told us they could ask for any additional training or updates they felt they needed.

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 in the MCA and understood their responsibilities. They encouraged people to make their own decisions and understood that people could decline support. People's care



records included information about their mental capacity and ability to engage in the assessment. Feedback from community care professionals confirmed the service took into account people's mental capacity and consent.

Where people required support in relation to food and drink this was recorded. Specific training in nutrition and wellbeing for reablement was being provided to staff. Care workers understood the importance of protecting people from the risk of poor nutrition and dehydration. A person told us "They can see a difference in me, for example, recently I've been making myself a cup of tea and my own breakfast". Another person told us "They set up a dinner (delivery) service for me".

The service effectively supported people to receive appropriate health care when required. Records showed and staff confirmed the service contacted and worked with other health and social care professionals to support people's health and wellbeing. Two people told us care workers had noticed possible skin conditions and advised the individuals to contact their GP, which they did and were prescribed treatment. A relative told us this had "Saved (the person) a lot of trouble and pain". Other people told us if they had a health appointment the care workers came as early as possible to assist them with personal care so that they were ready in time.

## Is the service caring?

### Our findings

People who responded to our survey questionnaire and those and their relatives we spoke with confirmed their care and support workers were caring and kind and always treated them with respect. One person told us the service was "Absolutely fabulous. Wonderful care workers, I couldn't fault them at all. I couldn't wish for better care. I've been very well cared for". Another person said "It was excellent. I just couldn't fault it". The service had been explained to them at the outset and the care workers delivered all the agreed and expected care and support. "I could not have managed without it and it helped me by not being rushed".

It was evident that staff from the agency developed positive relationships with people who used the service. A person said "They feel like my family, not like strangers" and "I can't fault them, they're really lovely. Very jolly people, very cheerful and I love them. We're always laughing. They really make me feel a lot better". Another person told us "They've been very good. We get along alright. I'll be sorry to see them go". A relative told us "They really have been gold stars. They cheer us up. They're chatty and talk to (the person) while working". Another relative commented: "Extremely good. Really nice people". Both care staff and office staff were very kind. "They've got us through a very difficult time. They even came out on Christmas day and Boxing day". Care workers were aware of the person's condition and were "So careful when undressing him". They gave the care workers "10 out of 10".

The relationships between agency staff and people receiving personal care demonstrated dignity and respect. A person told us "The service is excellent, superb. They've been great. They put your mind at rest. Initially some situations were a bit embarrassing, but they talked to me and were reassuring. Nothing is too much trouble". Another person said all staff were caring and polite and they had been asked if they minded having a male care worker.

Care workers gave examples of how they supported people while respecting their privacy, dignity and confidentiality. For example, making sure doors and curtains were closed and keeping a person covered as much as possible while assisting them to wash. A care worker told us the induction training for new staff included role play in relation to providing care with dignity and respect, which helped them to better understand the experiences of people receiving care. Staff supported people to express their views and be actively involved in making decisions about their care and support, through the on-going assessment and review process. A care worker commented that part of this process was asking "where people want to get to".

## Is the service responsive?

### Our findings

People spoke positively about how the service responded to their needs. A person told us "No problems at all. They do more than expected. They assist me when I'm unsteady on my feet. I'm so pleased to see them". A relative told us "The office staff had responded very well indeed" and arranged for a care worker to visit at a specific time when needed. The care workers understood the person's needs and visiting health professionals were now "Very pleased with (the person's) condition". People were given information about what the agency provided and told us the service had been explained to them at the outset.

The agency offered a personalised care service, which was demonstrated through involving people in setting the desired outcomes of support and keeping these under continuous review for the duration of the service. A person told us the number of care visits they required each day had been reduced as their independence had increased. Bespoke technologies were effectively used to support a responsive and efficient care service that worked with people to achieve maximum independence according to their individual abilities and needs. Staff confirmed and we observed that there were systems in place that supported effective communication between care workers, the agency office and people using the service.

The agency was part of a developing integrated reablement service, which meant staff had access to occupational therapy (OT) and sensory professionals when planning and delivering care. A team leader explained that triage meetings with the OT and sensory teams took place twice a day, which identified if any joint working was required. This would benefit people who then did not need to wait for a referral to be completed. Community care professionals who completed our survey confirmed the service acted on any instructions and advice they gave them. They said the care agency co-operated with other services and shared relevant information when needed, for example when people's needs changed. They told us the managers and staff were accessible, approachable and dealt effectively with any concerns they or others raised.

There was a personalised assessment and support planning process involving the person and/or their representative. This resulted in a care and support plan with agreed outcomes and goals. Care workers sent daily observations to the office using a score system that measured people's progress and any changes against their goals and outcomes. Monitoring visits were carried out regularly in order to continually assess and check the relevance of the care being provided. People told us they were receiving the service they expected and had agreed to and that a senior care worker or team leader regularly reviewed their care with them.

We observed a team leader reviewing the service with a person and their family member and explaining what would happen next in a clear, professional and friendly manner. The person's care notes were separated into sections containing details about what the person could achieve independently and what support they required. The records showed the person's progress and support were being continually assessed and evaluated and changes were made to the care plan accordingly.

Following a discussion about the person not getting out much, the team leader suggested combining the

afternoon care visit with support for mobility exercises, to help the person build up their confidence. This was agreed as part of the goal plan to commence that afternoon and was communicated to the relevant care worker. The home environment was also discussed, including a referral to the OT with regard to having rails fitted outside to assist the person's mobility when they felt ready to go outside. The person and a family member were very happy with the service and told us "Everyone has been very good" and "They've been lovely".

In addition to a questionnaire used at reviews, people had opportunity to provide feedback via a 'tell us what you think' leaflet contained in their service information packs. A complaints policy was in place with a clear procedure for investigations and timescales for actions. There had been one recent complaint, which the registered manager had responded to including meeting with the complainant. People we spoke with told us they knew how to make a complaint about the care agency and that care workers and office staff responded well to any concerns they raised.

The agency also kept a record of compliments received about the service and the registered manager had responded to each of these. One such letter stated: "In addition to being totally capable and proficient in their skills, every member of the team was both charming and cheerful – the best tonic a person could wish for. Please express our appreciation to all those involved in my recovery".

## Is the service well-led?

### Our findings

The feedback we received from people and their relatives was overall very positive about the management of the service. People received information about the service and knew who to contact in the care agency if they needed to. The impression we received through speaking with staff doing various roles was of a motivated, committed, professional and friendly team. This was also reflected in comments we received from people using the service.

The service worked closely with other agencies to promote people's health and independence and to share learning and expertise. Community care professionals who completed our survey said the agency asked them what they thought about the service and acted on what they said. They confirmed the service tried hard to continuously improve the quality of care and support they provided to people.

The service was led by a registered manager assisted by a staff group of team leaders, senior workers, care workers and administrators. There were regular staff meetings to discuss work issues and any concerns. Staff felt communication between management and staff was good and there were effective management systems in place. Staff said they were well supported by the management team and felt they could discuss any concerns. A care worker told us "I've always felt well supported. They're a good team. A nice company to work for". Staff confirmed the culture of the service was open and supportive and feedback they received from managers was constructive and motivating. A member of staff told us "We are completely supported, never criticised".

The registered manager kept up to date with changes in adult social care and told us they were involved in a wider external study group looking into reablement. Service planning and development days were held every other month and any changes to working practice or other improvements were discussed. One such meeting was scheduled in order to further develop person centred assessment. This included looking at providing staff training in a way that focused more on the individual receiving care, rather than separate subjects.

The agency was actively being developed into an integrated reablement service in conjunction with occupational therapy and sensory teams. As part of a cross discipline work force development strategy, staff were working alongside and receiving training and skills development from these other teams to improve their understanding and awareness of a range of people's needs and enable more effective communication. A care worker commented "We're becoming like one big team". The registered manager took a lead role in training and had recently attended a training day on ways to increase people's nutritional intake.

There were effective systems to regularly assess and monitor the quality of service that people received, which included random monitoring visits by the provider's quality assurance team. Spot checks were carried out by supervisory staff to ensure that care workers maintained the required standards of professional conduct during care visits. These checks also enabled the supervisor to meet with the person receiving care and monitor their progress and satisfaction with the service. People confirmed they were visited by senior care workers or team leaders to review the care they were receiving and to check if there

were any issues. They told us that the agency responded promptly to any questions they asked.

The provider had systems in place to report, investigate and learn from incidents and accidents. As a result of errors identified during audits, the medicines recording guidance and procedure was being updated. Risk assessments were carried out and reviewed to protect people using the service and staff delivering the care and support.