

Central Bedfordshire Council

Central Bedfordshire Domiciliary Care Services North

Inspection report

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Date of inspection visit:
18 January 2018
23 January 2018
09 February 2018

Date of publication:
01 May 2018

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

Central Bedfordshire Domiciliary Care Service North is one of two domiciliary care services run by Central Bedfordshire Council to provide short term domiciliary care to people requiring support for a period of up to about six weeks for rehabilitation. At the time of our inspection 20 people were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going 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.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix to support people with their needs. Effective recruitment processes were in place and followed by the provider. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice and guidance when supporting people. They were supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

At the time of the inspection, no one required support with their meals.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People knew how to complain. There was a complaints procedure in place and accessible to all.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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

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?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Central Bedfordshire Domiciliary Care Services North

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 announced comprehensive inspection took place on 18 January 2018. Telephone calls to people who used the service and staff were made on 23 January, 8 and 9 February 2018.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the registered manager would be available.

The inspection was carried out by two inspectors.

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 checked the information we held about this service and the service provider. No concerns had been raised.

We spoke with four people who used the service. We also spoke with the registered manager, the lead co coordinator, the administrator, and five care staff.

We reviewed four people's care records, one medication record and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe being supported in their own homes. One person said, "Yes I am safe."

Staff had received training to assist them with recognising potential abuse and how to report any concerns. One staff member said, "People we support are safe. We are all trained at looking for signs of abuse." There were notices within the office with safeguarding contact addresses and telephone numbers which would enable anyone to access if required.

Within peoples records we saw risk assessments had been carried out to enable them to be independent whilst keeping safe. Environmental risk assessments had also been carried out on each person's home. This included a health and safety check and a fire safety check. This was also sent to the local fire service to inform them that a person in that house was receiving support. Staff knew what to do if they arrived at someone's home and found them unwell.

Accidents and incidents had been recorded. They had been seen and signed off by the registered manager. Where required they had been investigated to establish if lessons could be learnt to stop it happening again in the future.

There were sufficient staff numbers of various skill levels to support people as assessed. One staff member said, "We have enough staff to support the customers we have. The manager will only agree to accept new referrals if we have enough staff. Staff recruitment is ongoing really and we have a few staff who started recently." The registered manager explained that as they only have people for a short amount of time, approximately six weeks, they only took on the number of care packages they had staff to support. The lead coordinator told us they had a 12 week rolling rota which staff liked as they knew in advance what days they were working. They explained that if required staff were flexible and would cover different shifts.

The provider had a robust recruitment process in place which was carried out by their Human Resources (HR) department. A staff member said, "All appropriate checks were done before I started work, thus why it took a while before I could start." Staff files were held at the providers head office. We asked for clarification that appropriate checks had been carried out before employment. We received an email from the HR department with this information.

Most people receiving support were able to manage their own medicines. The care records contained a list of prescribed medicines. This would assist if the person became unwell. Some people needed staff to remind them to take their medicines, this is called prompting. Staff had received training in medicine administration. One staff member told us, "When we first meet with the customers, we check their medicines to ensure they are the same as what is written in their discharge letter. We then order blister packs as it is easier for them to take their medicines this way. Everyone has a Medication Administration Record (MAR) chart we sign and the customer signs the consent form too. Some people self-medicate."

Staff were aware of their responsibilities regarding infection control. There were plentiful supplies of

Personal Protective Equipment (PPE) including aprons and gloves.

Is the service effective?

Our findings

People's needs had been assessed in hospital before referral to the service. When they had been accepted they had been discharged home. Staff who had received training to be a trusted assessor then visited the person along with a physiotherapist or occupational therapist. A full assessment was then carried out which included any specialist equipment required. The trusted assessor was able to prescribe and obtain the equipment. Within people's records we saw documentation to show this had happened. Staff told us, "We have trusted assessors who assess every customer before we support them. Care plans are good and we know what to do for the customer when we get there. Reassessments of needs are done quickly when customers' needs change." People we spoke with were aware of their care plan and had been involved in their own goal setting.

Staff had received training to enable them to carry out their role effectively. One staff member said, "Training is really good. I've had various training here." One person said, "I think the staff are very well trained." The administrator explained and showed us the system for recording staff training. They sent out a letter inviting staff to attend when they were due to update a specific subject. When they had completed it they returned a slip, the administrator then logged it onto the matrix when confirmed by the teacher they actually did attend. Copies of certificates were kept.

The registered manager showed us a completed induction which a new staff member had completed. The induction process covered the first six months of employment. Within that time staff received supervisions, spot checks, shadowing and probation meetings. The lead coordinator told us that staff had supervision six times a year. Records in staff files showed regular supervision and appraisals had taken place.

Staff worked together to ensure that people received consistent care from the first day they returned home. As the provider had direct access to their own additional support services there was no wait for referrals. The registered manager explained that staff would support access to additional healthcare if it was required.

The lead coordinator had a weekly meeting with the occupational therapist, physiotherapist and the assessment coordinator to discuss each person on an individual basis. This enabled the staff to see how people were progressing and if they needed any additional assistance.

Staff assisted some people with their meals, but most people were independent. One staff member said, "We support some customers with their meals, but not many as they need to get independent with this as soon as possible. We have brochures about companies that provide ready meals and we can give customers this information if they need it. We can take action when nutrition or hydration issues are noted."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Staff were aware of MCA and DoLS and the implications if someone did not have capacity.

People we spoke with told us staff always asked for consent before assisting them. One person said, "They

would never do anything I did not want them to."

Is the service caring?

Our findings

People told us they were treated with kindness. One person said, "Oh the staff are all lovely. They are so kind." Staff told us they had enough time with people and were able to make them feel they mattered. One said, "All staff are definitely caring and I've never been concerned. I absolutely love my job. The chance to see someone improve and get fitter before they can look after themselves or move on to another service is very rewarding."

People were able to express their views and had been involved in decision making. Within people's records we saw that they had been involved in their assessment process. They had made goals for themselves to be achieved in the time scale of their rehabilitation. Staff told us that although the service was planned for six weeks, it could be extended if people were not quite ready to move on.

The registered manager told us that there was a lot of information available for people regarding additional support or if they needed a care agency to support them after their rehabilitation.

People told us their privacy and dignity had always been kept. One person said, "The staff are very considerate, they are very respectful." Staff told us that as people were receiving a rehabilitation service they were encouraged to be as independent as they could be and to further develop their independence with support.

Is the service responsive?

Our findings

People's records showed that they had been involved in planning their care and support. Records showed how the person had been before their admission to hospital and what they wanted to achieve. As the service was a rehabilitation service each person had individual goals they needed to reach to enable them to remain at home. One staff member said, "Customers always get care tailored to their needs so that they can regain their independence as soon as possible. This is the aim of the service and we are happy when they can look after themselves quickly." One person said, "I get the care I need to help me."

The registered manager told us they used a computer system which showed when staff had logged in or out of a person's house. If staff did not log in on time the system would alert the coordinator who would then investigate. This technology also allowed the registered manager to provide a number of reports regarding people's call times and which staff member had carried them out.

The provider had a complaints procedure in place which was accessible. There had been no complaints since our last inspection. The registered manager told us that if they received a complaint they would look to see if there was a failing and if so what they could do to prevent it happening again. The complaint would also be logged in the person's records. One staff member said, "Customers are quite happy with what staff do for them, no-one has ever complained to me. If they did, I would always report it to the manager who will deal with it."

Is the service well-led?

Our findings

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. The registered manager was aware of their responsibilities and was suitably supported by the provider and her staff team.

The registered manager was aware of the day to day culture of the service. She was available in the office on a daily basis. Staff told us she was very supportive. One staff member said, "Meetings are planned, but you might not always go to all of them because of time and distance. Everyone is very supportive and we work well as a team." Another staff member said about the registered manager, "She is so supportive, always available."

The registered manager and provider shared a vision for the future development of the service. Staff were aware of this.

People were encouraged to express their views. Every three months the registered manager sent out a service survey to people who had completed their reablement to gather their views on the service they had received. We looked at a number of these, all were positive. Some comments included; 'All the staff were excellent,' 'Without your help and patience mum would not have been able to stay in her bungalow.' And 'I was very pleased with the service and the carers are very helpful and devoted to their work.'

The provider had sufficient resources available to develop the service, staff and drive improvement. There were effective systems in place to monitor the quality of the service provided. The registered manager and senior staff carried out regular audits. If there were any shortfalls an action plan would be produced and signed off when complete.

Due to the type of service provided to people staff worked closely with other agencies to provide 'joined up' care and support which was effective and met people's planned outcomes.