Hampshire County Council

Community Response Team South East

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Community Response Team (CRT) South East is a free service provided by Hampshire County Council 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 was a registered manager in post who 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 our previous inspection we found a breach of Regulation 16 (Registration) Regulations 2009. Notification of death of a person who uses services. 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. We also found a breach of Regulation 18 (Registration) Regulations 2009 Notifications of other incidents. This regulation was not being met because the registered person did not notify the Care Quality Commission without delay of any abuse or allegation of abuse in relation to a service user. At this inspection we found improvements had been made and the provider had met the requirements of both Regulations.

The management provided good leadership and were actively working to drive improvement. Feedback from people, staff and relatives confirmed the management were respected and led by example.

Staff told us that they felt their achievements were recognised and that they felt valued. Staff had a clear understanding of their roles and responsibilities. We observed staff were confident in performing their jobs and when speaking with people, other staff and the registered manager.

People, their families and professionals told us they felt the service was safe. Staff had received safeguarding training and had their competency in this subject checked. They were aware of the types of abuse that could

happen to people, what signs to look out for and their responsibilities for reporting any concerns.

The registered manager had a good understanding of their responsibilities to notify the CQC of important events that happened within the service. People and their families had been given information so that they knew what to expect from the service.

People who required assistance with their medicines were supported by appropriately skilled and qualified staff. They had received training and competency checks and had a good understanding of the risks associated with the medicine people were taking.

New care staff completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who do not already have relevant training. Staff consistently told us the training they received supported them to meet the needs of people safely.

Staff said they felt supported in their role. They told us they received regular supervision and had a yearly appraisal.

Staffing levels met the needs of the people using the service. Staff had been recruited safely.

Staff acted in accordance with the principles of the Mental Capacity Act (MCA) 2005.

People had good access to healthcare. This included GPs, district nurses, occupational therapists opticians and chiropodists.

People, their families and other professionals had been involved in an assessment before the service provided any support. The assessment had been used to create care and support plans that addressed people's individual identified needs. Staff demonstrated a good understanding of the actions they needed to take to support people.

A complaints procedure was in place and people told us they were confident and concerns would be dealt with appropriately by management.

Staff were supported and encouraged to share ideas about how the service could be improved and had been pro-active in supporting changes. They spoke enthusiastically about the positive teamwork and support they received.

The provider had good systems in place to support staff to learn lessons and implement change.

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 had received safeguarding training and were aware of actions they needed to take to keep people safe.

Sufficient numbers of staff were deployed at all times to meet people's needs.

People were supported with their medicines by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective .

Staff received an induction and on-going training that gave them the right skills and knowledge to carry out their roles. They received support, supervision and an appraisal and were given the opportunities for personal development.

The service was working within the principles of the Mental Capacity Act 2005 and understood the need to ensure they sought people's consent

People had good access to healthcare professionals and staff reported concerns appropriately.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

The provider had complied with the Accessible Information Standard and ensured people had access to information in a format they needed.

Staff were knowledgeable about the Equalities Act 2010 and supported people with compassion.

Is the service responsive?

Good

The service was responsive .

An assessment was completed with people, their families and other professionals and used to create care and support plans that met people's individual identified needs.

Care plans were detailed, accurate and contained useful information about how to meet people's needs.

The provider had an effective complaints procedure in place.

Is the service well-led?

Good

The service was well led .

People, relatives and staff all told us the leadership within the service was strong, approachable and efficient.

Staff were supported and encouraged to share ideas about how the service could be improved. They spoke enthusiastically about the positive teamwork and staff morale.

The provider had effective systems in place to monitor the quality of care provided.

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 checked 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 29 and 30 of January 2018 and was announced . We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

One inspector carried out the inspection .

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, two senior members of staff, visited one person, reviewed feedback from 20 people using the service and obtained feedback from eight members of staff. We also obtained feedback from three relatives and five people who had previously used the service.

We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment.

We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives, policies and procedures, checked the provider's quality assurance systems and reviewed the provider's complaints

and compliments. We also looked at staff supervision, appraisal and training records.

We last inspected the home on the 28 June 2016 and found the provider had not always submitted the relevant notifications to us.

Good

Our findings

People told us they received a safe service. One person said, "I trust the girls (staff) with my life. I know they care about me".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. One member of staff commented, "I have had training on equality and diversity and training for The Mental Capacity Act and its main Codes of Practice and Deprivation of Liberty Safeguards. Clients (people) are always treated with respect and I have completed safeguarding training".

The registered manager had good arrangements in place to support staff to learn lessons. New staff completed an on-going development program called 'stepping forward, stepping back'. The registered manager said, "We had feedback at a review from a relative that a staff member was not confident. We supported the staff member by providing additional shadow shifts with different types of carer approaches and it worked really well".

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. Staffing levels had been determined by assessing people's level of dependency and hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. The registered manager said, "We have 'CM2000' which assists the service in rostering visits for people. It does rota planning, it checks visits and how long the visits are taking. You can send info to carers through their phones too which is helpful".

The registered manager had implemented a 'triangle capacity' assessment which was used as a tool to assess the risks associated with peoples care and to determine capacity. The registered manager said, "I created the triangle capacity and it works brilliantly".

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Regular checks and audits had been carried out to make sure that medicines were given and recorded correctly. Medication records were appropriately completed and staff had signed to show that people had been given their medicines. The registered manager said, "The staff induction covers medication and all staff have a medication competency check." A member of staff commented, "When each service user (person) arrives home from hospital, we are the first port of call. We carry out a risk assessment and check the hospital discharge sheet, check the six rights which are; right service user, right medication, right time, right date, right route, and is the medication in date. All the Medication is documented in the medication book and countersigned by a Team leader." Audits demonstrated any medication errors were investigated and put right.

Staff were knowledgeable about the risks associated with infection control. A member of staff commented, "All Hampshire County Council staff have had adequate training on infection control. We wear the correct uniform and dispose of continence aids in the correct format. If we are visiting a service user with an on-going infection. If possible we leave that visit till the last call." Another member of staff commented, "All staff are supplied with alcohol gel and hard surface wipes. Staff are aware to practice good hygiene routines to protect both themselves and service users as staff may visit poor and unhygienic environments."

Good

Our findings

Staff told us they received effective support, supervision and training to enable them to do their job. One member of staff said, "I have had lots of supervisions and loads of training. I have learnt lots in the time I have been here and I feel competent at my job ". One person said, "I see the doctor when I need to".

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The Act 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. People's mental capacity had been assessed and taken into consideration when planning their care needs. Staff were knowledgeable about the requirements of the Act and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and told us the times when a best interest decision may be appropriate.

Staff were supported in their role and had been through the provider's induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. A member of staff commented, "All staff attend regular and relevant training which involves completing moving and handing, personal care skills, principles and values of care, food hygiene, promoting independence, dementia awareness, emergency aid and infection control" and "All care staff have a minimum of level 2 & 3 Diploma in Health and Social care and Team Leaders are trained in a minimum of level 4 in Health and Social care". Records demonstrated staff at all levels attended various learning sets in order to improve their knowledge.

Staff benefitted from an annual performance management cycle. This included annual performance reviews and regular supervision sessions. Minutes of these meetings demonstrated they were carried out robustly and professionally. Any performance deficits were identified and discussed, with learning and development opportunities made available. Positive feedback was given, to confirm good practice. Staff told us they felt

they were well supported by the management of the service. A member of staff said, "We have a very supportive manager".

The provider worked very effectively with other healthcare professionals to ensure people were provided with good continuity of care and access to relevant professional advice. A member of staff commented, "The service works in partnership with key organisations, including the local authority, the GP, districts nurses, OTs, sensory and safeguarding teams, to support care provision and service development". During a visit to one person's home we observed an occupational therapist and a care worker conduct a joint assessment. The person concerned was able to ask questions about their care package and about mobility options available to them. At the end of the assessment the person was clear in what the next steps were and positive about the changes required to their environment to keep them safe.

Some people were supported with their eating and drinking. Staff understood their likes and dislikes and any potential risks. When required, staff supported people to prepare and cook meals. One persons' care plan identified a risk of malnutrition and one person had swallowing problems. A member of staff said, "Sometimes I make (person) a sandwich and other times I make them something hot. There are some people who aren't able to get out of bed so it's important we make people a cup of tea and check they have something to eat". Those who were a potential choking risk were referred to the speech and language team for assessment.

Assessments and on-going reviews showed staff were proactive in supporting people to receive appropriate care. For example, documents showed staff had implemented technology to enable one person to use their door safely whilst another person was supported with the use of medication technology to help them maintain their independence. Staff had provided care calls to remind people to take their medicine and to eat their meals. People had been referred to the occupational therapist for grab rails, bed levers, trollies, commodes, overbed tables, raised toilet seats and Zimmer frames. One person said, "I asked for a new frame and I got one pretty quickly ".

Good

Our findings

People told us they were cared for by staff who were compassionate. One person said, "They (staff) are lovely, they make me a cup of tea, they talk to me and I look forward to seeing them each day. I will be sad when they stop coming in".

There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. People told us that they were always given choices and that they were treated with dignity and respect. Staff explained to us how they made sure people received support with their care in a way which promoted their dignity. One member of staff commented, "We make sure people are covered up as best as we can when we give any personal care". During our visit to see one person both staff were very supportive, kind and respectful of the person's wishes.

Each person's physical, medical and social needs had been assessed before they started to receive care and support visits from the provider. Assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs. Reablement plans were reviewed by senior staff to ensure care was planned appropriately. A member of staff commented, "A service user (person) is always treated with dignity and respect. A carer will do this by placing towels over service users while completing personal care, closing doors, curtains etc and encouraging as much independence and participation as possible".

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. One person said, "I have leaflets around the house and if I don't understand anything then they explain things to me pretty well".

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristic were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. The

registered manager said, "We had one occasion where no male carers were allowed and female staff needed to take their shoes off. We had meetings with the family to discuss their needs and expectations. We bought slippers for staff and did not have any male carers visit their home at their request."

There was a confidentiality policy in place for staff to follow. People's personal information was stored securely and computers were password protected in line with the Data Protection Act. A member of staff said, "HCC have a safeguarding policy to protect both service users and staff. All information is stored securely and staff are aware of the need to respect the rights of all service users as staff have access to information which is personal regarding health, home and family situations. CRT store information electronically using locked systems".

Good

Our findings

People told us staff were responsive to their needs. One person said, "I needed to get a new mattress and they sorted that out, they change my bag and they help me if I have had an accident. They are wonderful and they don't make an issue about it".

People received a personalised care service that was responsive to their needs. For example, we found a very detailed reablement plan for one person who had various illnesses and mobility needs. The risks associated with their care were detailed and guidance was in place for staff to follow in the event of an emergency. Another reablement plan detailed actions staff were required to carry out to support someone with their medicine and mobility needs. One person said, "There is paperwork in that file, they (staff) write what they have done to help me and they leave notes for each other so everyone knows what's going on".

The registered manager told us staff were responsive to safety concerns. A member of staff commented, "The risk assessment is regularly updated following the team leader assessment visit, monitoring and review visits. I recently visited a service user (person) following concerns raised by the carers. I contacted the G.P, community nurses and the fire service to inform them that the service user had declined in health and was no longer getting out of bed due to pain" and "There was no pressure relieving equipment in place. The service user (person) was living in a block of flats lying in bed on their side and chain smoking. The service user was taken into hospital 24hrs later as the situation was unsafe ".

Records included information for staff about peoples' health conditions, such as diabetes, mobility requirements and communication needs. These were explained in sufficient detail for staff to understand people's conditions and how to support them. Peoples' reablement plans and risk assessments were reviewed and updated regularly or when their needs changed. The registered manager said, "Because of the type of service we provide and the length of service we provide we are always reviewing and assessing peoples' needs.

Arrangements were in place should someone using the service require end of life care. A member of staff commented, "Clients have access to the specialist palliative care services they need and have the correct equipment they need to meet their end of life needs. They have privacy, dignity, comfort and a dignified death". Another member of staff said, "We would coordinate with other professionals and we would adjust our reablement plan. We would work with other agencies such as the ERS (Enhanced Recovery at home Service) and the community nurses".

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Formal complaints had been appropriately investigated by the registered manager. Complaint records demonstrated the registered manager had responded appropriately and in reasonable time. Four formal complaints had been submitted to CRT since our last inspection. Complaints related to issues such as the recording of care delivered and medication. A member of staff commented, "Concerns and complaints are encouraged, explored and responded to in good time. Clients know how to share their experiences or raise a concern or complaint and feel comfortable doing so. Management review and act on information they receive about the quality of care and can show the difference this has made to how care, treatment and support is delivered".

Good

Our findings

Staff were complimentary about the registered manager and senior staff. A member of staff commented, "I have worked in this team for 14 years, it continuously develops and looks to improve the service for both service users and the employees. I feel very proud that I work with this team and I know we all try to do our very best for the service users we support on a daily basis." Another member of staff commented, "I am privileged to work for a brilliant team – we really make a difference in the community and I am really looking forward to seeing all the changes within reablement" and "CRT has good management and leadership. Weekly meetings are held with senior carers and team leaders to discuss current, past and future affairs. There is always an on call manager should we need one while completing CRT duty".

At our previous inspection on 28 and 29 June 2016 we identified the registered manager had not always informed us about safeguarding concerns and did not always submit notifications when required. A notification is information about important events which the service is required to tell us about by law. At this inspection we found improvements had been made and the provider had met the requirements of the Regulations. For example, the registered manager said, "I set up a folder for notifications of abuse, deaths and concerns with police involvement. Sometimes there is an incident form that goes with that and it shows what steps we are taking to protect people". Notifications sent to us showed the registered manager had taken action. For example, a safeguarding meeting had been arranged with the local authority after the registered manager notified CQC about skin damage when one person had been discharged from hospital.

Staff told us they had good opportunity to talk about any concerns they had with management and were supported with their day to day work to provide a high level of care. They said they could speak to a senior member of staff when needed and told us they were listened to. A member of staff commented, "We are able to contact our Team Leader or head office by phone. Our Team Leader constantly checks that we are ok." Another member of staff commented, "All staff and people we support also have contact details for the office so if they are unable to physically go to the office, they are able to call/ email. Regular staff meetings are another way of ensuring good communication, giving the staff the chance to meet and discuss issues which they might not know that others are experiencing and identifying ways around this as a team".

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received. One relative told us the daily notes made by care staff were useful as they could see quite clearly the care and support that was delivered at each visit. We found evidence that care records were checked and monitored by senior staff to ensure that the quality of recording was appropriate.

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary. One member of staff said, "I would come to CQC if there were any issues".

To drive improvement the registered manager had implemented a number of workshops where discussions on learning and development had taken place. Recording of information becoming more streamlined, financial grants, digital technology and staffing were all topics of conversation. The registered manager played an active role in quality assurance. For example, reablement plans were reviewed by senior staff and the registered manager to ensure people received the correct care and treatment .