

Derbyshire County Council

South East and South Derbyshire Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Southeast and South Derbyshire Home Care is a domiciliary care agency, it provides personal care to people living in their own houses and flats and within an extra care facility. The service supports younger adults, older people, people living with dementia and people with physical disabilities living in their own homes, Some people received a short-term reablement service following a period of hospitalisation. At the time of this inspection 258 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Improvements had been made in the service and systems had now been developed to monitor the quality of the service provision and review how people received their support visits. These systems need to be embedded into the service to ensure these effectively maintain improvements within the service.

Support visits were now monitored to ensure people received their visits at the time they were expected and were not missed. Staff now understood their role in protecting people from harm and poor care. Where any concerns regarding potential harm or abuse were identified, this was reported to ensure this was investigated or reviewed for people's safety.

People now had their care needs assessed and a care plan had been developed to ensure staff knew how people wanted to be supported. Care plans described the care people needed to manage their day to day support. These need to be further developed to gain people's views regarding support towards the end of their life.

Potential risks to people's safety were now identified, and management plans were in place to guide staff on the best way to provide care, to reduce the risks. Safe systems had now been developed to ensure people received their prescribed medicines. The staff knew when to give these and what to do if they were concerned or medicines were missed. There were recruitment procedures in place to ensure staff were suitable to work within the service.

People felt safe when they received care and made decisions about the support they wanted. People were now 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.

People received care and support from staff who were well trained and knew how they liked things done. People received kind and compassionate care and were supported to maintain their dignity, independence and privacy. Rotas were sent out to people each week with visit times and the names of staff who would

support them. The service was flexible and responsive to changes in people's needs. People knew how to raise concerns and were given opportunities to share their views of the service. There was an on-call system for people and staff to ring in the event of an emergency out of office hours.

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

Rating at last inspection and update

The last rating for this service was Inadequate (Published 27 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection and each month to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

South East and South Derbyshire Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team included two inspectors, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service including supporting older people.

Service and service type

Southeast and South Derbyshire Home Care is a domiciliary care agency, it provides personal care to people living in their own houses and flats in the community. The service supports younger adults, older people, people living with dementia and people with physical disabilities living in their own homes. Some people received a short-term service following a period of hospitalisation. At the time of this inspection 258 people were using the service.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Inspection activity started on 2 December 2019 and ended on 6 December 2019. We spoke with people who used the service on the telephone on 2 and 3 December 2019 to gain their views about the quality of the care provided. We visited people in their homes with their consent on 4 December 2019 and visited the office location on 6 December 2019 to meet the registered manager and office staff; and to review care records. We

gave the service two weeks' notice of the inspection visit to ensure people consented to receiving a home visit or telephone call from us.

What we did

We reviewed information that we held about the service including statutory notifications that had been submitted from the provider. Statutory notifications include information about important events which the provider is required to send us. We reviewed the Provider Information return. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with 10 people and three relatives on the telephone, we visited five people in their home. We also spoke with four domiciliary support officers, 16 care staff members and the two registered managers. We looked at care plans relating to 11 people and reviewed records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; using medicines safely

At our last inspection we identified that risks to people's health and safety were not assessed and there were concerns that people were not receiving their medicines as prescribed. This meant there was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach.

- Support was now provided to support people's safety and welfare. Assessments of care needs, and risks were now completed before people started using the service. The assessments included detailed instructions of any identified risks and how people needed to be supported to reduce these.
- Where people needed assistance to move safely, the assessments included information about the level and type of support staff needed to follow and any equipment they needed to use to support people safely. We saw this included which loop to use on slings, to ensure staff understand how to help people to move safely. People told us they felt safe when staff provided their care. Where any new equipment was provided, the staff explained that the trainer or an occupational therapist would provide training in people's homes to ensure they knew how to use the equipment safely.
- Environmental risk assessments were undertaken within people's homes including how to gain safe access. This assessment reviewed whether their home had suitable fire protection and safety features to ensure any food preparation could be completed safely.
- People were satisfied with the security arrangements for their home. Entry codes to their homes were recorded on staff work phones and a separate password was provided to access this when needed, to ensure information was secure. People told us staff always made sure they were safe and if they requested, locked their door when they left.
- Where people needed support to take their prescribed medicines, we saw information about this was recorded for staff to follow. Records showed when medicines had been given by staff and an explanation of when people refused their medicines.
- Some people needed 'as required' medicines and there was a protocol in place to ensure staff knew when this was safe and suitable to administer. Staff knew which medicines needed to be given and when. We saw staff had sought guidance on the times medicines needed to be administered where they were unsure. One relative told us, "The staff are very good and always check. If something isn't right on the sheet, then they won't administer it until those checks have been done." The staff told us that if they would be late on a support visit, the on-call person would be contacted to ensure alternative arrangements were made so people had their medicines when needed.
- Staff received medicines training and competency checks were carried out to ensure they understood how to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

On our last inspection we identified that processes were not in place to report safeguarding concerns. This meant there was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made and the provider was no longer in breach.

- Staff understood their role in keeping people safe from avoidable harm and abuse. They spoke with confidence about the actions they would take if they thought someone was at risk and would not hesitate to report concerns. Staff were confident that they would be listened to.
- Where concerns were identified, these had been reported to office staff who had made the necessary referrals to the local safeguarding team for investigation. Information had also been reported to us, which identified that the registered managers understood how to act to protect people from potential further harm.

Staffing and recruitment

- Safe and effective recruitment practices were followed to help ensure staff were of good character and able to do their job. Necessary checks were completed which included satisfactory references and police checks.
- Where new staff started providing a service, they worked alongside existing staff to ensure they could meet and develop a good relationship with people before they worked alone.
- People felt there was sufficient staff working within the organisation to provide their support. Where possible, people benefitted from having a small team of staff who provided their care and knew them well.

Preventing and controlling infection

- People felt the staff understood how to control the spread of infection and had good standards of hygiene.
- Staff had received training in infection control and had access to personal protective equipment to use in people's homes.

Learning lessons when things go wrong

- The provider had reviewed how the service was managed and we saw improvements had been made. New quality monitoring systems had been implemented to ensure information was readily available and lessons could be learnt within the organisation.
- Staff knew how to report accidents and incidents, and these were now reviewed to identify if there were any patterns or trends and lessons could be learnt.
- Contingency plans were in place to ensure in adverse weather or staffing difficulties. Services for people was prioritised to ensure the most vulnerable people received the care they needed and was prioritised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

On our last inspection we identified that where people lacked capacity, assessments were not completed, and care was not always carried out in the least restrictive way. This meant there was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made and the provider was no longer in breach.

- When people started using the service they were involved in developing their care plan and people felt these reflected how they wanted to be supported. The staff had received training to understand how to act when people no longer had capacity and decisions would be made in their best interests.
- People felt consent was gained before they received any care and they were consulted about how they wanted their care and support. People felt they were not subject to any restrictions regarding their care.
- Where people had agreed for others to make decisions on their behalf through a lasting power of attorney, evidence was being sought to record who had the legal authority to make decisions on their behalf.

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

At our last inspection we identified that care had not always been organised and planned before people started receiving a service. This meant improvements were needed to ensure people received effective care. On this inspection we saw improvements had been made.

- People's needs were now assessed, and a care plan was drawn up before people received a service. People told us they were able to discuss how they wanted to be supported and a care plan was completed and available in their home. Staff felt there had been significant improvements in this area and one member of staff told us, "We have a better connection with people now as we undertake initial visits."
- Where people returned home from hospital, the office staff liaised with the hospital discharge team to gain additional information to help them to plan for people's care.
- Assessments of people's needs included protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was recorded. This is important information to ensure people do not experience any discrimination.

Staff support: induction, training, skills and experience

- People felt that staff were effective and knew how to provide the support they wanted.
- New staff received an induction into the service. When they started working, they worked alongside experienced staff members and had an opportunity to get to know people. They were supported to complete nationally recognised vocational training and the care certificate; this sets out common induction standards for social care staff.
- Staff felt they were provided with further training opportunities to enable them to develop and maintain the skills they needed to meet people's needs. Where people had complex needs, additional training was provided, for example to support stoma care, to ensure people's individual care needs were met.
- The provider was offering care and support for people when they were discharged from hospital and some staff had not received the training to support people with reablement, which staff felt was needed. The registered managers confirmed that this was being developed and would be offered to the staff team.
- The staff received regular support from the management team through formal supervision sessions. These processes were in place to provide staff with an opportunity to discuss any support they required. Periodic visits were also undertaken to people's homes to observe staff practice and check people were receiving the care they wanted safely.

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

- People had choice and flexibility about the meals they ate and were responsible for providing their food for staff to prepare. The staff were mainly required to warm and serve already cooked meals and prepare drinks for people.
- People had commented on how they wanted their food to be prepared and worked with staff to ensure it suited their individual preferences. Records also identified whether people needed specialist diets and how food should be prepared. We saw any advice from health professionals in relation to people's eating and drinking was recorded and had been acted on by staff.
- Where people lived within the extra care supported living accommodation they had a choice of eating in the restaurant and staff helped them to go there and eat their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. Where people were unwell, additional support was sought. One relative told us their family member was feeling unwell and said, "They are very good, not long ago, and the staff stayed with her until I could get there".
- The support people needed and risks associated with health care were recorded in care records to guide staff to provide the support people wanted. Where people had specific health needs, staff received bespoke training to ensure they understood how to provide the necessary support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection we identified that people's support was not organised with familiar staff and people were not aware of any changes to the times of their calls. We also found that suitable support had not been provided to support people to express themselves where they had additional communication needs. At this inspection we found improvements had been made.

- When organising support, the provider considered people's preferences. The provider had an equality policy and staff understood that people's support was based on their individual needs. For example, people could choose the gender of staff to ensure they felt comfortable when receiving personal care. One person told us, "I have regular staff visit me, they are marvellous people, they are all very kind, and always smiling and we have a laugh and a chat."
- Where people needed help to understand or communicate, additional support and information had been provided in different formats. The assessment process reviewed whether people needed support where English was a second language.
- People felt the staff were respectful and polite. During a home visit, we saw staff and people interact in a friendly way and the person was relaxed in the company of the staff who were supporting them. One person told us, "They're so respectful and helpful and they treat me with dignity. They keep my mood up too." Staff explained what they were doing and ensured the person was comfortable and chatted with them.
- Staff spoke about people with compassion and people saw the staff enjoyed their job and felt that they understood how important it was to them that they made a difference to their lives.

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

- People were fully supported to make decisions regarding their day to day routines and express their views about their personal preferences.
- Staff were aware of the importance of supporting people to make their own day to day decisions.

Respecting and promoting people's privacy, dignity and independence

- People were helped to retain their independence. One person told us, "The staff have enabled me to be at home, and have helped me set up my routines, otherwise I would be in a care home or hospital."
- People felt their privacy and dignity was respected and care was organised, where possible, from staff they knew. Where this was achieved, this was valued by people who told us it meant they were able to build trusting relationships with staff.
- Staff completed training to help ensure they understood how to respect people's privacy, dignity and

rights. Senior staff observed staff's practice to make sure they used these values within their work. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

- Information about people was kept securely. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

On our last inspection, we identified that people did not always have a copy of their care records in their home and care had not been reviewed to reflect the care people wanted. This meant there was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made and the provider was no longer in breach.

- An assessment was now carried out before providing a service and people were involved with developing a care plan about their preferences. Where people were unable to provide information about their likes and dislikes for themselves, their relatives had been consulted.
- The care plan included information about what people expected from staff during the visit and how to provide any care. Staff knew people well and were able to tell us how they supported people.
- Overall people received their support at the time they had agreed. People had agreed they may receive their call within half an hour of the agreed time and we saw most people received their call as planned. People felt they received the care they expected, and the staff were flexible so if further care was needed, they stayed longer than planned.
- A new planning and scheduling system were being introduced and we saw where staff were late, checks were made to determine where staff were. Staff told us this helped to ensure people received their visit at the time expected and to ensure the safety of staff. One relative told us, "The staff are always on time unless something has happened on the visit before, but they let you know if they are running late."
- Rotas were sent out to people each week with visit times and the names of staff who would support them in large print. Staff told us they were usually able to get to their visits on time.
- People discussed their individual care needs which included the number and length of calls they required. People told us they could chose the time of the call and the staff were responsive and supported them to change the times of these calls when needed, for example to accommodate a hospital appointment or for a family occasion.
- We saw where people's support needs changed; the care plan was now reviewed with people and this was updated. Staff informed us that where any changes were made to people's care they received a notification to ensure they knew about these.

End of life care and support

- End of life care was not currently being provided within the service. However, staff explained that they worked with health care teams where people were living with a life limiting illness and needed support towards the end of their life.
- Information relating to people's care during this stage of life had not always been explored. The care

assessment included seeking people's views, but staff confirmed this was not always discussed and people's care plans did not record people's wishes or views.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The assessment and care plan identified people's preferred communication methods. sometimes through easy read formats or being sent to relatives. This helped to ensure information was in line with AIS.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise concerns or make a complaint if something was not right. They were confident their concerns would be taken seriously. People had a copy of the provider's complaints policy in their care plan file. This provided information on how to make a complaint.

- People felt that the management team were responsive when they had raised any concerns. We saw the registered manager had considered any concern and responded to them, identifying any outcome or improvement to be made.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

On our last inspection we identified that quality monitoring systems were not effective to ensure people received safe care. This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been made and the provider was no longer in breach.

On this inspection we found improvements had been made and new systems were being introduced. To ensure this is effective, these systems need to be embedded within the service and staff to receive on-going training and support to ensure continued effective outcomes. We have taken this into consideration when reviewing the rating.

- The provider had implemented new systems to monitor how care was being delivered and whether people received their care safely. This included monitoring whether support calls were provided on time, to help to prevent missed calls and ensure staff safety.
- People now had care plans before they started using the service which was regularly reviewed. There were records of medicines and staff understood how to act when errors occurred. Medicine records were checked to ensure accuracy and systems were in place to monitor how people received their medicines.
- Where people had additional communication needs, these had been considered to ensure people had information in a suitable format.
- Safeguarding concerns were identified, the registered managers now reported these to the local safeguarding team to ensure these could be investigated.
- Where incidents and accidents occurred, these were recorded, and the registered managers understood when we needed to be notified of significant events.
- There were two registered managers in post who understood that improvements had been needed and they had worked with staff to implement the new systems to ensure their understanding. Staff told us there had been significant improvements within the service and they welcomed the changes that had been made. One member of staff told us, "I now feel more in control and improvements have definitely been made."

- There was a clear management structure and an on-call rota in place, which gave clear lines of responsibility and accountability. Staff told us this supported them as they could always access management support and they felt listened to. One member of staff told us, "You can always go to either manager to discuss anything."

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

- There were opportunities for people and relatives to share their views about the quality of the service provided through spot checks and quality visits undertaken by senior staff.
- Quality surveys were sent out to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided. We saw this information was being reviewed and the outcome would be fed back to people and used to help to drive improvements within the service.
- Staff meetings were held on a regular basis and the minutes were shared with those who were not able to attend. The staff told us they were listened to and were comfortable to speak up and share their experiences or concerns.

Working in partnership with others

- The staff worked alongside other health and social care professionals to ensure people received the care and support they required. For example, this included working with community physiotherapists and occupational therapists.
- Staff knew people well and when support was required from others, this was sought without delay. Healthcare professionals supported staff with bespoke training to ensure they understood specific care needs.