

Nottinghamshire County Council

Start Service - Newark and Bassetlaw Locality

Inspection report

Welbeck House, Darwin Drive
Sherwood Energy Village, New Ollerton
Newark
Nottinghamshire
NG22 9FF

Tel: 01158042000
Website: www.nottinghamshire.gov.uk

Date of inspection visit:

11 June 2019

14 June 2019

17 June 2019

Date of publication:

03 July 2019

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

About the service:

Start Service - Newark and Bassetlaw Locality is a domiciliary care service. It is registered to provide personal care to older people living in their own homes. The service provides short term 'reablement' support to help people regain skills for independent living, often following injury or illness. Typically, people use the service for about three weeks. At the time of our inspection 47 people were receiving a personal care service.

People's experience of using this service:

Staff understood people's individual care needs and reablement goals and used this knowledge to provide them with flexible, responsive support which enhanced the quality of their lives. People were involved in the development of their individual support plan.

Staff worked together in a mutually supportive way and communicated effectively, internally and externally. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. There were sufficient staff to meet people's needs.

Staff were kind and attentive in their approach and were committed to supporting people to regain their independence. Staff worked in a non-discriminatory way and promoted people's dignity and privacy. Staff worked alongside local health and social care services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control and people's medicines were managed safely. Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible. The policies and systems in the service supported this practice.

People's individual risk assessments were reviewed and updated to take account of changes in their needs, although we have made a recommendation about the format of the provider's risk assessment forms. Staff knew how to recognise and report any concerns to keep people safe from harm. Staff recruitment was safe.

The registered manager had a supportive, democratic leadership style and had the respect and loyalty of her team. A range of audits was in place to monitor the quality and safety of service provision. There was organisational learning from significant incidents and formal complaints were rare. The provider had addressed the areas for improvement identified at our last inspection and was committed to the continuous improvement of the service in the future.

Rating at last inspection:

Good (Published July 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we were pleased

to find the quality of the service had been sustained in some areas and improved in others. The overall rating of the service remains Good.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Start Service - Newark and Bassetlaw Locality

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.

Inspection team:

Our inspection was conducted by one inspector 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.

Service and service type:

Start Service – Newark and Bassetlaw Locality is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission (CQC). This means 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:

We gave the service 48 hours' notice of the inspection visit. This is because senior staff are often out of the office and we needed to be sure that they would be in the office to participate in the inspection. Our inspector visited the office on 11 and 17 June 2019 to interview staff and to review care records and policies and procedures. On 14 June our expert by experience telephoned people who used the service to seek their feedback.

What we did:

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is

required to tell us about). We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with nine current or very recent users of the service to ask about their experience of the care provided. We also spoke with the registered manager, two reablement managers, one reablement support worker; one peripatetic support worker and one of the provider's group managers.

We reviewed a range of written records including four individual support plans, two staff recruitment files and information relating to the administration of medicines and the auditing and monitoring of service provision.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt safe using the service. For example, one person who had very recently been discharged from the service told us, "Every one of them was really kind and I felt totally safe. We all got to know one another."
- Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority safeguarding team or CQC, should this ever be necessary.

Staffing and recruitment

- Almost everyone we spoke with was satisfied with the provider's approach to organising staffing resources and scheduling their care calls. One person told us, "There was no rush and they were generally very punctual. I generally had the same two or three carers." Another person said, "They were on time, every time." Since our last inspection, the provider had introduced a new online call scheduling system which staff used to log the start and finish of each care call using their mobile phone. Commenting positively on this initiative, one senior staff member told us, "It's good, compared to how we used to be. [Before] we didn't know where workers were. [Now] there is always someone watching the screen [to see how the calls are progressing]. It has reduced ... the risk of missed calls."
- We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who used the service.

Assessing risk, safety monitoring and management

- Systems were in place to ensure potential risks to people's safety and welfare had been considered and assessed. For example, one person had been identified as being at risk of falling and staff had been provided with guidance on how to support the person safely. Senior staff reviewed and updated risk assessments as necessary, to reflect people's growing confidence and independence.

Although we were satisfied the provider's approach to individual risk assessment was safe, we recommend the provider reviews the design of the forms used for this purpose, to make them easier for staff to assess and document identified risks effectively.

Preventing and controlling infection

- The provider had implemented a range of measures to help prevent the risk of infection. Care staff were

provided with disposable aprons and gloves for use when providing personal care. Additionally, staff received training in food hygiene.

Using medicines safely

- Although most people took responsibility for managing their own medicines, when people needed support with their medicines, this was provided safely in line with their individual needs and preferences. Commenting positively on the support they had received from staff in this area, one person said, "I deal with my own medicine but they did remind me each morning." Since our last inspection the provider had revamped medicines training and introduced new medicines audit systems and regular competency spot checks. Commenting positively on these changes, one staff member said, "[Medicines management] has definitely tightened up a lot ... since your last inspection. Managers observe us and will tell you straight away if we are doing something [wrong]. We [also] get regular medicines training. It's good to be refreshed. Things change all the time."

Learning lessons when things go wrong

- The registered manager and her senior team reviewed significant incidents which had occurred in the service and took action to reduce the chance of something similar happening in the future. For instance, following an occasion when a member of staff had failed to attend a care call, senior staff had provided the individual concerned with additional supervision. Significant events were also discussed in team meetings if necessary. One staff member told us, "[Team meetings] are very helpful ... for sharing information and problem solving."

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- People told us they thought staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "The staff ... had clearly been well-trained to give the best care." Another person commented, "They are all very well-trained and know their job."
- New members of staff participated in a structured induction programme which included initial training and a period of shadowing more experienced colleagues. When required, new recruits studied for the national Care Certificate which sets out common induction standards for social care staff.
- The provider maintained a record of each staff member's training requirements and organised a variety of courses to meet their needs. Commenting approvingly on the provider's approach to training, one staff member said, "We have regular training. We ... do it all the time. Some is mandatory but there is extra training if you want it. I did a dementia course through [a local college]. It was very helpful." The provider also supported staff to study for advanced qualifications. One relatively new staff member told us, "I have just completed my NVQ Level 3. I had been wanting to do it for ages [and when I joined the service] they encouraged me to do it."
- Staff told us that they felt well supervised and supported by senior staff. For example, one member of staff said, "[My manager] is very supportive [and] makes sure we are all okay. She is always at the end of the phone if we need advice." Staff were provided with regular office-based supervisions and spot checks of their hands-on care practice.

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

- Effective systems were in place to assess and determine people's individual needs and preferences when they first started using the service. These were set out in detail in each person's individual support plan and were reviewed regularly by senior staff.
- The registered manager and her team had access to a variety of information sources to ensure they remained up to date with any changes to good practice guidance and legislative requirements. One staff member told us, "[Managers] will send us updates and information. [For instance] on diabetes."

Staff providing consistent, effective, timely care within and across organisations

- Staff worked closely together to ensure the delivery of effective care and support. Staff told us that internal communication had improved under the leadership of the current registered manager. For example, one staff member said, "It's much better than it used to be. We are working more closely with the occupational therapists [now]. That is very helpful. If we have any issues we can give them a ring and they will go out and

see the person."

- Staff had also forged effective working relationships with a variety of external organisations, including local hospitals and social care providers. Describing one important link the registered manager told us, "We work well with the local rapid response team. They provide a response within two hours if people need urgent care. We can now make direct referrals [which has reduced the hospital readmission rate]."

Supporting people to eat and drink enough with choice in a balanced diet

- People told us that staff assisted them to eat and drink whenever this was required. For example, one person said, "They have helped me with meals and drinks. [At the end of the call] they always make sure I have drinks and anything else I need."
- The provider was also aware of potential risks related to nutrition and hydration and organised referrals to the local speech and language therapy team if people were identified as requiring specialist support in this area.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked proactively with a range of health and social care services on behalf of the people who used the service, including district nurses, GPs, local hospitals and therapists. Describing the conscientious, proactive approach of staff, one person told us, "They did everything I needed them to do. [They] even phoned the doctor for me one day. They were excellent."

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

- Staff were aware of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. The 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. The registered manager was aware of formal best interests decision-making processes and said she would work alongside other agencies and family members if these ever needed to be implemented for someone using the service.

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

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; Respecting and promoting people's privacy, dignity and independence

- People told us that the staff who worked for the service were caring and kind. One person who had recently been discharged from the service said, "They were wonderful. They became like friends. Even my dog recognised them all! I miss them. I miss their kindness." Another person told us, "I like them all. They have a chat and a cuppa with me. They are very friendly." Describing the willingness of staff to 'go the extra mile' to promote their welfare and happiness, one person said, "One day I was feeling really low and the lady went out of her way to wash my hair to cheer me up. It made a real difference."
- People typically used the service for about three weeks, often following injury or illness. During this time staff provided people with 'reablement' support to help them regain skills for independent living. Describing her expectations of her team, the registered manager told us, "I expect staff to engage [with people] in a respectful and enabling manner. To see that service users have potential and focus on their strengths and abilities. Not to inadvertently disable." This commitment to promoting independence in a fully person-centred way was clearly understood by staff and reflected in their practice. For example, one person told us, "I was really encouraged to regain independence." Another person said, "They really helped me get back to independence. They were particularly good at signposting [me to other services] and putting requests in on my behalf. [For example] for a back sponge and a step for outside."
- People also told us staff supported them in ways that helped maintain their privacy and dignity. For example, one person said, "I have nothing but praise for them. I never once lost my dignity with them. When you are old it is so easy to lose your dignity but I never felt that for a moment with these care staff." Similarly, another person told us, "The staff ... provided an excellent service [and] showed thought for my privacy and dignity." The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's support plans were stored securely and computers were password protected.
- As part of the provider's commitment to supporting people in a non-discriminatory way, staff were provided with diversity training. The registered manager told us, "Staff are trained to be accepting [and for example] don't bat an eyelid [when supporting] same sex couples." She also told us of a recent occasion when a (male) service user had mentioned on their first care call that they liked to dress in women's clothing. The registered manager said, "He said he wasn't sure how we would react [but] the staff said, 'We're fine with it. Go ahead.'"

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

- People told us staff supported them to exercise choice and control whilst they were using the service. For example, one person said, "They listened to what I wanted and showed respect for my views." Describing the

support they received at mealtimes, another person told us, "They always ask what I like."

- The registered manager was aware of local lay advocacy services and told us she would help people obtain the support of an advocate if this was ever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A team of office-based support coordinators was responsible for handling all new referrals to the service. Explaining how most referrals were received, a senior member of staff told us, "Discharge coordinators from [local] hospitals contact [our] support coordinators [who] triage the referral [against agreed] criteria. People have to be ready to leave hospital and come home [at the time the referral is made]."
- If it was agreed that a person met the eligibility criteria for the service, arrangements were then made for a senior member of the reablement team to meet the person in their home shortly after their return from hospital. As part of this initial visit, an individual support plan was prepared in discussion with the person and any family members present. A copy of this plan was left in the person's house to guide staff in the provision of personal care and reablement support. Commenting positively on their initial contact with the service, one person told us, "They did an assessment on the first visit and [left] a care plan in the book. This was the first thing the carers looked at each day." Another person said, "The initial assessment seemed pretty thorough."
- The individual support plans we reviewed set out the detail of people's care requirements and agreed reablement goals for each care call. For example, the plan for one person's morning call described their reablement goals as, 'To be independent with my medication [and] to be able to shower.' Describing the value of the support plans, a staff member told us, "Everything is written down in the care plans. They are very helpful. I always take time to read them. You've got to read them [on every call] as things change [and senior colleagues] add things."
- Reflecting the provider's systematic approach to care planning and accepting new clients into the service, staff were clear as to their role and had a good understanding of people's needs and goals. For example, one member of staff told us, "Everyone is different [and] that's a good thing. We work closely with people, respecting their wishes. We are going in to help them help themselves. We are just trying to make the tasks they need to do easier. To give them confidence [and] make sure they are safe." One person said, "They were really very good. They did a great job with my personal care [and] helped me regain some of my independence and relearn things."
- Staff went to considerable lengths to respond to people's individual situations and personal wishes. For example, one person had been supported to regain the skills and confidence to go outside and feed their pet mule which lived in a field next to their house. Another person had been supported to use a bath lift independently. Describing this case, one staff member had written, 'It brought tears to her eyes, tears of joy. As she had not had a bath in very long time. She could transfer in and soak in the water and feel that she had control over her personal care'.
- Staff understood the importance of communicating with people in ways that met their needs and preferences. For example, portable voice amplifiers were available for staff to use when supporting people with significant hearing loss. The registered manager was aware of the national Accessible Information

Standard (AIS) and ensured she and her team worked in accordance with its principles. The AIS sets out requirements of providers in meeting the information and communication support needs of people using health and social care services in England.

Improving care quality in response to complaints or concerns

- Almost everyone we spoke with was entirely satisfied with the service and told us they had no reason to complain. For example, one person said, "I have no complaints about the service at all." Two people told us that they were highly satisfied with the service they had received but that it had ended abruptly without this being communicated to them effectively. We raised this issue with the registered manager who told us she would review discharge procedures in the light of the feedback we had received.
- Only three formal complaints had been received since our last inspection, all of which had been handled correctly by the registered manager in accordance with the provider's policy. The registered manager attributed the low level of formal complaints to her team's commitment to resolving any issues or concerns as quickly as possible. She told us, "The reablement support managers get concerns passed to them from the reablement support workers. Sometimes these can be resolved by a change to the [person's call] schedule. But if not, the reablement support manager will phone the person ... or go out and see them."

End of life care and support

- Although the service did not provide end of life care, staff worked collaboratively alongside other agencies to ensure people received the right support at the end of their life, whenever this was required. Describing the provider's approach in this area, the registered manager told us, "Sometimes people can suddenly decline and we might contact the district nurses and GP [to make sure the person receives specialist end of life care]."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Almost everyone we spoke with told us how highly they thought of the service and the way it was managed. One person said, "It seems well-run and I would recommend them. I missed them when they stopped coming." Another person told us, "I was entirely happy with every aspect of the service. My advice would be, 'Don't change [anything]'. I was enabled to regain my independence." A staff member told us, "It's well-managed. Everything's a lot tighter [under the current registered manager]."
- Describing her leadership style, the registered manager told us, "I am not a micro manager. I trust my staff and ... am confident [they] are safe and capable in the job. I think I am approachable and supportive [but] I am a manager and in a position of authority. Sometimes I have had to exercise that authority." During her three years or so in post, the registered manager had established a positive organisational culture and clearly won the respect and loyalty of her team. For example, one staff member said, "[Name] is very approachable. She listens to everyone ... and takes our views and opinions [on board]."
- Reflecting the supportive, democratic leadership of the registered manager, staff told us they enjoyed their work and felt valued for their contribution. One staff member said, "There's no them and us. I'd recommend it." Another long-serving member of staff said, "I love it. Since [the registered manager] took over everything seems more organised. I feel listened to [and] respected."

Engaging and involving people using the service, the public and staff; Continuous learning and improving care; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- As described elsewhere in this report, the provider took care to involve people and their relatives in planning their care and to deploy staffing resources in accordance with their individual support plan. One person told us, "They were very good to me. The service helped me a lot."
- To further promote people's engagement with the service, the provider issued customer satisfaction questionnaires to seek people's feedback when they were discharged from the service. We reviewed questionnaires which had been returned recently and saw that the feedback was generally very positive. One person's relative had commented, '[Name] really appreciated the support she has received. She has felt really close to some of the [staff] who she has been able to talk to. This has been an important part of her recovery'. People's satisfaction with the quality of the service was also reflected in the letters and cards received by the registered manager. For example, one person had written to say, 'Me and my family would like to say that the support ... that has been put in place to enable me to be more confident with being able

to do my day to day things has been excellent. All staff have been kind, professional, trustworthy, supportive. There was nothing that was too much trouble for any staff. They even persuaded me to use my stair lift in a safer way'.

- In addition to the customer survey, the provider had other systems in place to monitor the quality of the service. These included reviews of individual support plans at the beginning and end of people's time with the service; medication checks and audits of staff supervision.

- As detailed elsewhere in this report, since our last inspection the provider had made a number of improvements to further enhance the safety and effectiveness of the service. These initiatives included the changes to medicines training, the introduction of staff spot checks and the implementation of the online call scheduling system. The provider was committed to the continuous improvement of the service in the future. For example, the registered manager told us she was about the trial the deployment of occupational therapy support at weekends to ensure a more responsive service.

- As described elsewhere in this report the provider had established effective partnerships with a range of other professionals including GPs, district nurses, hospital discharge staff and therapists. Looking ahead, the registered manager told us she was developing her relationship with a local prison, as part of a plan to extend the reablement service to detained prisoners.

- The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service. The rating from our last inspection of the service was on display in the office reception area.