

Community Integrated Care Teeside Domiciliary Care Office

Inspection report

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Date of inspection visit:
30 March 2017
31 March 2017

Date of publication:
09 May 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 30 and 31 March 2017 and our inspection was announced. We told the registered provider two days before our visit that we would be inspecting, this was to ensure the manager would be available during our visit.

Teesside Domiciliary Care provides support to adults with learning disabilities both within supported living services and in domiciliary care settings. They provide personalised support packages tailored to meet the individual's needs. At the time of the inspection they were providing personal care for five people.

At the last inspection on 14 and 15 January 2016 we found improvements were required. We found that risk assessments were not always in place for people using the service and care workers. Identified risks were not always acted on. Each person had a person centred plan which showed how they wished to be supported but these would benefit by adding further detail. Although staff demonstrated an understanding of the Mental Capacity Act 2005 they had not received training. Food hygiene training was also needed.

We found the service in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and made a recommendation regarding when required medicines. We rated the service as 'Requires Improvement' overall and two domains required improvement.

At this inspection we found that the team had worked collaboratively to ensure the previous breach of regulation was addressed and the recommendation was implemented.

The registered manager left in November 2016 and a new manager is currently applying to become registered. 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.

Due to people's communication needs we were unable to gain some of their views about the service and therefore we spoke with other people close to them.

People who lived at the service told us staff were caring and kind. Staff encouraged people to be involved with communal activities but respected their decision if they did not want to participate.

The service had detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse, and how to respond to any concerns.

Individual risk assessments were in place to support people with promoting their independence and safety. In addition to individual risk assessments, the service also had a range of environmental risk assessments. People's support plans were specific and centred around their individualised support needs. Support plans

were up to date and were regularly evaluated .Staff knew people and were knowledgeable about people's care and support needs.

The service had safe systems in place to ensure people were supported with managing their medicines appropriately. People were supported with promoting their health and nutrition.

Records within staff files demonstrated proper recruitment checks were being carried out. These checks include employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Staff were supported with regular training opportunities that linked to the care and support needs of people living in the service.

Staff received mandatory training in a number of areas, including food hygiene. This assisted them to support people effectively, and were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 were protected.

People were supported to carry out health and safety checks within their own flats.

People using in the service and their representatives were provided with information to support them to raise any concerns or complaints they may have. People told us the manager and staff were approachable.

The service had a quality assurance system which included a range of internal checks and audits to support continuous improvement. Action plans were put in place to address any shortfalls in service provision and to demonstrate how areas of improvement were addressed.

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.

People told us they felt safe. There were safeguarding policies and procedures in place. Staff knew how to raise a concern.

The medicines staff were responsible for administered were safely and appropriately managed.

Staff had received training in relation to safeguarding and keeping people safe and, were clear regarding any actions they needed to take to ensure people were kept free from harm.

Procedures were in place to ensure all staff were subject to proper employment checks before commencing employment

Is the service effective?

Good ●

The service was effective

Staff were provided with regular training and were clear about their roles and responsibilities.

People were supported with decision making and staff were very clear regarding their role and responsibilities in relation to consent and capacity.

People were supported to take a healthy diet and had to access health professionals to maintain and promote their health and wellbeing.

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

Teeside Domiciliary Care Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One adult social care inspector completed this announced inspection on 30 and 31 March 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the manager would be available.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities to gain their views of the care being provided. We did not receive any feedback. We also reviewed information we held about the service including statutory notifications that had been submitted.

During the inspection we spoke with two people who used the service, a personal assistant (a person directly employed by the person and not a company to support them) and corresponded with a relative. We also spoke with the registered manager, regional manager and six of the support staff who worked with the five people who required personal care.

We reviewed care records relating to three people using the service and four staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

At the last inspection we found that some risk assessments were missing or lacked detail. For example one person used a key safe and there was no information or risk around this. We discussed this with the service leader who said that the key safe number was never written down and staff were verbally told it. We discussed the need of a more robust risk assessment to cover use of the key safe. One person's support plan had been reviewed in September 2015. Another person had a feeding tube in place, which at times staff needed to use to provide feeds but nothing was documented to say how much feed and fluids were needed.

Following the inspection the registered provider sent us an action plan detailing how the breach of regulations in respect of staffing would be addressed.

At this inspection we found that all of the risk assessments were up to date and clearly detailed the responsibilities of the staff and others. Clear information was available for staff to detail how and when they would assist people with feeds and medication. People who had behaviours that may challenge were monitored and the actions suggested to assist reduce these were assessed to determine if they were effective. We saw that the strategies put in place were effectively reducing the number of times people became distressed.

People told us they felt Teeside Domiciliary Care Office provided a good service. One person told us, "I have no worries here; if I did I would tell the staff. I feel very safe" and "I'm very happy having the staff come to my house, it's smashing".

The staff we spoke with told us they would report any concerns they had about the service. Staff told us, "There is a process here and always someone to contact with any concerns". Staff said they had confidence in the management team to follow up safeguarding concerns properly. There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse and how to respond to any concerns people may have.

We looked at staff rotas and found there were sufficient staff with appropriate skills and knowledge to meet people's needs. Each person's care file identified the amount of staff support needed and when this was needed. We saw that there were always enough staff on duty to cover this. All staff we contacted said there were enough staff. One staff member said, "We are flexible and if someone wants us to visit on a different day we can do that."

Policies and procedures were in place in relation to recruitment. Staff told us about the checks that were carried out before they started their employment. Records within staff files demonstrated proper recruitment checks were carried out. These checks included employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is carried out to assess the suitability of someone who wants to work with vulnerable people. This meant the provider had followed safe recruitment practices.

We looked at a sample of medicines records, including records of medicines received, administered, and disposed of, medicines care plans, medicines audits. We found medicines were being managed safely.

When appropriate people had their own personal evacuation plans (PEEPS). A PEEP is an escape plan which provides clear instructions to help people reach a place of safety quickly.

The service carried out relevant safety checks of the premises such as portable appliance testing (PAT). The service had a business continuity plan which detailed what to do in the event of an emergency such as flood, fire or loss of electricity, in the first 24 hours, 24 – 48 hours, up to a week and up to two weeks.

The service had a system in place to monitor accidents and incidents. All accidents and incidents were inputted electronically, investigated and discussed with the relevant social worker. The service leader also said they would discuss any incidents with the psychiatrist and safeguarding if need be.

Is the service effective?

Our findings

At the last inspection we found that although staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) they had not received training in this. We could also not see any evidence of staff being trained in food hygiene even though they did support people with food preparation.

At this inspection we found that staff had received this training.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 via an application to the Court of Protection. It would not normally be the responsibility of the Teeside Domiciliary Care Office to take this action as they do not provide 24 hour support for individuals.

We found that the manager and staff had attended several MCA and DoLS training courses. They had used this learning to inform the way they worked with people who may lack capacity to make decisions. We saw that new mental capacity assessment forms had been introduced and these ensured staff adhered to the requirements of the MCA. The staff were very clear that even if people had a mental disorder this did not automatically mean they lacked capacity and all the records showed they used all mechanisms to enable individuals to make decisions. Staff had used these forms to make decision specific assessments and 'best interest' decisions were clearly recorded.

We saw evidence that people had provided consent in care plans, For example consent to medicines or holding information about the person. We saw evidence in care files to show that staff regularly checked with the people who used the service that they were still happy with the support being provided.

People we spoke with were happy with the care the service provided. One person said, "The staff are brilliant and there is nothing they could do better." Another person said, "They are great." A personal assistant said, "The staff are always very good and we all work well together."

People were supported by staff who had the right skills and knowledge to care for them. Staff members were knowledgeable about people's individual needs and preferences and how to meet these. Staff had been trained to meet people's care and support needs in topics such as epilepsy, administration of Buccal Midazolam medicine and percutaneous endoscopic gastrostomy (PEG). Records showed all staff had received training in mandatory subjects, such as moving and handling, health and safety, safeguarding and first aid.

The manager monitored this and we saw 99% of training was up-to-date and planned training was in place to cover the gaps. Staff spoke positively about the training they received. One member of staff told us, "We are always getting training and I find that it is all very useful."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

The registered provider required new starters to complete the Care Certificate as a part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. The induction process lasted 12 weeks with two weekly performance reviews. New staff also shadowed existing staff undertaking the support packages they would deliver. We spoke with a recently recruited staff member who was at the office completing their induction. They confirmed that the induction process was very robust.

Staff completed a one page profile about themselves. This information included what is important to that member of staff, what do people like and admire about them and how that member of staff liked to be supported. The staff members one page profiles were discussed at their supervision and this provided them with an opportunity to update their profile so their skills could be best matched to the people they supported.

When appropriate people were supported to make meals and encouraged to eat healthy meals. People were also supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as community nurses, GPs and consultant psychiatrists in people's care.

Is the service caring?

Our findings

People we spoke with were very complimentary about the staff members attitude and dedication to delivering a good service. One person said, "I think the staff are fantastic." And "I find the staff are always attentive and kind." A staff member said, "I have worked with the company for a good few years now and it is brilliant. The people are wonderful and the managers do support us." Another staff member said, "I love my job, we have had ups and downs over the last year but nothing stops us from wanting to provide good care. And now everything is back to working well."

Staff we spoke with knew the people they cared for really well. We asked staff what was important in terms of interacting with the people who used the service and what they value. One staff member said, "It is important to get their views and opinions on things."

Staff explained how they supported people who used the service to live as independently as possible. Staff we spoke with said, "We always encourage people to do as much as they can." Another staff member said, "The people are employing us to assist them to manage their needs not to take over so we encourage them to learn new skills and improve their other skills."

The service supported people to express their views and be actively involved in making decisions about their daily care and support. If a person struggled to make choices staff were trained to support them by offering different suitable options in a suitable format, for example, by using pictures or symbols if necessary. Support plans clearly recognised potential challenges to communication and provided clear guidance for staff about how best to support people. For example, people had communication guides in place that detailed what signs people used meant and how to interpret any facial expressions.

People and their relatives were aware of, and were supported, to have access to advocacy services that were able to support and speak on behalf of people if required. Advocates help to ensure that people's views and preferences are heard.

The service continually reflected on their practice and sought to make improvements for the people they supported. There were monthly joint meetings between the team and people who used the service, these were recorded and demonstrated that the team were consistently monitoring and reflecting on the service.

Is the service responsive?

Our findings

People told us staff at the service provided personalised care and knew what they liked. People we spoke with told us they were very happy and that apart from helping them manage their personal care staff assisted them to take part in a range of activities in the community.

We looked at three people's care records. We saw assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We noted that care plans were reviewed six monthly or sooner if needed. Records demonstrated that people and/or their relatives routinely discussed their support plans. Meetings were held on a monthly basis with the staff who cared for that person, the person and their relatives, which looked at what was being documented, whether any other training was needed, staff time keeping and whether staff were correctly matched to the person.

Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. Care plans provided guidance to staff about people's varied needs and how best to support them. For example one person's detailed the role staff had in managing the PEG feeds. We found the care records were well-written. They clearly detailed each person's needs and were very informative.

The personal assistant we spoke with said, "[Name of person] is very happy with the staff and they always seem pleased to see the staff."

A staff member we spoke with said, "I support [the person] on their activity day, they choose what they want to do such as shopping, going for a coffee and we make sure this happens."

The service had a policy and procedure in place for dealing with complaints. People we spoke with knew how to make a complaint. We spoke with the manager about the complaints procedure and were reassured the service took complaints seriously and acted promptly to address concerns. The manager was able to clearly explain how they investigated complaints and ensured that, where appropriate, improvements were made and lessons learnt.

Is the service well-led?

Our findings

The registered manager left in November 2016 but the new manager was in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People and staff spoke positively about the registered manager, saying she supported them and included them in the running of the service.

People spoke positively about the service and the support they received. One person said, "I like all the staff they are great."

A personal assistant said, "The staff always work with us to make sure [name of person] gets the support they need. Over the last few months we have had some issues around availability of staff to cover the care package. Me and my colleague resolved this by covering each other but that was not sustainable so we flagged this to the manager of Teeside Domiciliary Care Office. The manager took on board our issues and we are having a meeting to look at how this can be improved. The manager, we know, is recruiting more staff so this should no longer be an issue."

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the support delivered was completely person centred. The manager and regional manager had recently come into post and were in the process of identifying where improvements could be made. We found that since they had come into post all of the staff had received the required training, more staff were recruited and they had reviewed the care packages.

The service had a clear vision and put values, such as respect, enable, aspire, deliver and include into practice. Staff understood these values and were committed to them. One staff member we spoke with thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service for each person. A member of staff said, "We are involved in making sure the support we provide is working right for the person but this is for an individual not the service as whole but I think that works well."

Feedback was sought from people through meetings and surveys. Feedback from staff was sought in the same way, through regular staff meetings and an annual survey. The results of the most recent survey in 2016 had been compiled and showed that all of those who responded were happy with the service.

The registered provider had very comprehensive system in place for monitoring the service, which the manager fully implemented. The manager completed monthly audits of all aspects of the service, such as medicine management, learning and development for staff. They took these audits seriously and used them to critically review the service. The audits routinely identified areas they could improve upon. The manager produced action plans, which clearly detailed when action had been taken. The registered provider also completed monthly reviews of the home. This combined to ensure strong governance arrangements were in

place.