

Derbyshire County Council

North East (DCC Homecare Service)

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

This inspection was carried out between the 1 and 2 February 2016 and the 8 and 9 February 2016. The inspection was announced, and we gave the provider 48 hours' notice to ensure there was a manager available to assist with the inspection process.

North East (DCC Homecare Service) provides personal care for adults in their own homes. This includes people living with dementia, people with physical disabilities and people with learning disabilities. North East (DCC Homecare Service) also provides extra care and re-ablement for people. Extra care services are where people have flexible home care in purpose-built developments. Re-ablement services provide short term support for people after hospital discharge. At the time of the inspection there were 296 people using the service.

There was a registered manager at 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 the last inspection on 17 February 2014 we asked the provider to take action to make improvements to medicines management and availability of people's records and this action has been completed. People felt safe using the service and staff understood how to protect people from potential abuse. There were systems and processes in place to check the suitability of staff to work with people who used the service.

People were supported by staff who treated them with dignity and respect. People felt cared for by staff who understood their care needs. The registered manager understood the key principles of the Mental Capacity Act (MCA). The registered manager and the staff respected people's rights to make their own decisions and gained people's agreement before they provided any personal care.

The registered manager and the management team strived to provide people with a stable and consistent team of staff. Staff completed a period of induction and shadowing to support them to meet people's needs effectively. The provider had arrangements for staff training needs to be met.

Care plans and risk assessments contained relevant information for staff to help them to provide personalised care to people. Information was available to people about making complaints and people knew how, and who, to complaint to. Staff said they knew how to raise any concerns or issues with the registered manager and the management team, and knew they would be listened to and their concerns would be acted on.

People were supplied with a rota in advance so they knew which staff to expect to provide support and care. People received their care calls when they felt they should, and were contacted if or when staff were running late.

Staff were aware of people's personal care and associated health needs. People's planned care was regularly reviewed and evaluated to ensure people received the service they needed.

People were promoted to remain as independent as possible. When people needed help and support with their nutritional needs, it was provided by staff.

Staff were aware of people's needs and wishes and supported them in a personalised manner. Staff understood the values of the provider and ensured people were involved in their care.

The service was managed by a team who understood their roles and responsibilities in providing a good service to people. There were clear arrangements for the day to day running of the service.

There were processes in place to monitor the quality of the service people received and this helped to drive service improvements.

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 understood about local safeguarding procedures and the requirement to protect people and report any concerns.

Staffing levels were sufficient to meet people's needs. Safe staff recruitment procedures were carried out.

People were prompted and supported to take their medicines at the correct time.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they had the skills and knowledge to carry out their job roles.

The registered manager and their management team had an on-going programme of supervision and appraisals for all staff.

Staff ensured people were referred to healthcare professionals when it was necessary.

Is the service caring?

Good ●

The service was caring.

People's independence was promoted as much as possible.

People said they were treated with dignity and respect. Staff were kind and respectful.

Is the service responsive?

Good ●

The service was responsive.

An assessment of people's needs took place prior to the service providing any care. Care was planned in response to people's needs.

People knew how to make a complaint and comments.
Complaints were taken seriously and used to improve the service being provided.

People were involved in the planning of their care and special requests were accommodated.

Is the service well-led?

Good ●

People were happy with the service being provided.

There were audits in place to assist with driving improvements and assessing and evaluating the quality of the service.

The service was well managed; staff understood their roles and responsibilities and felt supported by the management team.

North East (DCC Homecare Service)

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.

The inspection took place between the 1 and 2 February 2016 and the 8 and 9 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in the office. The inspection team consisted of two inspectors 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.

We reviewed information we held about the service, which included a review of the previous report for this service and a review of notifications they had sent us. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. We reviewed this information as part of our inspection planning.

We also spoke with fifteen people who used the service, four relatives, seven care staff, six domiciliary managers and the registered manager. We looked in depth at electronic care plans for eight people and associated documentation for thirteen people who used the service. We also reviewed the provider's recruitment processes. We looked at the training information for the staff employed by the service, and information on how the service was managed. We also spoke with two health and social care professionals.

Is the service safe?

Our findings

At our last inspection in February 2014 we found people were not protected against all the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010. At this inspection we found the improvements had been made.

When required, people were prompted to take their medicines at the correct time. One person told us, "They [staff] make sure I take my medication correctly." Another person told us, "I am partly supported with medication; staff have to cream my legs with what the doctor prescribes, but the tablets I can take myself." A relative told us, "[Relative] is able to take her own medication at the moment. Carers do the eye drops for her and cream her legs." Staff told us they had received training in medicines and followed procedures for the safe storage, administration, disposal and recording of medicines. Staff explained to us how they ensured medicine administration record (MAR) charts were completed after they administered medicines. Staff told us managers were available for support or assistance in the case of any medicine queries. Records of people's medicines were kept and audited monthly by the registered manager to ensure the correct recording was carried out. We looked at MAR charts for twelve people and found them to be correctly completed and signed. The registered manager recognised the need to ensure that MAR) charts were correctly filled in and that staff had received appropriate training to support them with the administration of medicines. The registered manager understood the importance of ensuring medicines were managed in a safe manner and had put systems in place to support this.

People who used the service said they felt safe and supported by staff members. They also told us they knew what to do if they did not feel safe. One person told us, "I definitely feel safe with the carers in my house; I am satisfied and not worried at all." Another person told us, "I feel absolutely safe and comfortable with the carers who enter my house." A third person told us, "Yes, I feel safe and comfortable with staff around me." A relative told us, "My mother feels safe and comfortable in the hands of the carers."

People told us they had confidence in the staff who visited and supported them. They told us they knew if they had any concerns regarding personal safety, their concerns would be listened to and acted upon by the staff. The staff we spoke with knew the signs and indicators of abuse to look out for. Staff told us they felt people were safe and they all said they knew how to keep people safe and free from the risks of abuse or harm. One member of staff told us, "I'm observant, I've been doing this for years, I'm aware of people's surroundings and whether it's safe or not."

The registered manager and the staff knew and understood the process to follow for reporting potential abuse. This included how to inform the local authority. Staff were aware of the whistleblowing policy and told us they would be confident in using it if it was necessary. All of the staff member's we spoke with said they had every confidence in the registered manager and the management team. They told us any concerns regarding people's safety and welfare were acted on and reported appropriately. The registered manager was aware of their responsibilities in promoting the safety of people. A social care professional told us the registered manager and the management team always took safeguarding concerns seriously. The social

care professional told us the registered manager reported concerns appropriately and then ensured a thorough investigation took place. Our records showed any accidents and incidents had been reported to CQC and the local authority accordingly.

The registered manager was clear about their recruitment procedure and told us new staff were not allowed to provide any care or support until relevant pre-employment checks had been carried out. We looked at staff recruitment records which confirmed checks were undertaken before staff began working. The checks included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). This meant people and relatives could be confident the staff had been screened as to their suitability to provide care for the people using the service.

People told us the staff provided the support and assistance they needed and at a time when it was needed. People and staff told us there were enough staff to meet people's individual needs. People told us staff generally arrived when expected. One person told us, "If people [staff] are delayed, they get in touch." Another person told us, "They [staff] call on me on time and I am usually told if workers are running late." A third person said, "They've [staff] never missed a visit."

We saw risk assessments were in place to mitigate and reduce risks. For example, we saw risk assessments were in place in relation to falls prevention and associated risks. The assessments guided the staff in how to provide care in manner that met the person's specific needs, along with reducing the risk of accident or injury.

Is the service effective?

Our findings

One person told us, "Staff do know how to care for me." Another person said, "They are good really." People told us they had confidence in the staff and told us they [staff] were trained and knew what they were doing. One person told us, "I am aware of the knowledge and skills; training is a must." Another person told us, "I think workers are trained every so often." A third person said, "The staff are very competent." A relative told us, "I feel the staff are well trained to support my [relative]."

All the staff we spoke with told us they received regular training. Staff listed a number of training courses they had attended and some told us they had attended specialised training related to people's individual needs. An example given was peg (percutaneous endoscopic gastrostomy) feeding. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth. They told us the training helped them to build upon their knowledge, confidence and skills and develop their understanding to provide people with the care they needed. The manager's told us training was encouraged and staff were expected to attend training. Records we saw confirmed training was taking place.

Staff described, "New starters," as having, "A thorough induction." The registered manager and the staff told us the induction included training felt essential and necessary by the provider, as well as up to six weeks of shadowing experienced staff. The induction and shadowing took place prior to new staff working alone and providing people with support and care. They told us this gave new staff time to learn the skills needed along with developing their confidence to care for people. A professional told us they felt the staff received effective training to be able to provide people with the service they needed to meet their needs. This showed us the provider and management team understood the need to ensure staff were provided with a period of induction and attended relevant training to enable them to meet people's needs.

People told us staff asked for consent before they provided any assistance with personal care. One person told us, "They [the staff] always ask if it's alright and I give my permission." Another person told us, "Myself and the workers work together to make the correct choices." A relative told us, "They [staff] always ask for permission before starting each task." Staff we spoke with told us they respected and promoted people's rights."

Staff told us they had received training in the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). They told us they gained consent from the person before carrying out any tasks. One staff member said, "I ask people, are you comfortable with that?" They went on to say, "People have the right to refuse care, if they have capacity." 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. 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.

We checked whether the service was working within the principles of the MCA. A relative told us, "They [staff] always ask for permission before starting each task." The staff were able to tell us how they would make sure

people were included in decision making around their support needs and the care they required. For example, we saw care records indicated people had been included in decisions regarding whether or not they wanted or had any specific requests in their end of life care. We also saw people had been included in decisions relating to their end of life care. This showed, the provider understood and followed the principles of the MCA and the staff understood the importance of seeking people's consent to care.

Staff made some people meals or assisted people to make their own. One person told us, "They [staff] make sure I've got a drink and something to eat for lunch." Another person told us, "My carer gives me my breakfast and a cup of tea." A third person told us, "My carers don't prepare any meals; I can still manage to do that, so I'd prefer to do it myself." They went on to explain they had a stay in hospital and it was suggested meals were provided, but went on to say, "As long as I can do it, I will; I would lose my independence." A relative told us the staff prepared breakfast, lunch and dinner for their relative. Staff told us they supported people with their meals to suit each person's needs. They told us this meant for some people they prepared a meal, whereas other people may only require a sandwich or small snack, such as biscuits. Staff also told us should someone's needs change and a special diet be needed, they would always be informed and ensure this was provided. This showed that care staff assisted and supported people to manage their individual nutritional needs.

One person told us, "If I am feeling poorly, the carers contact the doctors for me." Another person told us, "I sort out all my doctor's appointments without any help, but on occasion staff have visited and thought my legs are really bad, they will ring the doctor's. That's a priority." A relative told us the staff informed them if their family member's health changed and they required an appointment with their doctor. A staff member told us they would have no hesitation in calling for the emergency services or a doctor, should they be required. The staff member gave an example of monitoring people's health and welfare and said if things are not right, they would ring the person's doctor or health professional for advice or a visit. This showed the staff understood the need for referrals to be made to relevant healthcare professionals when people's health needs changed. We saw records of appropriate healthcare referrals in people's care plans.

Is the service caring?

Our findings

People and their relatives told us staff were compassionate, caring and kind. One person told us, "The staff, I would describe them as caring." Another person told us about their health condition and said staff, "Take an awful lot of care." A third person told us, "Staff respect me and my household." A fourth person said, "I can honestly say, the staff I'm in touch with are very good and polite."

Staff were positive about the relationships they had developed with people. Staff told us they felt it was important to provide a service that recognised people's choice. One staff member told us, it was a good place to work and stated, "I love my job." They went on to tell us, "We treat everyone as an individual," and, "we work with people rather than doing it for them." Another staff member told us, "It's their? home and I respect the persons choice."

Staff told us they understood the importance of maintaining people's confidentiality. Staff told us they would not speak to people about other people that used the service. A staff member also told us how they ensured any information about a person's support was kept safe and secure and not left lying around the person's home. Staff told us they were aware of people being able to read their care plans and ensured they were factual and respected people's needs.

People told us they felt it was important to have, "Regular and familiar staff." They went on to tell us they understood this was not always possible due to annual leave and sickness, but said where possible, having familiar staff was important. The registered manager and the management team confirmed, where possible, staff were allocated to particular people to promote consistency and continuity.

Staff told us they had enough time for visits and took time to talk with people not just rush in and out. Staff told us they generally cared for the same people each week which meant they could get to know them. This meant they knew about people's likes, as well as their abilities, so they knew when to promote independence and when to offer assistance.

People told us the staff were respectful and always careful to preserve their dignity and privacy. One person told us, "My dignity is maintained and I feel quite comfortable." Another person told us, "My dignity and privacy is respected." A third person told us, "My carers are wonderful. They help me dress and wash where I can't reach, but I do try to do as much as I can myself."

A staff member told us, "We respect were in someone's home; we respect their space." Staff told us how they promoted people's privacy and dignity when providing personal care. A staff member told us, "We are aware of their [people's] dignity during personal care." They told us they were guided by each individual. Staff told us how they used care plans and daily records to document people's choices and preferences. This they felt ensured continuity of practice and ensured dignity and privacy was respected. As part of our inspection we visited an extra care service and saw positive and friendly interactions between staff and people. We saw one staff member discreetly offer assistance to a person who required assistance with their personal care needs.

The Derbyshire Dignity Award had previously been awarded to the provider and staff. This showed us there was an understanding of the importance and awareness of upholding and respecting people's dignity.

Is the service responsive?

Our findings

At our last inspection in February 2014 we found records relating to people receiving a service in an extra care environment were not always available to inspect, to demonstrate how people received an appropriate service. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found the improvements had been made.

Day-to-day records were completed each time a staff member visited a person and the records provided a good summary of care delivered by staff. We saw people had a pre-assessment of their needs completed before receiving any care or support from the service. Staff we spoke with were able to give details of the care they provided to people. Staff told us care plans were reviewed regularly and amended to reflect people's changed needs and appropriate referrals were made for ongoing or increased levels of care. We saw people's needs were regularly reviewed and when necessary changes were made. This meant people's needs were assessed and care was provided in a way which met their needs.

People told us how it was important to them to remain as independent as possible. People felt having support from the staff allowed them to still be in control of their lives. One person told us, "Overall, my workers are very good to me and let me do what I want with their assistance, if I need it."

People told us their packages of care were personalised to meet their needs. One person told us, "I have been offered extra calls, but have declined at the moment as I want to try and keep as much independence as possible." They went on to say, the staff and managers have told them when they feel ready, "Just ring us and we will put it in place for you." A relative told us their family member was included in deciding what care and assistance was needed prior to staff providing support. They gave examples such as, "What do you like? What don't you like? What do you want doing? What don't you want doing?" This showed us there was recognition of respecting people's choice and requests.

Care plans were informative and personalised and had been completed with people individually. We saw specific requests had been included, to ensure people were happy with the service they received. We saw there was a good depth of information provided in people's care plans. For example, in one care plan we saw special requests regarding accessing people's homes and whether people were able to answer the door or whether there was a key safe in place.

People we spoke with told us if they had a complaint, they knew how and where to report it to. One person told us, "If I ever had reason to complain, I would just get in touch with the main office." Another person told us, "If I'm worried I would let people know." A relative told us, "We've never had to make a complaint." We saw there was a complaints policy and procedure and the managers ensured it was readily available for people. We reviewed complaints that the service had received. We saw two complaints had been received in the previous twelve months. These had been responded to appropriately.

One person told us they had completed a survey about the service. They went on to tell us, "My package is reviewed every six months." Another person told us, "I fill in many surveys that are easy enough to do; I can only give the care workers a good report." Staff told us how they used comments and learned from any

complaints to improve and develop their service. An example staff told us, was how they had responded to comments from people who use the service and now provide rota's each week to people. The rota's gave people information about the time of their call, the things the carer would assist them with and the name of the staff member who would be visiting. This meant people felt listened to, reassured and knew who was coming and when to expect them. The rota's also served as a useful reminder for people who may be forgetful, in the early stages of living with dementia or who need to plan other appointments around care visits.

Is the service well-led?

Our findings

One person told us the provider ensured, "Letters arrive promptly containing rotas and explaining who's visiting and so on." They went on to tell us how the service was, "Flexible, with enough notice." Another person told us, "They [managers] send me the rota so I know what time and who's visiting." A third person told us, "The staff organise the rotas; we communicate pretty well." This showed us the provider had systems in place to keep people informed.

People told us the staff who provided them with support, understood their roles and ensured needs and requests were met. Staff told us they were clear about the philosophy of the service and said it was, "For people to remain independent and stay in their own homes for as long as possible". A manager said, "We're good – we try our best."

Staff told us they received support from the management team. They told us they were emotionally supported by the management team and were given time to pay their respects to people when people passed away, if they wished to do so. They said this was supported by the registered manager and they felt it was the, "Right thing to do." They went on to say, "We support the family, not just the individual. We become a friend of the family almost – especially if we have been caring for someone for years as we do sometimes – it can be hard for us too when people die." This showed the management team had an awareness of the emotional needs of the staff.

Staff told us it was a good place to work and many staff had worked here for a number of years. One staff member told us, "I love my job." They told us the registered manager was visible and supportive "[Manager] is very nice and supported me." Staff in the extra care told us "[Manager by name] comes down, she speaks to us and I see her in the office." Another staff member told us, "She does come in and ask about people." Staff told us they had regular supervision with their manager; managers told us they had supervision with the registered manager as well as peer reviews with their colleagues from different teams. We saw records of support and supervision sessions taking place.

The registered manager understood their role and responsibilities. They told us they received support and supervision from the senior executive team and their line manager. The registered manager told us how they responded to comments and complaints and used these to drive improvement and not apportion blame. They told us people using the services were at the, "Heart of what we do – they're the reason we are here." Therefore, they felt it was important to involve people in developing their care plan and the service in general. The management team we spoke with were innovative and told us they were open to ideas and change where it may improve the service delivery and care of people using the service. The management team felt they were supported in this way of working by the registered manager. The management team also believed the registered manager listened to the wider team of staff. They went on to say, they worked well as a team and adapted well to change. Health and social care professionals we spoke with confirmed the registered manager had high standards and strived to deliver a good quality service to people. The professionals said the registered manager was a good communicator, listened to their advice and worked

with them to ensure an effective service was provided.

The provider ensured questionnaires were sent out to people using the service. This gave people the opportunity to pass on any concerns and compliments. The registered manager was responsible for quality assurance and regularly audited records to ensure policies were followed. The registered manager responded positively to comments and complaints and saw them as a tool to drive improvements. Staff told us the registered manager encouraged a sharing and learning environment where best practice and lessons learned were shared amongst all the teams and used to improve outcomes for people. This showed the registered manager included the wider staff team to constantly develop the service.