

Hertfordshire County Council

Domiciliary Care Service

Inspection report

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09 April 2019
10 April 2019
15 April 2019

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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

About the service: Domiciliary Care Service is operated by Hertfordshire County Council (HCC) from main offices within Farnham House, Stevenage. At the time of our inspection 358 people received care and support from teams of staff who were responsible for particular sites and geographical areas.

Not everyone using Domiciliary Care Service receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

People's experience of using this service:

People and their relatives were confident that people were safe and well protected from the potential risks of abuse and avoidable harm. Staff received training about how to safeguard people from harm and were knowledgeable about the risks and potential signs of abuse. Where potential risks to people's health, well-being or safety were identified, staff were knowledgeable about these risks and knew how to respond safely.

Staff received fire awareness training. Practice evacuations took place to help ensure staff and people knew how to make their way to 'safe zones' as quickly as possible. Fire safety equipment was made available including evacuation chairs and slides. Staff had received infection control training, the houses we visited as part of this inspection were clean. Incidents and accidents were recorded, investigated and reviewed by the management team. This helped to ensure steps were taken to identify, monitor and reduce risks.

Safe and effective recruitment practices helped ensure staff were of good character and sufficiently experienced, skilled and qualified to meet the complex needs of people who used the service. People, their relatives and staff confirmed there were enough experienced, qualified staff to meet people's individual support needs. Regular bank and agency staff covered for staff shortages and unforeseen absences such as sickness. People's medicines were stored, managed and disposed of safely. Staff were trained and supported people to take their medicines at the right time in accordance with the prescriber's instructions and had their competencies checked by senior colleagues.

People's needs and preferences were assessed and the care provided was based on this assessment. Staff received training and refresher updates in a wide range of subjects relevant to their roles and specific to the needs of the people supported. Newly recruited staff completed an induction programme and did not work unsupervised until assessed as competent to provide care and support in practice. Staff said they felt

valued, listened to and were well supported by their management team.

Staff were knowledgeable about people's nutritional needs, and supported them to eat a healthy balanced diet wherever possible. Staff had good relationships with external professionals who told us they were confident that people received good support from the service. People had access to a wide range of health and social care professionals relevant to their needs. Staff sought people's consent to the care and support they received, together with that of their relatives where appropriate.

People were positive about the quality of care provided by the staff and managers who supported them. People's relatives complimented the staff team for the care and support they provided. Staff had developed positive and caring relationships with people and were knowledgeable about their individual needs, personal circumstances and factors that affected their moods and behaviours.

People were fully involved in the planning and reviews of their care and support. Each person had a 'key worker' assigned to them who was responsible for ensuring they received the support required to meet their individual needs. People were supported to access advocacy services to obtain independent advice and guidance relevant to their needs where needed. Staff respected people's privacy and promoted their dignity. Confidentiality was well maintained, and information held about people's health, support needs and medical histories was kept secure.

People received personalised care and support. Detailed information and guidance had been developed to help staff provide consistent care and support in a person-centred way. People enjoyed a varied and active social life with the encouragement, support and involvement of staff. Staff and management learnt from people's experiences, concerns and complaints in a positive and responsive way. People and their relatives knew how to make a complaint and said the management team responded to any concerns raised in a prompt and positive way. People were encouraged to give regular feedback about the service they received.

The service supported people who do not wish to move to a clinical setting as they approached end of life. Staff received specific training in this area and hospices were also involved with people's end of life care and provided advice and guidance as needed.

People and their relatives were positive about how the service was managed. The management team undertook checks and audits in a wide range of key areas to help ensure a safe service was maintained. The management team were clear about the provider's values and the purpose of the services provided. Staff also understood these values.

Staff told us that managers were effective in their roles, approachable and gave them clear and consistent leadership. People's relatives told us that managers were good at keeping them informed about developments and changes to the care and support their family members received where appropriate.

The registered managers and site managers were knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. They ensured that staff had the tools, resources and training necessary to meet the varied needs of all the people they supported. The provider routinely distributed feedback forms to people, staff members, relatives of people who used the service and health professionals to gain their opinions on the service provided.

Rating at last inspection: The service achieved a Good rating at the last inspection in August 2016.

Why we inspected: This was a scheduled inspection based on the previous rating.

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.

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

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.

Domiciliary Care Service

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was undertaken by one inspector.

Service and service type: This service is a domiciliary care agency. The service provides personal care and support to people with learning disabilities in various 'supported living' settings across the county so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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: We gave the service 5 days' notice of the inspection site visit because the service is vast and spreads across the county. We needed to give the registered managers time to facilitate the inspection.

Inspection activity started on 08 April 2019 and ended on 15 April 2019. We visited the office location on 10 April 2019 to meet the two registered managers and to review care records and policies and procedures. We spoke with relatives of people who used the service by telephone on 09 April 2019 and 11 April 2019 to ask their opinion about the care and support people received. On 15 April 2019 we visited people at three different supported living locations to gather their views about the care and support they received, and we spoke with eight staff members who provided their support.

What we did: Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the Provider Information Return submitted to us in February 2019. 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.

As part of the inspection we spoke with 10 people who used the service, relatives of 11 people who used the service, eight staff members, two registered managers and the nominated individual. We looked at care plans relating to seven 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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I feel safe. Staff come and see me every morning, they help me shower, they help me with my shopping and support me to any appointments." Another person told us, "I feel very safe here, the staff are great, I have no complaints."
- Relatives were confident that people were safe and well protected from the potential risks of abuse and avoidable harm. The relative of one person said, "I think [person] is safe, I feel really comfortable with them receiving care there. The staff are very friendly, and they really seem to care. [Person] is always eager to return home so that tells me they feel safe there."
- Staff received training about safeguarding people from harm and were knowledgeable about the risks and potential signs of abuse. They knew how to raise concerns, both internally and outside of the provider's organisation, and how to report concerns by whistle blowing if necessary.
- Where concerns had been raised they were documented and investigated in accordance with the provider's safeguarding procedures and protocols and measures put in place to mitigate the risks and help keep people safe.

Assessing risk, safety monitoring and management

- People were supported and encouraged to be as independent as possible following a thorough risk assessment process.
- Where potential risks to people's health, well-being or safety were identified, they were assessed and reviewed to take account of people's changing needs and circumstances. Staff were knowledgeable about these risks and knew how to respond safely.
- People were supported to pursue their lifestyle choices in a way that helped keep them safe and less vulnerable. This support was in the form of risk assessments, staff supervision and guidance.
- The provider had enhanced their fire safety checks since the last inspection in 2016. The fire service had been involved in risk assessing people's living environments. We noted some work taking place to sub-divide the roof space into compartments to help restrict the spread of fire.
- The staff team received fire awareness training and practice evacuations took place to help ensure staff and people knew how to make their way to safe zones as quickly as possible. Fire safety equipment was made available including evacuation chairs and slides. The management team advised that additional staff had been put on night shifts to facilitate evacuation in the event of a fire.

Staffing and recruitment

- Safe and effective recruitment practices were followed to help ensure that staff were of good character and sufficiently experienced, skilled and qualified to meet people's complex needs.
- Wherever possible, people were encouraged to take part in the recruitment process. This meant being

involved in interviewing prospective candidates. We were told of instances where this had proved invaluable in helping to select the right candidates.

- There were enough suitably experienced, skilled and qualified permanent staff deployed to meet people's individual support needs. Regular bank and agency staff were deployed to cover for staff shortages and unforeseen absences such as sickness.
- People and their relatives were overall positive about the numbers of staff available. One person told us there had been some recent staff changes in the team that provided their support. They said this meant they had some agency staff cover whilst new staff were recruited which they were not keen on but understood that it was a short-term measure.
- Some relatives said they felt that the service relied heavily upon temporary staff, but most were satisfied with the arrangements. One relative said, "The staffing levels are arranged around people's care hours, so I guess that is not an issue."
- Staff said they were busy and sometimes stretched at peak times however, they said there were enough staff available to meet people's individual needs and support them safely. One staff member said, "There are enough staff. We have the time to provide good care."

Using medicines safely

- People's medicines were stored, managed and disposed of safely and they were provided with safe and appropriate levels of support. Staff were trained and supported people to take their medicines at the right time and in accordance with the prescriber's instructions and had their competencies checked by senior colleagues.
- The support provided for people with their medicines was dependent on their individual abilities. Some people needed more support than others in this area. A person told us, "We have wallets with one-week supply of tablets in. We take them and then staff check that we have done so."
- People's relatives said they were confident that staff provided good support for people to take their medicines. One relative told us, "We have never had any concerns with medicines. They (staff) deal with it all including the ordering, making sure [person] takes it at the right time and speaking with the GP if there are any concerns. Such a relief for us to know that someone has taken charge."

Preventing and controlling infection

- Staff had received infection control training. The houses we visited to speak with people as part of this inspection were clean.
- People were supported by staff to maintain the cleanliness of their individual areas and protected time was put aside for this each week.

Learning lessons when things go wrong

- Incidents and accidents that occurred at locations where people received support were recorded, investigated and reviewed by the management team. This helped to ensure that steps were taken to identify, monitor and reduce risks.
- Staff told us that following a serious incident additional training was provided for staff members and the provider monitoring systems were made more robust to help prevent recurrence.

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

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

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

- Staff assessed and documented people's needs and preferences and the care provided was based on this assessment.
- People's outcomes were good. For example, one person told us how their life had improved since they had started to use the service. Previously they had felt restricted by the life they had been able to live but when they had started to use the service they had been encouraged to say what they wanted to do. The person said they now felt they were a part of the community and a 'real person'.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as re-positioning to prevent pressure ulcers, were completed consistently when needed.
- Information on best practice guidance was available for staff to access as needed.

Staff support: induction, training, skills and experience

- People and their relatives said they felt staff were skilled and competent. A person told us, "Staff seem to be OK and know what they are doing."
- Staff received training and refresher updates in a wide range of subjects relevant to their roles including moving and handling, safe administration of medicines, fire and food safety, infection control and safeguarding vulnerable people. Specific training was also provided tailored to the needs of the people supported, for example in relation to Asperger's, autism, dementia, epilepsy and diabetes.
- Staff were knowledgeable about people's individual health, welfare and individual support needs and had received the training they needed to do their jobs effectively. Staff said training was a top priority for the provider and one staff member said, "We are constantly doing refresher training. It is amazing how good practice can change in care."
- Senior staff carried out competency assessments to help ensure the staff team remained competent in their roles, for example with moving and handling and supporting people with their medicines.
- Newly recruited staff completed an induction programme and did not work unsupervised until assessed as competent to provide care and support in practice.
- The provider operated an apprenticeship scheme which provided staff the opportunity to attend college to gain practical skills, knowledge and a nationally recognised adult social care qualification.
- Staff had regular meetings with managers and senior colleagues to discuss and review their personal development, performance and issues that were important to them. Staff said they felt valued, listened to and were well supported by their management team.

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

- Staff were knowledgeable about people's nutritional needs, supported them to eat a healthy balanced

diet wherever possible and had access to detailed guidance about their specific dietary needs and personal preferences.

- The levels of support provided varied to reflect people's individual needs and abilities. Some people needed very little support whereas others required help to plan menus, shop for ingredients and prepare meals. One person said, "We all meet every Wednesday to plan the weekly menu and make the shopping list. We take turns to do the cooking and washing up supported by staff."

Staff working with other agencies to provide consistent, effective, timely care

- Staff had good relationships with external professionals who had contact with the service.
- Health professionals told us they were confident that people received good support from the service.

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

- People access to a wide range of health and social care professionals relevant to their needs. These included GP's, dentists, psychiatrists, social workers, district nurses, podiatrists, opticians, chiropodists, dementia and epilepsy care specialists and speech and language therapists. One person said, "We can go to appointments on our own, but staff will come with you if you ask or if it is really important."
- A relative said, "Fabulous health support, it really gives me peace of mind."
- Healthcare professionals told us that referrals made were appropriate and staff supported people in a professional manner.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- Staff members sought people's consent to the care and support they received, together with that of their relatives where appropriate.
- Some aspects of people's lives were subject to restrictions such as food cupboards needing to be locked because a person had a food allergy and they would help themselves to items that would make them unwell. The manager of the site told us they had contacted the team responsible for best interest decisions and deprivation of liberty safeguards in relation to this matter but had not yet had a response. We discussed that this was a priority matter and they undertook to chase the relevant parties to help make sure that the person's rights were respected at the same time as their safety was assured.

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

Good: 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

- People were positive about the quality of care provided by the staff and managers who supported them. For example, a person said, "The staff are all very nice. They always ask me if there is anything I want or need."
- People's relatives complimented the staff team for the care and support they provided. For example, one relative said, "I am really happy with the support [person] has. If they do have a little wobble the staff soon get to the bottom of it and sort it out." Another relative said, "The staff are very friendly, and they really seem to care."
- Staff told us they believed they provided a caring service. One staff member summed it up saying, "We have the time to provide good care."
- A compliment from a health professional praised the care and support provided for a person. They stated, 'I just wanted to let you know that in my 20 years nursing experience I have never met such nice, caring and compassionate care staff as (names of two staff members). [Person] was in distress whilst with us and throughout both staff were amazing.'
- Staff had developed positive and caring relationships with the people they supported and were knowledgeable about their individual needs, personal circumstances and factors that affected their moods and behaviours.
- At previous local and general elections people had said they didn't want to go to the polling station. Staff said people felt intimidated, so postal votes had been arranged for all. Staff told us that leading up to previous elections workshops had been provided to help support people to make their decisions.

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

- People told us they were fully involved in the planning and reviews of their care and support.
- Where appropriate, family members were also involved in people's care and support. One relative told us, "[Person] gets on really well there. Whenever there is a problem they call me. They keep me up to date with [person's] care reviews, health matters and anything else [person] allows them to tell me."
- People were familiar with their care plans and told us they often reviewed the contents with staff. Each person had a 'key worker' assigned to them who was responsible for ensuring people received the support required to meet their individual needs.
- People were supported to access advocacy services to obtain independent advice and guidance relevant to their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people whilst respecting their privacy and promoting their dignity. People told us staff made sure curtains and doors were shut when personal care was being provided. We noted that staff

knocked at people's doors and did not enter until they had been asked to.

- Staff provided personal care and support in a way that both respected and supported people's choices and preferences. For example, care provided by a person of the same gender.
- Confidentiality was well maintained throughout the service and information held about people's health, support needs and medical histories was kept secure.

Is the service responsive?

Our findings

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

Good: 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

- People received personalised care and support that took account of their preferences and personal circumstances. Detailed information and guidance had been developed to help staff provide consistent care and support in a person-centred way. This included information about people's preferred routines, medicines, dietary requirements and personal care preferences.
- Support plans set out how people should be supported in a way that best suited them and their needs. For example, one support plan stated, 'Assisting [person] with a handling belt and frame to walk from the bathroom to bedroom once a day helps greatly with the muscle tone in their legs. Walking is important for [person's] posture, strength and continued mobility.'
- Staff helped and supported people to develop the skills, confidence and independence necessary for them to live in their own homes and enjoy a good quality of life that best suited them. This included support with every day activities of daily living such as cleaning, laundry, managing money to pay bills and shopping for food.
- People told us they enjoyed a varied and active social life with the encouragement, support and involvement of staff. For example, people told us of hobbies they enjoyed including snooker, pool, going shopping, going out for pub lunches and arts and crafts. A walking group had been developed to help people to make friends at the same time as getting some gentle exercise.

Improving care quality in response to complaints or concerns

- Staff and management routinely listened and learnt from people's experiences, concerns and complaints in a positive and responsive way. People told us they shared any concerns they had with staff who dealt with any issues for them.
- People's relatives said they knew how to make a complaint and told us that the management responded to any concerns raised in a prompt and positive way. One relative said, "We have never had to make a complaint but would be entirely comfortable to do so if the need arose."
- People were encouraged to complete 'have your say' forms and some used this process to raise complaints and concerns that were reviewed and dealt with by senior staff.

End of life care and support

- The service cared for those people who do not wish to move to a clinical setting as they approached end of life. Staff received specific training when needed and the Gold Standard Framework was the basis for this. (The Gold Standards Framework is a nationally recognised model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis.) Hospices were also involved with people's end of life care and provided advice and guidance as needed.
- People were offered access to 'leaving life' training led by nursing staff. The registered manager told us this had been useful and shared examples where people had been encouraged to think about such things as

their funeral choices, their health matters and what would happen to their belongings after they died.

- We saw a compliment from community professionals following the death of a person who used the service. They said, 'You guys, as always, did an amazing job caring for [person] and it is lovely to know that they passed away peacefully and comfortably in their home with you all by their side.'

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

Good: 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

- People were positive about how the service was managed and the service managers.
- Relatives were complimentary about how the service was managed. A relative of one person commented, "They do a good job there. We feel very lucky that [person] lives there."
- Local managers at all sites where a service was provided carried out regular checks and audits in a wide range of key areas. These included the management of medicines, health and safety, complaints, safeguarding, accidents and incidents, staff performance and people's support plans. Reports about performance in these areas were produced, reviewed by the registered manager and discussed at management meetings.
- A member of the provider's senior management team undertook quality monitoring visits to all main sites a minimum of once a year. A report was produced together with action plans to address any identified shortfalls and followed up by the registered manager at monthly visits.
- The management team were clear about the provider's values and the purpose of the services provided. Staff also understood these values.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities and knew what was expected of them. They told us that managers were effective in their roles, approachable and gave them clear and consistent leadership. One staff member told us, "Well organised service. I really enjoy the work and I am proud to work here. You get the time needed to spend with people and provide them with good care and support."
- Staff members across the county told us they enjoyed working for the provider and felt well supported. One staff member said, "I receive the support I need. People are well looked after so it must be well-led."
- Staff told us they were confident that any concerns were listened to and that they had a voice about how the service operated. For example, one staff member said, "We have a very understanding manager who will always listen. The manager and deputy work very well together and are very approachable."

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

- People's relatives told us that site managers were good at keeping them informed about developments and changes to the care and support their family members received where appropriate.
- The registered managers and site managers were knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. They ensured that

staff had the tools, resources and training necessary to meet the varied needs of all the people they supported.

- The provider routinely distributed feedback forms to people, staff members, relatives of people who used the service and health professionals. The registered manager advised that response to surveys was not always plentiful and they were working to devise different methods of receiving feedback.

Continuous learning and improving care

- The views, experiences and feedback obtained from people, their relatives and professional stakeholders about how the service operated had been sought and responded to positively. For example, survey questionnaires were used to find out what people thought, staff were encouraged to seek feedback by managers and people were asked for their views at key worker sessions and house meetings.
- Feedback was reviewed by the registered manager and senior representatives of the provider who also carried out unannounced visits and spot checks. The information gathered was used to identify both shortfalls and areas of good practice. Where shortfalls were identified, action plans were developed to bring about improvement and to reduce any identified risks.

Working in partnership with others

- Health and social care professionals told us that the staff and management team were always responsive to any comments and suggestions and were committed to working collaboratively with people, their families, specialists and professionals.
- The management team gave us examples where links had been established in the community for the benefit of people who used the service. These included membership of local disability forums, where people who lived with learning disabilities, their relatives and health professionals could meet up and discuss issues relevant to their needs.