

Derbyshire County Council

Glossop (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

Glossop (Derbyshire County Council Home Care) provides personal care for adults in their own homes. This includes people living with dementia and people requiring short term support on discharge from hospital. There were 127 people using the service for personal care at the time of our inspection.

This inspection took place on 21 and 22 July 2016. The service is run from an office in Glossop and provides care to people in North Derbyshire. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available. In addition we also carried out telephone calls to people using the service on 27 and 28 July 2016.

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.

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments. The records had been updated to reflect changes in people's care needs. Medicines were managed safely.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure. The provider's arrangements for staff recruitment and deployment helped to make sure there were sufficient staff who were fit to work at the service to provide peoples' care.

Staff understood their roles and responsibilities for people's care and safety needs and for reporting any related concerns. The provider's arrangements for staff training and their operational procedures supported this.

The principles and requirements of the Mental Capacity Act (2005) were being met. When required, best interest decisions and capacity assessments had been completed. People were supported by staff who knew them well. Staff were aware of promoting people's safety, whilst providing information to support people to make day-to-day decisions.

People received appropriate support to manage their meals and nutrition when required. This was done in a way that met with their needs and choices. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People and their relatives told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. People and their relatives were involved in the planning of

their care and support.

Complaints were well managed. The leadership of the service was praised by external professionals and relatives and communication systems were effective. Systems to monitor the quality of the service identified issues for improvement. These were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

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 were deployed effectively to ensure people were assisted in a timely manner. Staff followed the guidance in people's risk assessments and care plans. Medicines were managed safely. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable staff were employed.

Is the service effective?

Good ●

The service was effective.

The provider had established people's capacity to make decisions and ensured they had given their consent to their care. Staff had received training to provide them with the knowledge to meet people's individual needs. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

Is the service caring?

Good ●

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager at the service. Systems in place to monitor the quality of the service were effective. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

Glossop (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.

This inspection took place on 21 and 22 July 2016. The inspection team was comprised of one inspector. In addition, an expert by experience in the care of older people made telephone calls to people using the service on 27 and 28 July 2016. 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 looked at all of the key information we held about the service which included notifications. Notifications are changes, events or incidents that providers must tell us about. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with seventeen people using the service and one relative, including three visits to people in their own homes. We looked at four people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and staff recruitment records. We spoke with the management team, including the registered manager, and eight staff. We also spoke with five health and social care professionals by telephone following our visit.

Is the service safe?

Our findings

People we spoke with confirmed they felt safe when care was provided. One person said, "I have two carers coming in each time and they know I'm not particularly keen on using the hoist so they always make sure that I feel properly secure before they lift me up. They will always make sure that I'm comfortable." Another person said, "I think the staff are very reliable. I've never had a totally missed call and they always stay for the amount of time I need them to and I never feel rushed at all." A relative told us "[Family member] really appreciates how safe and supported the carers make him feel while using the equipment." External health professionals also confirmed people were cared for safely. One told us they had not had any concerns about people's welfare.

Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Records we saw and information we received prior to the inspection visit confirmed the provider made appropriate referrals, as required. The provider was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care because they were aware of the provider's whistle-blowing policy. This helped to ensure any allegations of abuse were reported and people were protected from unsafe care.

Risks to people's health and well-being were well managed and staff understood people's safety needs. They were able to tell us how, for example, they supported people with their medicines, to mobilise and eat and drink. People's care plan records showed that risks to their safety associated with their health needs, environment and equipment were assessed before they received care and regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed to ensure the information was up to date and reflected people's current needs. For example, one person had a risk assessment for the prevention of skin damage. We found there was clear guidance on how to safely support people in the records we looked at, for example, equipment used to support people's mobility needs. This helped to make sure that people received safe care and support.

There were enough staff to meet people's care and support needs in a safe and consistent manner. People told us staff were available at the times they needed them. One person said "I've had my regular morning carer for a long time and we get on really well. She always comes on time. This is really helpful because I like to go out and she knows that someone will come and pick me up at a certain time. So it's important I'm ready by then. She never rushes me and to be honest I don't know what I'd do without her these days." Another said "I never worried that somebody might not turn up as it's just never happened."

All the staff we spoke with told us staffing numbers were adequate to meet people's needs. They told us that rotas were planned to provide sufficient number and skill mix of staff and that staffing arrangements were

sufficient for them to perform their role and responsibilities. We looked at rotas for the period 23 – 27 July 2016. This showed calls times were identified and staff confirmed they received rotas each week confirming their calls. They also told us that there was never an issue if a call took longer than expected and they were allowed extra time to complete the support required. External health professionals also confirmed there were enough staff available to meet people's needs. The provider ensured there were sufficient staff available to work flexibly so people were safe.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. People were cared for by staff who were suitable for the role.

People's medicines were safely managed. People who received assistance with their medicines told us they were satisfied with the way these were managed and said staff alerted them when repeat prescriptions were due.

People told us they received their medicines when needed. Staff were able to explain the procedures for managing medicines and we found these were followed; for example, staff knew what to do if an error was made. All the staff we spoke with told us they would record any error and contact their manager and a doctor if they made a mistake when assisting with medicines. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. This meant people received their medicines according to the prescriber's instructions.

Staff responsible for people's medicines received appropriate training, which was updated when required. This included an assessment of their competency to administer people's medicines safely. Staff told us the training was thorough and they were confident they knew what to do to ensure people's medicines were managed safely. One staff member told us "We can't give a medicine unless it is on the MAR chart." This was also confirmed by an external professional who told us, "Everything has to be on a MAR chart." The provider therefore ensured there were systems in place to manage medicines safely.

Is the service effective?

Our findings

People told us they were satisfied with the care provided and that staff were knowledgeable about their individual needs and cared for them effectively. One person said "They do everything, they're marvellous." Another "I'd give them a gold star for the care."

Staff were provided with the information, training and support they needed to perform their roles and responsibilities for people's care. One staff member told us, "The training is really good here" and another said "We have plenty of training." All of the staff we spoke with said they were required and supported to attend regular training relevant to people's care needs. Training records we saw showed that staff were up to date with essential health and safety training. Staff told us they could also request additional training according to people's individual needs. For example, we saw training in stoma care and the use of inhalers had been provided. An external health professional told us training they had provided was well attended and described staff as enthusiastic and willing to learn.

There were regular staff meetings which enabled staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor throughout the year to discuss their work performance, training and development. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues. This showed the manager ensured that staff maintained the level of skills the provider felt essential to meet people's needs. The provider therefore ensured staff were suitably trained and supported to provide effective care.

People told us they were asked for their consent to the care agreed. One person told us, "It was all agreed with me". Another person said "My carer will usually just ask if I'm ready for my wash, if I'm not quite ready, she'll get my breakfast ready first and then I'll have my wash."

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's care plans showed an appropriate assessment of their mental capacity and a record of any decisions about their care and support, made in their best interests.

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. The provider had assessed whether or not anyone was receiving restrictive care that may amount to a deprivation of their liberty. They had not identified anyone who had personal care where this was applicable, and understood when an application to the Court of Protection would need to be made.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). Staff had received training on the MCA and were able to tell us how they would assess people's capacity to make everyday decisions. Training records we saw showed most had undertaken training in the MCA. This meant that

people had their legal and human rights upheld and their views and wishes were taken into account to ensure that the least restrictive option was taken in a best interest decision for them.

People told us they were assisted to contact a doctor if necessary. One person said "I was taken ill not very long ago and my carer called the ambulance, made me comfortable, wrote in the records, contacted the office and let my daughter know. She stayed until my daughter arrived. We were very grateful for all her help that morning." Another person told us "My catheter blocked one morning and when my carer couldn't sort it out she contacted the District Nurse and stayed with me until she arrived."

Staff we spoke with were knowledgeable about the healthcare services people accessed. Healthcare appointment records were completed, which confirmed that people had access to a range of health professionals such as doctors, specialist nurse, opticians and chiropodists. We also saw there was up to date information where there had been changes in people's health needs. A health care professional told us that the health needs of the person they were involved with were well managed and confirmed that advice was sought when necessary. They described the service as, "Absolutely brilliant" and another said the staff were professional. People's health needs were therefore met.

People using the service who were supported in their food choices had sufficient to eat and drink. One person said "My carer makes me breakfast and she always asks me what I would like, then, while I'm eating it she will make me a sandwich ready for lunch. She will usually tell me what I've got in the fridge for a sandwich and then I'll decide what I fancy." Another said, "My carer gets me a microwave meal ready at lunch time. I can't say as I really enjoy them, but they're alright and quick as my carer doesn't have time to cook me a meal from scratch." Staff we spoke with confirmed that main meals were mostly microwave meals but said they tried to ensure that they were varied and nutritional. This showed that people were supported to manage their individual nutritional needs in a way that met with their needs and choices.

People's care plans had information about their individual needs, food likes, dislikes and preferences. Training records showed staff were trained in handling food safely. People received the right support to maintain a balanced diet.

Is the service caring?

Our findings

We found staff were caring and people were appreciative of staff and their helpfulness and friendly attitudes. One person told us, "I think that all the carers are very patient in the way they sometimes have to repeat things a few times before I have completely understood them. They do have to go really slow, particularly first thing in the morning, while I find my legs and settle into the day's routine." Another said, "One of the best things about having a carer coming in during the day is that there is somebody to have a conversation with. In all the years I have been having care, I have never been spoken to inappropriately." Another said, "My carer makes a point of asking before she goes each day if there any other jobs I need help with. Whatever it is, however, they never mind helping me before they leave for the next client."

External health and social care professionals praised the care provided and said staff were caring and compassionate. One told us, "They are a pleasure to work with." Another described staff as approachable and said they were, "Really good." The provider was therefore ensuring the service and its staff were caring and compassionate.

People told us privacy and dignity was respected when receiving care and support. They told us they were treated with respect and approached in a kind and caring way. One person said, "They are very good when assisting me with a shower" and confirmed their dignity was maintained.

We observed staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions. All staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this – closing curtains, approaching people quietly and covering people when they received personal care. The registered manager also told us that an afternoon tea with discussion about dignity had been arranged for people using the service. This had resulted in people writing down what dignity meant for them. We saw the Derbyshire Dignity Award, a scheme for recognising good practice in promoting dignity, had previously been awarded to the service. The registered manager told us they were in the process of gathering evidence to support the revalidation of the award. This showed us there was an understanding of the importance and awareness of upholding and respecting people's dignity. People's care was provided in a dignified manner.

We saw people were offered choices in their daily routines and that staff encouraged independence. We saw staff involved people in daily conversations about the support required. For example, we saw staff being patient and encouraging with a person who required assistance with personal care. Staff were able to describe how they offered choices to people; for example, regarding what to wear and how they would like to spend their day. One staff member said, "We treat everyone as an individual." When people refused options, such as joining others for lunch, their choice was respected.

People were listened to and were comfortable with staff. One person told us, "I have the opportunity to talk about anything to do with the service and we talk about whether anything has changed in my condition that would need us to rethink about the level of support that I have." External professionals confirmed people were treated respectfully. People therefore received care and support from staff who were kind and that met

their individual needs and preferences.

People and their relatives were involved in their care planning. People we spoke with were aware of their care plan and we saw they had a copy in their own home. One person told us, "[Staff] can always read my care plan for more information." People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. Records we saw showed reviews of people's care involved family and people important to the person.

Is the service responsive?

Our findings

People received personalised care that met their needs. People and their relatives said they were involved in decision making about the care and support provided and that the care agency acted on their instructions and advice. All of the people we spoke with at our inspection said that staff attended at and for the duration of their agreed call times. One person told us staff were punctual and said, "Because I have regular carers who know what they are doing, I have found that the time is just about right. We even have a few minutes usually left if there is anything else I need particular help with that day."

People's individual care and support needs had been assessed before they began to use the service. Each person had an individual support plan, based on their identified needs and developed to reflect their personal choices and preferences. Support plans were written in the first person, which provided an individualised picture profile of the person. Choices and preferences were reflected throughout support plans, which enabled staff to provide appropriate personalised care and support, in a way the individual needed and preferred. Staff confirmed they had chance to read care records and were able to keep up to date with people's needs and preferences.

Plans were regularly reviewed and updated to ensure they remained person-centred and accurately reflected any changes to the individual's condition or circumstances. One person told us, "She [service organiser] always asks me for my opinion of the service I am getting and we also have a look at the care plan to make sure that there is nothing that needs altering. I always feel very involved with these meetings." The care plans also provided detailed guidance for staff about how to provide support in the way the individual preferred. Staff told us that any changes to these guidelines were discussed at team meetings to help ensure people were supported in a structured and consistent way.

Staff were responsive to people's needs. We observed a staff meeting and this confirmed staff knew people well and they were able to respond quickly if there was a change in people's circumstances. For example, we heard staff discuss one person's needs and they were able to agree the best approach to minimise any distress for the person.

The registered manager told us they listened to people and staff through the reviews of care and staff meetings. We also found the service gathered feedback from staff and people and used this to identify improvements. People supported by the service told us they had been asked to complete a questionnaire on their views about the service. People, their relatives and staff said that the registered manager and senior management were accessible and approachable. All felt they were listened to and their voices were being heard. An external health professional also told us the service acted on any issues raised. The provider ensured that any issues raised were used to improve the service.

The provider had a system to respond to emergencies. People told us they were satisfied with the response. One person said, "I've only phoned the out of hours number once, the phone was answered by a real person who was able to sort it all out for me without it being a problem." Another said, "When I do call things seem to just get done without it being a big hassle to all concerned."

Some staff told us they had difficulties in getting a response out of office hours. They said the response from within their own teams and line managers was good but that the out of hours service phone line was sometimes difficult to get hold of. The provider had therefore introduced a shift pattern for service organisers so that they were also available out of office hours. Staff told us this was an improvement and they were able to get a timely response as a result. External professionals told us the service was accessible and one health professional said the response was, "Very slick."

People told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. People and their relatives knew how to make a complaint and they were provided with written information, which informed them how to do so. One person said, "I definitely know how to make a complaint because there is a leaflet in my folder. I'm sure [domiciliary care service organiser] would listen, then sort the problem out for me." Another said, "I do know how to [complain], if a problem arose. I think from the open manner that everyone has here at the agency, that if I did have an issue it would be listened to and addressed."

We saw the complaints procedure was available in people's care records in their own home. We reviewed complaints that the service had received. We saw one formal written complaint had been received that required an investigation in the previous twelve months. This had been responded to appropriately. Responses to other informal complaints had reached a satisfactory conclusion.

Is the service well-led?

Our findings

There was a registered manager at the service. There was also a staff team in place to support the manager consisting of three domiciliary care service organisers. The registered manager understood their managerial and legal responsibilities, for example, when and why they had to make statutory notifications to us. People's personal care records were stored electronically and were well maintained. The provider was therefore ensuring that the service operated efficiently.

People and their relatives felt that staff and the manager were approachable and open to listening to their suggestions or concerns. One person told us, "I think the office staff are very good. They always pick up the phone when I ring and I don't think I've been put through to an answer machine ever. They are always very friendly and want to know what they can help me with." External professionals praised the leadership of the service. One said they had a good working relationship with the service and described senior staff as "Professional."

We found the provider had gathered people's views on the service and used their comments and opinions to monitor and improve the quality of the service. Surveys had been completed in 2016. All the responses we saw rated the service as good or excellent. There were several positive comments such as, "I'm more independent" and, "The service has had a positive effect on my [family] carer." The provider information return told us the service had received 11 written compliments in the last twelve months. The registered manager told us these were mostly praising staff for the care received. Feedback received demonstrated the provider was providing a good quality service and was taking people's needs and wishes into account to develop the service.

The service had a clear set of values which were set out in their statement of purpose and were central to any developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice. People and their relatives praised the service highly for employing carers who demonstrated these qualities on a daily basis. One person told us, "My carers have been with me a long time and I think they know me really well. Sometimes I think they probably know me better than some members of the family do." Another said, "As far as I'm concerned, I don't think the agency has anything to worry about and I certainly couldn't think of any way they could improve. I think they're very well-managed and I would recommend them to anybody." A third told us, "This agency seem to have people who have worked for them for a long time and I love the fact that I have carers who I have been able to get to know for some time now and they have been able to get to know me really well as well. It does make a huge difference to the care they provide."

All staff spoke positively about working at the service and praised management and leadership. One told us, "I love working for the Council" and another said, "Any problems get addressed." They confirmed they felt valued and told us they were encouraged to take up training opportunities and give their opinions on the service.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which

they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, they knew how to report accidents, incidents and safeguarding concerns. They told us they were provided with relevant policy and procedural guidance to support their role and responsibilities. Staff said they were regularly asked for their views about people's care in staff group meetings and one to one meetings. Staff also felt able to raise concerns or make suggestions about improving the service. Staff told us attending training was sometimes difficult due to the travel involved and said the registered manager had addressed this and arranged training at local venues. One said, "It's much better having the training local." All the staff we spoke with praised the registered manager and the domiciliary care service organisers. One staff member said, "We get listened to." The provider was therefore proactive in obtaining staff views and opinions to improve the service.

The registered manager told us they were trying to develop more links with the community, such as involvement in a project to encourage people in the area to have work experience in care and that they were supporting a local 'Alzheimer's café', a social support group for people living with dementia and their carers. They also had contacts with the local Mountain Rescue team who assisted and advised staff working in adverse weather conditions. The registered manager also maintained professional contacts with relevant agencies such as local medical centres, hospitals and social services. They also told us teamwork within the staff group was important and that they valued the staff working at the service, for example, by ensuring compliments received were fed back to relevant individuals.

The registered manager told us the service operated in a transparent way, for example in relation to any errors made. She gave examples where the provider accepted a mistake had been made and reimbursed the person accordingly. Records we saw confirmed this.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as and people's medicines records, had taken place in the last twelve months. It was clear what actions were required as a result of the audit, for example, we saw the action taken where there had been a recording error on one person's MAR chart. We saw this had been addressed. They also had contingency plans available for emergencies, for example, in relation to adverse weather conditions. The provider had systems in place to ensure the service operated safely.