

North Somerset Council

START

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 took place on the 18 and 19 January 2017 and was announced. We told the registered manager two days before our visit that we would be coming. At the last inspection in July 2014 the service was meeting the regulations we checked.

The START service (Short-term assessment reablement team) provides short term domiciliary care and support of up to six weeks to adults living in their own homes following ill-health or an injury. The aim of the service is to enable the person to regain confidence and skills in their daily life. At the time of the inspection there were 12 people living in North Somerset and surrounding area receiving a service.

There was a registered manager in post at the time of this inspection. 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 provided good support to people and was proactive in ensuring people's safety and it was responsive to people's needs. Care workers knew how to identify abuse and knew who to go to should they suspected abuse although one care worker was unsure of who to go to outside of the service. People felt safe and knew their care worker well. People were supported by staff who had satisfactory checks prior to starting their employment.

The service identified risks to people's safety and was proactive at reducing risks through specialist equipment and technology. Incidents and accidents were managed to prevent similar incidents from occurring again.

People and relatives felt there was a good standard of care and all were happy with the service. Staff felt the managers were approachable and accessible. There was a positive culture that was person-centred and that aimed to enable people to regain their independence. People had their feedback sought at the end of the service and all were complimentary about the care workers and service provided. The service had a complaints procedure in place. No complaints had been received in the last 12 months.

People's care and support was planned in partnership with them. The service was able to give people encouragement to regain their confidence. Care workers had a consistent rota that provided people with continuity of care staff. People were made aware when there were changes to care workers rotas.

People were happy with how staff administered their medicines and staff had received training to enable them to undertake this task. People and relatives felt positive about the caring attitudes of the care staff. All confirmed they were happy and that staff treated them with kindness and respect.

People were supported by staff who received training in order that they could carry out their roles effectively

and competently. Staff had received additional training so that they could provide specialised equipment if required. Care co-ordinators undertook staff supervisions and spot checks and all staff felt well supported and happy in their roles although staff had not received an annual appraisal for over 12 months. The registered manager monitored the quality of the service along with the care co-ordinators.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and staff were able to identify abuse.

People were supported by staff who had satisfactory checks prior to starting their employment.

People were happy with how staff administered their medicines and staff had received training to enable them to administer medicines safely.

There were suitable staffing arrangements in place to ensure people's needs were met.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received supervision and training to ensure they were competent and skilled to meet people's individual needs.

Specialist training was provided to staff to enable them to provide personalised care to people.

People made decisions about their care in accordance with current legislation.

People were supported to see health care professionals according to their individual needs.

Is the service caring?

Good ●

The service was caring.

People received care that was kind and caring. Positive relationships had developed with staff who encouraged people to regain their independence.

People were positive about the caring attitude of all staff.

People had their dignity and privacy respected by staff who promoted a positive confidential approach.

Is the service responsive?

Good ●

The service was responsive.

People were positive and complementary with their views and experience of the service.

People were part of planning their support plan which was personal to them.

There was a complaints and compliments leaflet in place and all people were complimentary of the service.

People were supported by staff when they transitioned onto another service at the end of their enablement support.

Is the service well-led?

Good ●

The service was well led.

People felt the service was good and that office staff were approachable.

The service had a clear aim and staff felt they provided a difference to people's lives.

People were asked at the end of their care experience to provide feedback.

The registered manager monitored the quality of the service along with the care co-ordinators.

START

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 18 and 19 January 2017 and was announced. The registered manager was given 48 hours' notice of the inspection. This is because the location provides a domiciliary care service. The registered manager can sometimes be out of the office supporting care givers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the days of our inspection. The inspection was carried out by one inspector over the two days.

During the inspection we spent time at the service's office and visiting people. We spoke with the registered manager, two care co-ordinators', one administrator and four care staff. We also spoke with three people, and one relative. We also reviewed care records for three people who used the service, and looked at the records of two staff and other records relating to the management of the service. Following the inspection we contacted health care professionals but were unable to gain their views about the service.

We reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

The service was safe.

People felt safe and they had no concerns about how staff supported them. They told us, "Yes I feel safe with the support. They always wear a uniform and we know who is coming" and "They know what to do and what I like. They are very good". People told us that if they had any concerns they would call the office. One person told us, "There is a number in the file. Manager/everyone is great". One relative told us, "Staff are always in their uniform. I can't fault them. I ring the office at odd times they are always pleasant on the phone."

Staff had received training in safeguarding adults although some staff were due refresher training which was booked for March 2017. Records confirmed this. Staff were able to demonstrate their understanding of abuse but one staff member was unclear about who to report abuse to outside of their service. Staff told us, "Any concerns I report back to the office. Any concerns like, verbal abuse, physical, bruising not eating," and "I would report it to the case co-ordinator". One staff member confirmed they would report any concerns to their manager but was unable to clearly say who else they would report it to. This is important as sometimes the concern might be about the manager and the staff member to protect the person would need to be able to raise the safeguarding concern themselves with an external agency such as the local authority. We fed this back to the registered manager who confirmed they would ensure all staff were familiar with all reporting procedures relating to safeguarding adults from abuse. Staff had access to the provider policies within the office and all staff had been given a copy of the staff handbook which also confirmed what staff should do if they suspected abuse.

People were supported by staff who had checks completed on their suitability to work with vulnerable people prior to starting their employment. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of identification. Records confirmed this practice. This meant the service undertook checks to ensure new staff were suitable to work with vulnerable people.

People had personalised risk assessments that gave staff guidance on how to support people in a way that minimised any risks. For example, risk assessments included environment risks and any assistance the person required with their mobility. The care co-ordinators were responsible for undertaking and reviewing risk assessments within people's care plans. People's care plans identified if they had a smoke alarm, pendant alarm, and any equipment that they used within the home. This meant people's risks were identified and staff had clear guidelines to follow to reduce those risks.

Incidents and accidents were logged onto the provider's electronic incident reporting system. The registered manager was responsible for ensuring all incidents were logged and any actions taken. They provided us with a paper copy of an incident including what actions had been taken to prevent similar incidents from occurring. They confirmed all incidents for the service were monitored by the provider's health and safety department. This meant the service reported incidents and took action to prevent similar incidents from occurring again.

The office operated within normal office hours. Any out of hours calls went through to an out of hours phone number. The care co-ordinators and care staff felt this worked well and there was good communications. Staff told us, "We get an email come through in the morning. We check this to see if there have been any changes overnight. We then ring the care staff. We can check this on our mobile phones. There is always one of us on call" and "Any problems I call the out of hours phone number, or I would ring the other staff member on duty to pass over any messages. It works well." The service had an electronic people planner called, "EGIS". It showed staff availability and their shift patterns. Staff worked four days on and four days off. People and relatives felt this gave good continuity of knowing who was coming. One relative told us, "We always know who is coming. It is only a small staff team. They work four days on and four days off." Staff worked in geographical teams which meant that travel times could be limited between visits. One staff member said, "I work four days on and four days off. I get my rota so I know where I am going, any changes they ring me. We work in certain teams." This meant staff knew who to contact outside of office hours and people's visits were allocated to a consistent staff team.

Some people were supported with their medicines from care staff. One person was happy with the support they received from staff in relation to their medicines. They told us, "Staff help me with my medicines. They are very good." Care staff had received training in how to safely administer people their medicines. Systems were in place to ensure people received their medicines safely. Medicines were securely stored and people's medication administration records (MAR) showed when medicines had been administered. Staff had been given the provider's policy and procedure on administering medicines safely this was also available in the staff handbook.

Is the service effective?

Our findings

The service was effective.

People were supported by care staff who had received training to carry out their roles effectively and competently. Staff felt they received enough training to enable them to undertake their role. Staff told us, "I have had medication, first aid, safeguarding, moving and handling training" and "We get training. I have done medication training and diabetes training." Staff had received additional training so that they could provide personalised care that was bespoke to people's individual care needs. For example, catheter and stoma care, dementia awareness and end of life care. This meant staff were receiving training that gave them skills to undertake their role effectively.

The two care co-ordinators had received additional training to enable them to recognise and provide additional equipment when people might need it. For example, both care co-ordinators were qualified 'Trusted assessors.' This meant people could be assessed for equipment such as a shower stool or a walking frame. This could be ordered by the staff member instead of waiting for a different service to assess the person. This meant staff could respond quickly to people's needs due to the additional training they had received.

People were cared for by care staff who felt supported and happy in their role. Staff also felt able to go to their supervisor in between supervisions. Staff told us, "They are always on the end of the phone. I feel well supported," and "I get lots of supervision. Yes I feel well supported, they are only a call away." Staff supervision included one to one sessions and on the job spot checks whilst care staff were at people's home. This was undertaken by the two care co-ordinators every few months. The care co-ordinators confirmed this was part of checking that staff were undertaking their duties as expected. For example, spot checks covered; how the member of staff supported the person, talked to them, gave them choice and if they provided care in a dignified and respectful manner. It also covered any areas for improvement. This meant the service was able to demonstrate they were reviewing care staff practice and the support people received from the care staff.

The registered manager said that no staff had received an annual appraisal as staff had opted not to have one due to the changes planned with the service. Staff group meeting minutes confirmed staff had declined their yearly appraisal. One staff member told us, "Not had an appraisal for a few years." When we asked why, they told us, "Because of what is going on, the service being run down." Appraisals are an opportunity to discuss and identify any areas for improvement or training required. Appraisals can cover topics such as conduct, appearance, reliability, current performance, improvements, staff training, development and personal targets. Staffs' supervisions and spot checks had covered some of these areas although an annual appraisal can identify any specific training or career development, setting goals for the staff member to achieve. This meant although staff were not receiving an annual appraisal they were receiving supervision and spot checks that identified any areas for improvement.

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 provider was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity. This meant people's consent to care and treatment was sought in line with legislation. Records confirmed this.

Some people were being supported to ensure that they had a regular meal of their choice. We observed one member of staff give the person they were supporting full choice and control around what they wanted to have for tea. The member of staff asked the person what they would like. The person replied giving the care staff their choice with what they wanted for their tea. People's care plans confirmed what support they required from care staff including any dietary requirements. Care staff had received training in food safety along with nutrition and hydration. This meant people were supported by staff who had received training and who offered people choice with their dietary requirements.

The service supported people to meet their health needs. Care staff were able to confirm what actions they would do if they noticed the person's health had deteriorated. One member of staff explained how they would call the GP or district nurse. They told us, "I normally say to the person. Do you want me to call for you? I have made calls to the district nurse if a dressing needs changing or if someone needs the GP." This meant staff supported people to get medical assistance should their health deteriorate.

Is the service caring?

Our findings

The service was caring.

People and their relatives were all positive about the caring attitude of the care staff. One person told us, "They're very good. They're kind and caring. They always know what to do." Another person told us, "Everyone is great. I can't fault them or speak highly enough of them. I think the world of them. They're all lovely." One relative explained how the staff and service had made such a difference in their life. They said, "I can't fault it, they put us at ease. They are all excellent and have saved us a lot of hassle."

People were supported by staff who promoted their independence. This was confirmed in the providers statement of purpose which said; 'START aims to provide you with a service which encourages you to reach your maximum potential for independence. We offer a wide range of personal care and practical support which is designed to help you make the most of your own abilities and reduce the need for an ongoing, costly package of care.'

The service aimed to work with people for up to six weeks. However, some people had remained with the service for over a year. Within this time staff got to know people and had developed positive caring relationships with people. One relative felt the staff made a positive start to their day. They told us, "It means we get a good start to the day, for both of us." People were supported by the same care staff so overtime the staff knew the people they cared for well.

People's privacy and dignity was respected. Staff were able to give examples of how they provided people with privacy and respect. Staff told us, "I might ask their friends or relatives to leave the room or go into another room where it is private. I close doors and cover the person when I am not washing them. I shut curtains as well." Another member of staff told us, "I make sure doors are shut and curtains." One person gave an example of how staff always put a towel around their shoulder whilst they help them in the morning to respect the person's privacy.

Care staff were aware of the importance to maintain confidentiality and ensure that information was not shared inappropriately. One staff member told us, "I don't discuss any personal conversations around the person. No phone ringing or talking over the person. If staff do I nip it in the bud."

People felt involved in making decisions about their care and support needs. Staff confirmed it was people's choice to decide on their care and support. One staff member told us, "It is about what the person wants. It is their choice." We observed during an initial assessment one person being given choice about the service they received from the care co-ordinator. The staff member respected the person in the decisions they made about the care they received.

People made decisions about their care and support needs. For example, we observed the care co-ordinator explaining to a person that it was their decision what day care staff came to support them. They were encouraged to say what their goals were from the service and what they wanted to achieve. Care staff we

spoke with told us they encouraged people's involvement to make their own decisions. One member of staff told us, "It is about what the person wants. We give them choice as we are flexible with our time."

People were given their care file at the start of the service. This provided the person with contact numbers and information about the service. This included the 'service user guide and statement of purpose.' This gave people details about the service and who to contact should they need to call the office for any reason. Within the care file was also a questionnaire that people were asked to complete about their care experience at the end of the service. This meant people were given the opportunity to express their views about the service.

Is the service responsive?

Our findings

The service was responsive.

The service supported people to regain their independence with daily living skills. This was for a period of up to six weeks following ill-health or an injury. Referrals to the service were made to the North Somerset Council's Care Connect Service. This is the single point of access for all social care services. The referral is received and then allocated to a care manager or Social Worker who undertakes an assessment. They then complete a re-enablement plan. The service is sent the request and if they have capacity they make arrangements for the service to commence.

We observed a care co-ordinator undertake a visit prior to one person starting with the service. They discussed the aims of the service and agreed the individual support the person needed. This was then their planned support plan. Whilst in the person's home the care co-ordinator also undertook an environmental risk assessment that identified any hazards in the home. The person was involved in their support plan and they agreed what the short term goals were for them to achieve. This meant that people were involved in their care planning and had personalised goals set that were important to them.

The care co-ordinators were responsible for updating any changes to people's support plans. They confirmed they undertook reviews when undertaking spot checks with staff. This they felt was an opportunity to see any changes to the support plan after discussing it with the member of staff. People we spoke with felt the care was what they wanted. They told us, "We get the help we need" and "I decide. I have choice, they know what help I need." We found during talking to one person that their support plan required updating due to a recent operation they had undergone. We raised this with the registered manager who confirmed they would review the person's support plan.

People had access to an up to date complaints and compliments leaflet and all felt able to complain should they need to. People confirmed they were happy with the care provided and had no complaints. One person said, "I have no complaints. They are all great. I have a number to go to in the file if I need to." Another person said, "No complaints. If I had I would have complained." No complaints about the service had been received in the last 12 months. Positive compliments and thank-you cards had been received. Compliments included, "I just want to write a thank-you for all your kindness to my mum. Everyone was so kind to her and made her laugh." Another person complimented the service saying, "You have been wonderful." Another thank-you card said, "Just to say thank-you to the team for looking after mum and for the care and friendship you have given her."

Staff felt positive about the support and care they provided to people. They all felt the service was beneficial to people and that it made a difference to people's lives. One staff member told us, "We never rush people, it depends on the service user. We encourage people to dress and do things for themselves, such as cooking. It is nice to get someone to do as much as they can themselves." Another member of staff told us, "We are flexible in our time. We spend time with people until they have done it. We have more time to give to people. It is a great service."

People were supported by staff to transition between services. Staff confirmed how they worked with other agencies when the person came to the end of their time with the START service. One staff member told us, "We have handovers between us and agencies. We can talk the agencies through what the person likes and their care arrangements." The care co-ordinators and records confirmed where staff had supported people with their transition between services. This meant people were supported to receive consistent support when they moved between different services.

The provider had an automated logging in system for care staff. This logged when they arrived and left the person's home. They called a Freephone number from the person's landline and this logged the time of the call in the office. This information could be reviewed by the care co-ordinator and the finance department. The care co-ordinator confirmed how it enabled them to see the improvements that people were making. This was because they said they could see staff spending less time with the person which they confirmed meant the staff member was achieving goals with the person. People were called by care staff or care co-ordinators if they were running late. This meant people were made aware of any changes to their allocated call and calls could be monitored for progress made.

Is the service well-led?

Our findings

The service was well-led.

The registered manager was supported by two care co-ordinators and one office administrator and a team of care staff. People felt the service and office staff were good. They told us, "It is very good" and "It is an excellent service." Another person told us, "[Name] is great, such a help." One relative told us, "It is an excellent service and I can call the office whenever I need to."

Staff loved working for the service and felt that the registered manager and care co-ordinators were all approachable and they could go to them if they needed to. One staff member told us, "I love working for the START team. [Name of care co-ordinator and name of care coordinator] are always there on a mobile phone." Another staff member told us, "I thoroughly enjoy working for the service. It is very rewarding. I can always go to [Name of care co-ordinator and name of care coordinator] or [name of registered manager]. They are very supportive." This meant people were supported by staff who felt supported by their managers.

People were encouraged to provide feedback on their care and service experience at the end of the time with the agency. Feedback was positive. Comments included, "I just want to write a thank-you for all your kindness to my mum. Everyone was so kind to her and made her laugh." Another person commented, "You have been wonderful." Another person commented, "Just to say thank-you to the team for looking after mum and for the care and friendship you have given her".

The START service was delivered by North Somerset Council who was the provider. The service had copies of the provider's policies and procedures available for staff in the office. This included the staff handbook. The staff handbook covered what was expected of staff including; administering medicines, their uniform, identifying safeguarding and whistleblowing. The care co-ordinates confirmed all staff were given a copy of the staff handbook when they started working for the service.

The START service (Short-term assessment reablement team) had a clear aim that was to provide people with short term support to enable people to reach their maximum potential. During the inspection we asked the registered manager to send us an updated version of their, 'Statement of purpose'. A statement of purpose confirms what service the provider plans to offer and what people can expect. The copy provided at the inspection confirmed the service, 'aims to provide you with a service which encourages you to reach your maximum potential for independence. We offer a wide range of personal care and practical support which is designed to help you make the most of your abilities and reduce the need for ongoing, costly package of care.' Staff demonstrated they were working in line with the aims of the service and people were enabled to reach their full potential.

The registered manager was responsible for monitoring the quality of the service and feeding back to the provider's different departments so that the quality of the service could be monitored. For example, the registered manager monitored the referrals, complaints, incidents and accidents, and feedback received. They attended senior managers meetings which were an opportunity to raise any feedback or actions

required. The care co-ordinators were responsible for monitoring people's care plans. They undertook this whilst visiting people in their own home whilst undertaking spot checks with staff. They also reviewed the person's care plan at the end of the service. This was for any areas which needed to be improved on. They said it was an opportunity to check records and make sure there were no problems with staff filling in the daily records. During our inspection we found one person's care plan had not been updated following a change in their health. We raised this with the registered manager and care co-ordinators' who confirmed they undertook reviews of people's care plans when they were in the area and passing but due to the person being in hospital they hadn't had this opportunity. Care staff knew the changes to this person's health. The care co-ordinator confirmed they would update the care plan with the changes to their health.

The registered manager explained that the provider had made the decision to outsource the START service to agencies in the local area. This meant staff and people who used the service were going through a period of transition whilst they changed over to the new agency. The registered manager confirmed that the first area had already been transferred with the next two areas planned for March and June 2017. Staff felt supported through this period of change although disappointed about the changes. They told us, "I am very sad, but very happy that we do a good job" and "The last few years we have known. We all work well together. It is a great service." The registered manager said this meant the service was due to close some time in the near future.

The care co-ordinators held staff meetings with staff. These were an opportunity to discuss any changes to people's care needs, changes to the service or incidents. Records confirmed these meetings enabled them to monitor the service and identify where improvements might need to be made.

Prior to this inspection the provider had submitted various notifications to inform us of certain events that occur at the service. A notification covers incidents or events, including safeguarding, which have affected people who use services or the service's ability to provide their regulatory activities. During the inspection we found notifications had been made to the best of our knowledge when required. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service and ensure the correct action had been taken.