

Sheffield City Council

Care4you - City Wide Alarms

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

The inspection took place on 13 October 2016 and was announced. Due to the nature of the service we gave notice to ensure the registered manager would be available to us during the inspection. The service was last inspected September 2013, and was found to be fully compliant at that time.

Sheffield City council's Care4you - City Wide Alarms service is an emergency response alarm service which covers the city of Sheffield. The office is in the Darnall area of Sheffield. The service operates twenty-four hours each day, seven days each week. Response staff respond to alarm calls and provide assistance to people in their own homes. At the time of this inspection approximately 8,500 people were registered to receive a service from City Wide Alarms. The service does not provide any planned care, and only provides personal care where this is needed.

There was a registered manager in post, they had been registered to manage the service since January 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us staff responded to their needs promptly and they felt safe with the staff who attended them.

Accidents and incidents were recorded and were reviewed by, and where necessary, investigated by a manager.

Staff recruitment processes were safe and robust. There were sufficient staff on duty to meet the needs of people in a timely manner.

Staff had undertaken a good range of training, and this was refreshed regularly.

Staff received regular supervision and an annual appraisal.

The service ensured appropriate referrals were made in cases where people needed a higher level of assistance than they could offer.

Staff were committed and passionate about their roles.

People told us staff were kind, caring and patient when supporting them.

The service ensured when people started the service they had all the relevant information about the equipment and how to use it.

There were up to date records kept for everyone who used the service, to ensure key information was immediately available.

Personal preferences were recorded and observed in relation to whom people wanted to be contacted in an emergency.

Complaints were recorded and investigated and responded to in line with organisational policies and procedures.

There was a positive culture evident and staff told us they felt they were supported by the management of the service.

There was a clear management structure, so that staff knew who they should approach with any concerns or questions.

The service worked in partnership with other agencies within the council, to ensure people received a service which met their needs and kept them safe.

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 we spoke with told us staff responded to their needs promptly and they felt safe with the staff who attended them.

Accidents and incidents were recorded and were reviewed by, and where necessary, investigated by a manager.

Staff recruitment processes were safe and robust. There were sufficient staff on duty to meet the needs of people in a timely manner.

Is the service effective?

Good ●

The service was effective.

Staff had undertaken a good range of training, and this was refreshed regularly.

Staff received regular supervision and an annual appraisal.

The service ensured appropriate referrals were made in cases where people needed a higher level of assistance than they could offer.

Is the service caring?

Good ●

The service was caring.

Staff were committed and passionate about their roles.

People told us staff were kind, caring and patient when supporting them.

The service ensured when people started the service they had all the relevant information about the equipment and how to use it.

Is the service responsive?

Good ●

The service was responsive.

There were up to date records kept for everyone who used the service, to ensure key information was immediately available.

Personal preferences were recorded and observed in relation to who people wanted to be contacted in an emergency.

Complaints were recorded and investigated and responded to in line with organisational policies and procedures.

Is the service well-led?

Good ●

The service was well-led.

There was a positive culture evident and staff told us they felt they were supported by the management of the service.

There was a clear management structure, so that staff knew who they should approach with any concerns or questions.

The service worked in partnership with other agencies within the council, to ensure people received a service which met their needs and kept them safe.

Care4you - City Wide Alarms

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 13 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a community based service and we needed to be sure the registered manager would be available to us throughout the day.

The inspection was carried out by an adult social care inspector. Prior to the inspection we reviewed the information we held on the service which included statutory notifications made by the registered manager. A statutory notification is a notice of any event which affects the provision of the service, which the registered manager is required to inform us of. We also contacted other professionals who work with the service to gain feedback from them of their experiences.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, four response staff, four people who had received personal care from the service and two relatives of people who had received support from response staff. We reviewed a variety of records including electronic records held in relation to the calls which had been received and the response visits which had resulted from them, minutes of meetings, staff recruitment files, staff training records, complaints and compliments and incident and accident records.

Is the service safe?

Our findings

People we spoke with told us they felt safe when being attended by staff from the service. People told us they felt the service allowed them to remain in their own homes as they knew there was someone to call if they had an emergency.

Staff we spoke with had undertaken safeguarding training and were able to demonstrate their knowledge and understanding of how to keep people safe and their responsibilities in this regard. Staff told us they had raised concerns to managers in the past and these had been responded to in a timely manner.

When a person signed up to the service, the staff who visited their home to install the equipment also carried out an environmental risk assessment, to assess the safety of the person's home to ensure it was a safe working environment for response staff. Due to the nature of the service, which meant they did not visit each home regularly, staff were required to undertake a visual risk assessment when entering each property to ensure the safety of the person who required assistance and themselves.

Staff told us they were able and were confident to raise their concerns with any member of the management team and they told us their concerns were listened to and action was taken, although some reported they did not gain any feedback on the outcomes unless they asked for this.

There was a whistle blowing policy in place and staff were aware of the policy and the purpose of it, to allow staff to raise concerns about a colleague for instance without worrying they would be identified to the person.

All response calls were recorded as incidents. There is a call centre run by a third party who takes and screens all calls which are received from the equipment in people's homes. There are different types of calls which are received. When an alarm is activated it is connected to the call centre, who then attempt to speak to the person via the telemetric equipment which is in place to find out what the emergency is. In a lot of cases there is no response, this is a 'no voice contact', which always triggers a response team being dispatched. In a lot of cases there is no emergency and it may be the person has pressed the alarm accidentally when asleep for instance, however staff always attend unless contact is made and reassurance gained that the person is not in distress.

Staff who respond to emergency calls do so in pairs, as there is a likelihood that if a person has fallen they may need to use equipment which requires two staff to operate it safely to assist the person up. Staff carry specialist equipment with them, which consists of a mangar cushion and slide sheets. A mangar cushion is a device which inflates to gently raise people from the floor without the need for any lifting, slide sheets are used to help people to move onto the mangar cushion prior to inflation and to assist people to re-position in chairs on in their beds.

Staff are also trained to use equipment which is in place in the person's home, for instance a hoist and sling which is used to transfer people when they are unable to do this independently, for example from bed to a

chair.

All incident forms are collated and reviewed by a service manager individually, to check the actions taken, the timing of the actions and the standard of record keeping. Any concerns are individually investigated and resolved.

Staff carry a supply of personal protective equipment with them, to ensure this is available should they need to assist people with personal care, and to avoid the risk of infections being spread between people who they are visiting during a shift.

Staff wore uniforms, carried ID badges and drove cars which were identifiable as belonging to the service to ensure people knew who they were allowing into their home and give them reassurance.

There had been some issues historically with travel times across the city during busy times causing some delays in being able to respond to people. This has been acknowledged and negotiations had taken place with other agencies within the local authority which had resulted in the agreement that response staff could use bus lanes to improve their response times as they could avoid congestion.

Whilst the service did not provide any planned care and therefore did not administer medicines to people under usual circumstances, all staff had been trained to be able to administer medicines. The reason for this was that in times of emergencies for example adverse weather when planned care staff may not be able to get to people, the response staff could attend and ensure medicines were administered to keep people well. The service used four wheeled drive vehicles throughout the winter to facilitate this.

Is the service effective?

Our findings

Staff told us and records confirmed they undertook a range of mandatory and additional training to ensure they were skilled and had the knowledge they needed to carry out their roles. Staff we spoke with told us they felt they had all the training they needed and felt confident and competent in their roles, despite the unpredictable nature of their visits to people. None of the staff we spoke with felt they had attended a response call where they were unsure of the action to take. One member of response staff told us, "I have always felt able to cope with the situations I have attended."

Staff told us they received supervision from senior staff within the team, although some were unsure how often this took place. Records showed there was some variation in the frequency of supervision meetings; most staff had received two or three supervisions during 2016 so far. Staff all agreed that if they needed to speak to a senior member of staff between supervisions they were able to do so. Supervision is a valuable process which allows response staff to meet with senior staff to discuss and review their performance and areas for development and improvement. There were no records to show staff had received their appraisals in 2016 as yet. Staff told us they received help and support during difficult periods, one member of response told us "We get support, like if we have a death, we all support each other within the team."

The service recognised the need to gain consent from people who used the service. This was discussed at the point the service was agreed and a service agreement was put in place and signed by each person. Staff understood their role in asking for and gaining consent from people when assisting people with personal care.

There were regular staff meetings and we saw that where staff were unable to attend these meetings minutes were sent out to them individually. The minutes showed there were discussions about best practice and policy and procedures were discussed and reminders were given to staff on key points which they needed to be aware of and working to.

Is the service caring?

Our findings

People we spoke with told us they found the response staff were kind, considerate, compassionate and patient. People told us staff offered them reassurance when they needed it, and this allowed them to remain in their homes. One member of the response staff told us "I love my job, it is challenging, each visit is different, we and we are always thinking and solving problems."

Response staff told us they worked with various colleagues and all agreed there was a good team working culture, where all staff supported each other.

Response staff told us they felt a great sense of job satisfaction from the role they played in supporting people to remain independent in their own homes. Response staff were dedicated and passionate when speaking about the people they supported, and all agreed they felt they made a difference to the lives of people every day.

Response staff were able to demonstrate to us how they would recognise risks to people's dignity and how they would ensure this was protected and maintained, in difficult circumstances at times.

The service was careful to give a personal service to each person from the outset. Each person received a visit from a member of the response team, to explain the service to them, install the information and make sure they knew how to use the equipment and what would happen should they have an emergency and what they could expect.

The service did sometimes find there were people who were needing response staff to attend to them frequently. The registered manager recognised this was an indication they were not managing well and may need more support from a planned care service. In these cases the registered manager ensured there were referrals made to other agencies to make sure people received the support they needed to stay safe.

The main purpose of the service which is provided is to allow people to remain independent in their own homes whilst having confidence that if something was to go wrong they could summon help. People we spoke with told us this was invaluable to them, and felt the service reassured them.

The registered manager told us they were currently undertaking a consultation with people who used the service, to gain their thoughts and suggestions for how the service was currently performing and what other services they could provide to people. This was a work in progress at the time of the inspection.

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to their needs.

The service does not offer any planned or regular care, therefore there are no care plans in place for people who use the service. The service does however hold detailed records about each person which include their medical history and conditions, information about their family and next of kin, who they want to be contacted in case of emergency, and the details of how to gain access to the person's home in the case of emergency.

When each call came into the call centre, where contact could be made with the person, there were specific questions asked to allow the call handler to assess the situation and make a judgement about what action they needed to take. This was in the form of a falls algorithm, designed to allow simple questions to give insight into the severity of a fall and likelihood of an injury which required treatment. In cases where a response team attended they also carried out a similar process to ascertain the severity of the pain, and make a visual assessment to allow them to make an informed judgement of whether they should assist the person up, or whether they needed to call for emergency services to attend.

We saw the information which was passed onto response staff from the call centre was person-centred and detailed, this meant that if emergency services needed to be contacted for instance, critical medical information was available to help them treat the person effectively and quickly.

We saw complaints that were received were logged by the management team, who then investigated each complaint liaising with other agencies and departments where necessary to ascertain whether the complaint was substantiated and how the complaint needed to be resolved and responded to. We saw the service had received a number of compliments from people who had received support and wanted to express their gratitude, comments included 'it is very reassuring to know that help is at hand', 'their kind service will stay with me for a very long time' and 'I was very reluctant at first, but then I used it and thought it was wonderful, I told everyone how kind they were when they came to assist me'.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered since 2012. The registered manager was supported by a team of service managers and a response team. There was business support for the finance and equipment side of the service.

The culture within the service was open and positive, everyone we spoke with told us they would not change their roles and staff retention was exceptional. One member of response staff told us, "It's a great team, people just don't leave."

We asked other professionals who had worked with the service for feedback, one person told us about 'the great partnership work we have done with City Wide Care Alarms (CWCA) where assessors in assessment and care management have been trained by CWCA to install the CWCA equipment. This has enabled our assessors to give a holistic response in earlier discharges from or avoidance of unnecessary hospital admissions.' Another professional told us, "[Registered Manager] works really hard to develop the service, to improve standards and link to key initiatives across health and social care."

The call centre function was outsourced to a third party, the registered manager worked very closely with this provider to ensure the quality of the call handling and screening was to the required level. There were regular reports produced and meetings to review performance and ensure there was clear oversight of the service that was being provided on the service's behalf.

The service worked in close partnership with other departments within Sheffield City Council, including supported living provisions and assessment and care management. There were regular meetings held to share with and gain information from other departments to allow collaborative working and improved services, for instance the use of the response teams to assist people in adverse weather. This meant the operation of the service was transparent and there was oversight of its performance.

The information which was collected was collated and used to carry out analysis of the types of calls, times of day, areas of the city, calls which were outside of the allowed response times and the reason for the calls. There was on-going analysis of this information which was used to monitor the staffing levels needed to ensure response times were met, any cases where there was a need to make a referral to another agency and the compliance with the agreed timescales for responding to people in an emergency.

Each instance where a call had not been responded to in line with agreed timescales was individually investigated to gain insight into why this had happened and what could be learnt from this, for instance in busy traffic times the use of bus lanes had been agreed to improve response times.

The service had a suite of robust policies and procedures, which covered all aspects of the service provision. There was also a code of conduct for response staff which laid out the service's expectations of their staff and the staff's responsibilities to the people who used the service. The policies and procedures were maintained electronically to ensure they were always up to date and the latest versions were being

accessed.

There were satisfaction surveys sent out to both people who used the service and staff. The results of this were collated and recommendations made. Staff we spoke with told us they had very recently completed their latest survey.