

Darlington Borough Council

Darlington Borough Council In House Home Care

Inspection report

Central House
Gladstone Street
Darlington
County Durham
DL3 6JX

Date of inspection visit:
08 October 2018

Date of publication:
02 November 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on 8 and 9 October 2018. We gave the provider 24 hours notice of our inspection due to the nature of the service. This was to make sure someone would be in the office to assist us with our inspection.

Darlington in House provides two distinct services Reablement and Supported living. Reablement is designed to help people recover from a period of serious illness or injury which may have resulted in hospital treatment. The service provides a range of rehabilitation, care and support services for up to six weeks. The service operates throughout the borough of Darlington. Supported Living works with housing providers to provide support in Darlington for people with a learning disability. Supported Living staff provide assistance with personal care, bathing, meal preparation, supervision and assistance with medicines.

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

At our last inspection in July 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained good.

People said they felt safe with the staff and they had a say in who supported them. Staff had been trained in safeguarding vulnerable adults and knew how to report any concerns. People were assisted with their medicines in a safe way.

The provider checked new staff before they started work to make sure they were suitable. Staff had relevant training and received regular supervisions and appraisals.

Risk assessments were in place to support people's independence. Any accidents and incidents were appropriately recorded and checked by the provider.

People's needs were assessed before they started using the service to make sure the service could provide their support. In the Supported living service, people were supported with their nutritional health by support staff and involved in the planning and cooking of meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to be included in their local community and lived ordinary, fulfilled lives as local citizens.

People told us staff were caring and kind in their interactions. People were empowered to make their own choices and decisions.

Staff were respectful of people's individuality. The service provided information for people in the way that met their communication styles.

The service had detailed records about each person. This included information about peoples' preferences and goals as well as their needs and support the service needed to give them.

People knew how to make a complaint and were confident about contacting the management team at any time.

There was a management team with clear lines of responsibility. The provider had quality assurance systems to check the service.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Darlington Borough Council In House Home Care

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 8 and 9 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care and supported living service. We needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted care professionals involved in supporting people who used the service, including commissioners for the local authority. Information provided by these professionals was used to inform 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 four people who used the service via telephone interview. We also spoke with the registered manager, a home manager, and four support staff. We looked at the care records of five people, medicines records of four people and the personnel files of three staff members. We also viewed records relating to the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People told us they felt safe and comfortable with the staff who supported them. Their comments included, "The staff were kind and polite."

Staff told us they had regular training and competency checks in how to safeguard people and the training records confirmed this. Staff knew how to report any concerns and had procedures about this. There was good on-call support for staff who were lone-workers to make sure they were safe at work. Lone working staff also told us and showed us their name badges which doubled as GPS trackers to determine their location and as a microphone to contact an emergency centre. They told us they had used the device when a stranger was hanging around the office location late at night to alert support. They all said how reassured they felt with these devices in place.

The service provided support to people living in their own homes and in shared supported living houses. There were enough staff to support people with their care and support. We saw that the Supported living service provided a core staff team who were consistent and the Reablement service provided staff on a responsive basis according to the daily referrals received.

The provider vetted potential new staff before they started work to make sure they were suitable to work with people. They carried out reference checks and Disclosure and Barring Service clearances (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped the provider to make safer recruiting decisions. Some of the people using the Supported living service were actively involved in the interview process for prospective staff members.

There were detailed risk assessments about keeping people safe without compromising their independence. People had been involved in discussions about how to manage any risks. For example, risks associated with making meals, the home environment and using mobility equipment.

Health and safety checks were carried out to people's homes and staff were appropriately trained in health and safety procedures. Lessons learned from accidents, incidents and complaints were discussed and shared with staff. For example, medicines recording errors were monitored and discussed with staff and this was an area that was improving.

We found appropriate arrangements continued to be in place for the safe administration and storage of medicines. Staff were trained in safe handling of medicines and their competency was regularly checked. Regular checks were carried out by managers to confirm medicines were safely managed.

Staff had training in infection control and had access to personal protective equipment so they could

support people with any personal care in a hygienic way.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People's needs were assessed as they started using the rapid response Reablement service. Assessments were used to develop plans with the involvement of people and their relatives and other healthcare professionals such as occupational therapists and social workers based at the office location. The provider used legislation and best practice to inform their assessments. For example, moving and assisting guidance.

New staff completed an induction which included an introduction to the service as well as a corporate induction covering policies and procedures such as health and safety, equality and diversity. Mandatory training was completed as part of the induction process. Mandatory training is training that the provider deems necessary to support people safely. We found training was refreshed on a regular basis. One staff member told us, "The induction was really thorough and although we have online training yearly it is refreshed face to face every three years."

Staff told us they felt supported and received regular supervision and an annual appraisal. Staff we spoke with said, "We always discuss safeguarding, annual leave and training as well as client specific issues." Everyone we spoke with said they felt supported and two staff gave us examples of how they had been supported to return to work after a period of ill-health.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act.

We found the service was working within the principles of the MCA. The registered manager had a good understanding of mental capacity, and staff had been trained in the MCA and deprivation of liberty safeguards (DoLS). Where the person had a lasting power of attorney (LPA) in place. Copies of the legal documentation were held on their care file. Details of the LPA and their contact details were available for staff.

People were supported with their nutritional needs. Where necessary speech and language therapist (SALT) and dietician guidance was included in the person's plan for staff to follow.

At the Supported living service people were supported to have their nutritional needs met and were involved in the shopping, planning and preparation of meals. The Reablement staff team supported people to get back the cooking skills they may have lost as a short term intervention goal.

Where necessary staff supported people with their health needs. Staff contacted health care professionals on behalf of people who were unable to do this for themselves. The Reablement team worked as part of a multi- disciplinary team with social workers, physiotherapists and occupational therapists (OT) on site.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People told us that staff were kind, friendly and caring. One person told us, "They had time for me and listened to what I said." People using the Reablement service told us their confidence was improved by the service. Comments included, "The service enabled me to integrate back to home from hospital quickly, everyone was so supportive." And, "I was given all the support I needed."

People told us staff visited the same time each day and didn't rush when they were supporting them with their personal care. Reablement staff said they had sufficient time allocated to people's care calls and had time during the call to speak with people and find out how they were. One staff member told us, "You need to look after people's well-being and to spend time with them and get to know them."

The Supported living staff team provided consistent care and support to the three people using the service. Staff told us they asked people's permission to support them with any activities, such as preparing meals, and people were the decision-makers about how and when these took place.

Care records described how staff were to respect people's privacy and promote their dignity. People were supported to be as independent as possible. One staff member told us, "We might wait outside a bathroom a person to wash themselves so we can help if we need them."

Staff treated people with dignity and respect. Care records were written in a way that showed the provider promoted respectful care practices to staff. All staff had training in equality and diversity and it was clear that people's individuality and uniqueness was celebrated.

People's preferences and choices were recorded in their care records. For example, food choices and personal care preferences. Communication support plans were in place if people required support with their communication needs. One plan we viewed said, "On Sunday I like to go to church, I rarely miss and like to get involved with events, I have lots of friends at church." This showed people's spiritual preferences were supported.

We saw that records were kept securely only accessible by staff. This ensured the confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. One of the Supported living managers told us, "I know I can contact advocacy services if I need any help or support for people."

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People described receiving a personalised service that was tailored to their specific needs. We reviewed care plans and saw they had significantly improved since our last inspection in relation to personalisation and setting goals and outcomes to promote people's independence. Documentation was in place to record care and support offered throughout the day and night. Handovers were detailed and ensured information about people's health and welfare was clearly documented and communicated to staff to ensure consistency of care.

It was clear that people were fully involved in decisions about how they wanted and needed their support to be provided. These were set out in very detailed plans for staff to follow. The plans were personalised and written from the perspective of each person. Assessments and care plans showed how people's lifestyles and beliefs were respected, like their culture, religion or faith.

It was clear from records that staff worked with people and their families to fully meet their needs and involve them. People we spoke with knew they had a care plan and the three people using the Supported living service had given their express written consent for us to view their care files.

People described how the staff promoted their daily living skills, like cooking, cleaning and shopping. For Supported living, support included assistance with social and educational activities that people enjoyed. We saw people were supported to go on holiday and people were encouraged to be part of their local community.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. There was easy read information on how to make a complaint and meetings were held where people were given updates and asked about their satisfaction with the service. Without exception all of the people we spoke with stated they had not made a formal complaint and felt staff listened to them and acted on any minor issues they had. They stated they would feel comfortable in raising a concern or complaint if they felt this was necessary.

Although this was not a usual function of this service, people were supported to discuss their advanced care plans about how they wanted to be supported at the end of their life. Their wishes were sensitively recorded.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. Observations of interactions between the registered manager and staff showed they were open and positive. There were staff meetings held regularly with minutes shared with everyone who could not attend. Staff we spoke with said, "We are a good team, we help each other out if anyone needs a hand."

We saw that the staff had regular consultation meetings with people who used the Supported living service to seek their views and ensure that the service was run in their best interests. These 'tenant' meetings took place regularly. This showed the service listened to the views of people. The service also carried out surveys with people and relatives on an annual basis and shared the overall results with them. One person who used the Reablement service told us, "It's a lovely caring service, I wish I could have carried on," and another person said, "They are a great team the support workers."

We looked at the arrangements in place for quality assurance and governance. Senior staff carried out weekly checks of medicine management and finances. Senior staff and service managers carried out audits on areas such as care plans and with Darlington Borough Council's health and safety officer. An action plan was developed for any areas they could improve upon. The service was also supported by the provider's management resources such as health and safety team, data governance team and human resources department. This helped to make sure the service worked within the organisational expectations.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality. The service displayed it's CQC rating at the location office and on it's website.