

Derbyshire County Council

Bolsover (DCC Home Care 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

Bolsover (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 250 people using the service for personal care at the time of our inspection.

This inspection took place on 13 September 2016. The service is run from an office in Clowne 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 15, 16 and 21 September 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 people's 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.

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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 September 2016. The inspection team was comprised of one inspector and a specialist advisor in governance and staff management. In addition, an expert by experience in the care of older people made telephone calls to people using the service on 15 and 16 September 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 eight people using the service and seven relatives. We looked at six 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 fifteen staff, including the registered manager and domiciliary service organisers. We also spoke with two 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 feel very safe." Another person said, "I'm very safe, very much so. Absolutely spot on. She (carer) is wonderful." However, one person told us that they sometimes felt less safe if they did not receive a rota to let them know who would be providing their care. They said, "If we don't get it we don't know whose coming. Don't know who will walk through the door." We discussed this with the registered manager who told us there had been technical issues with rotas and this was currently being looked into at a corporate level to resolve the problem.

External 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 were 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 management of their medicines to ensure this was done safely. 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. Most people told us staff were available at the times they needed them. One person said staff called, "Within a reasonable time. They stay their length of time." Another person said, "They're all familiar faces. It's very rare for a stranger to come. They always ring if any changes are happening." A relative said staff were, "Quite punctual and stay correct time usually" and another told us any staff who covered absences were familiar to them. However, one person told us they had, "Irregular times so it's difficult to have the same people." We discussed this with the manager who told us the service strove to provide familiar staff but there had been a

few occasions when this had not been possible due to leave and sickness.

All the staff we spoke with told us staffing numbers were adequate to meet people's need and that absences were covered within the team. They said they all worked together to ensure that no one missed their care visit. 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. All staff said that they had enough time allocated to travel between appointments. Staff confirmed they received rotas each week identifying 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 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. However, on one record we looked at we saw it was unclear where references had been obtained from, as they were undated and not on any official letterhead. We brought this to the attention of the registered manager who agreed to look into it. People were cared for by staff who were suitable for the role.

People who received assistance with their medicines told us they were satisfied with the way these were managed. One person said, "I receive help with topical creams. I've got a medication administration record (MAR) sheet, it shows what she [carer] has done with me that day". A relative told us staff were, "Spot on," in the way they assisted with medicines.

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. One said, "Any mistakes should be reported immediately."

Staff responsible for people's medicines received appropriate training, which was updated when required. Records we saw confirmed this. 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, "Medicines have to be on a MAR chart before we can give them." The provider therefore ensured there were procedures 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 seem to be well trained and keep going for further training." Another said, "I'm told in advance if new staff are coming. They are told by my regular carer what my expectations are. Makes life straightforward. All new staff are already prepped before arrival." A third person said, "Never done anything wrong really. New staff shadow [regular staff] and use the care plan file." A fourth person said, "My carer, she has made my life worthwhile again." A relative described the staff as, "Absolutely fantastic," and said, "They have all been brilliant with [family member]." However, one relative told us they were not happy with the way their family member's continence needs were managed. They told us, "One night it [continence aid] came off three times, they were out three times to fit another one. I feel they could be better trained." We discussed this with the registered manager who said they would look into this with the intention of providing additional training for staff, if required.

Staff were provided with the information, training and support they needed to perform their roles and responsibilities for people's care. They told us they had undergone a lengthy, detailed induction and that they had training in all essential areas and had worked under supervision until they had been assessed as competent. They described the training as, "High Quality," and one staff member told us, "The course on dementia was absolutely fantastic." 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 falls prevention and end of life care had been provided. An external professional told us staff were keen to learn at practical learning sessions they had provided.

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, "She (carer) always tells me what she is going to do." Another person said "They always ask." A relative said, "They ask about everything."

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, "There has been an odd occasion when we have had to call a doctor or ambulance. She (carer) keeps me calm in the crisis, on occasions when she has had to do this sort of thing. Did everything I would expect her to do." Another person told us, "They have sent for the doctor in the past." A relative told us, "The carer dealt very well when father fell down the stairs. She sat with him until the ambulance came. Very grateful for the care." Another relative told us, "Whatever they are concerned about they check. They are quick to realise there is a problem and will say get the district nurse. They check him (family member) all the time when bathing him."

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. For example, one person's diabetes had improved as a result of staff assistance with medicines. An external health professional confirmed their advice was acted on and another professional described staff as, "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 "They leave hot soup in a flask sometimes, this is much appreciated." Another said, "They make sandwiches or microwave a meal for me." 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, "She is a darling. After one week, I couldn't live without her." Another said, "My needs are being met. All pleasant young women." A third person said, "I have a good relationship with those who organise it all and all the staff who come in. All approachable."

External professionals praised the care provided and said staff were caring and compassionate. One told us, "They (staff) always ask if there is anything else they can do to help," and described them as, "So professional." 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 make you feel confident, they know what they are doing," and confirmed their dignity was maintained. A relative told us, "They sit and talk face to face to the client and not through his partner," and said how important this was for both parties.

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 appropriately when they received personal care. 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 renew 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.

People were offered choices in their daily routines and that staff encouraged independence. 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. Each person is unique." They told us they enabled people to undertake as much of their care as they were able, even though it could take more time. When people refused options, such as assistance with personal care that they wished to complete themselves, their choice was respected.

People were listened to and were comfortable with staff. One person told us when they were upset, "They (staff) put an arm around me and say don't cry. They really are good." 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 told us they had a copy in their own home. One person told us, "Yes, there is a care plan." Staff told us care plans were in place in every person's home and that they contained up to date relevant information about how to care for people.

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. They said staff attended at, and for the duration of, their agreed call times. One person told us staff were punctual and said, "I have 45 minutes in the morning and it is enough. It's a bit rushed if extra things are needed." Another said, "If I ask for help with anything, they will always do it. They're very good." A relative told us, "I can't fault them. They step outside the box in what they do." An external professional also confirmed that the service responded well. They told us they had received positive feedback from people using the service who said staff always asked if there was anything extra they could do before leaving.

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, "They came out about a couple of months ago. They checked everything was applicable still." Another person told us their review had been, "Brilliantly done."

The care plans also provided sufficient 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 or with their line manager to help ensure people were supported in a structured and consistent way.

Staff were responsive to people's needs. One person said, "I had an emergency at night time and they sent for the paramedics. The one [carer] with me was fantastic, I am very grateful. My daughter said she didn't know how they would have managed without the carer." Another person told us, "They're very good. Messages are always passed on and they get back to me," and a third person described the response from the office staff as, "Very good."

The registered manager told us they listened to people and staff through the reviews of care and staff meetings. People, their relatives and staff said that the registered manager and senior management were accessible and approachable. Most felt they were listened to and their voices were being heard. One person told us, "They sit and discuss it all with us and ask if we have any problems and has anything changed. They do not make you feel they are whipping through. They take time to listen." An external professional also told us the service acted on any issues raised and told us they were, "Easy to contact." The provider ensured that any issues raised were used to improve the service.

The provider had a system to respond to emergencies. One person said, "We have another number that we can contact," and another said, "I've got telephone numbers and an email address." However, they went on to say, "I tried the phone number out of hours and was told it was for staff and I should not have used it. No one gave me the right number." We discussed this with the registered manager who said they would look into this and ensure the person had the correct contact details.

External professionals told us the service was accessible and one professional said the response was, "Very, very good."

People told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. Most said they would speak to the domiciliary service organiser as the first port of call. Several people told us they had not had any need to make a complaint. One person told us they had made a complaint about their rota and said, "It has got better since then." However, one relative told us they had raised an issue of only one member of staff turning up when two were required and that this had not been fully resolved. They said, "They have tried and apologised, if only one is available, what can I do. The problem still exists. She (organiser) is nice and understanding, but it still happens." We discussed this with the registered manager who agreed to look into this and resolve the issue.

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 six 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, "They don't need to do anything different. They're really very, very good." Another told us, "At the moment I cannot think of any improvements. It's working well." External professionals were complimentary about the management of the service. One said they had a good working relationship with the service and described senior staff as, "Very impressive."

People told us they felt able to make suggestions. One person said, "They're very approachable so should be OK," and another told us they would make a suggestion but, "I've never needed to." 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. We saw surveys had been completed in 2016 and positive feedback was received. The provider information return told us the service had received eight 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 for employing carers who demonstrated these qualities on a daily basis. One relative told us, "In general we're very pleased with the care he gets, no real problems," and another person said, "I am quite happy with them."

All staff spoke positively about working at the service and praised management and leadership. One told us, "I feel very supported, a good team. Your opinions are valued and managers are reactive," and another said, "Concerns are responded to straight away." 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. One staff member said, "Some of us attend reviews or the care manager will phone us to ask for our views about people's progress." Staff also felt able to raise concerns or make suggestions about

improving the service. They gave an example of how a suggestion had been acted on and as a result improvements had been made to their workload. All the staff we spoke with praised the registered manager and the domiciliary care service organisers. One staff member said, "They are all very easy to contact." 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 signpost people living with dementia and their carers to other sources of support. They also had contacts with a 'Singing for the Brain' group, aimed at people living with dementia. 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 feedback was given at staff meetings and to relevant individuals.

The registered manager told us the service operated in a transparent way, for example in relation to any errors made. They gave examples of how she had encouraged staff to be more open about errors as a way of improving the service. Staff confirmed they felt able to report errors and any issues and were confident they would be looked into in a professional manner.

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 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 medicine administration error. We saw this had been addressed with the staff member concerned. However, the collation of overall information to establish trends or patterns, for example in relation to accidents or incidents, was not evident. We discussed this with the registered manager who agreed that further analysis of audits would be beneficial. They told us some of the analysis was undertaken at a corporate level but that it was an area that they planned to work in the following year. The provider had systems in place to ensure the service operated safely.