Derbyshire County Council

Chesterfield (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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Chesterfield (DCC 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 350 people using the service for personal care at the time of our inspection.

This inspection took place on 29 January 2016. The service is run from an office in Staveley near Chesterfield 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 manager was available. In addition we also carried out telephone calls to people using the service on 9 and 10 February 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 provider regularly sought and listened to people's views about their care. People knew how to complain and were confident to do so. However, we found a number of people were not satisfied with the way their complaint had been dealt with.

The service was mostly responsive to people's needs but some people were concerned about the number of different care staff who called on them, particularly when this did not correspond with the rota they had received.

People received safe care and support and the provider's arrangements helped to protect people from the risk of harm and abuse. Known risks to people's safety associated with their care, medicines and support needs were safely managed.

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, although we found most staff were not up to date with some aspect of essential training. The registered manager had started to act on this to ensure staff training was up to date.

The provider's arrangements for staff recruitment and deployment helped to make sure there were sufficient staff who were fit to work at the service to provide peoples' care.

Staff understood and followed the MCA, to obtain people's consent for their care or determine care to be provided in their best interests. The provider's training arrangements and policy guidance supported this. 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 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.

Staff understood people's personal care needs and associated health conditions. People's planned care was shared with them, recorded when given and regularly evaluated and reviewed to check its effectiveness. People were satisfied with their care and they were appropriately informed and involved in planning and agreeing this.

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.

Staff considered people's needs and wishes and they supported people in a personalised way. Staff demonstrated they understood the provider's aims and values, which helped to ensure people's rights and involvement in their care.

The service was well managed and run and staff understood their roles and responsibilities for people's care and their expected conduct in this. Regular checks were made of the quality and safety of people's care, which helped to inform and plan service improvements.

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.

There were sufficient staff to meet people's needs.

Medicines were safely managed.

The provider's arrangements helped to protect people from the risk of harm and abuse and to ensure that their care and support needs were safely managed.

Staff understood their responsibilities in relation to people's safety needs.

Is the service effective?

Good

The service was effective.

Staff followed the Mental Capacity Act 2005 to obtain people's consent and ensure their best interests for the care they provided.

People received care that met their needs from staff that were consistently trained and supported.

People were appropriately supported to manage their meals and nutrition when required.

Is the service caring?

Good

The service was caring.

People felt appropriately involved and informed in planning and agreeing their care, which was provided by kind and caring staff.

Staff considered people's needs in a personalised way and helped to ensure that people's rights were promoted in their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always satisfied with the way complaints were dealt with.

The delivery of personalised care was compromised by the number of different care staff who provided support to some people.

People were involved in making decisions about their care. Further service improvements were planned to make sure that people were fully consulted and involved in a way that met their diverse needs.

Is the service well-led?

Good

The service was well led

The service was well managed and run. The quality and safety of people's care, was regularly checked and used to inform service improvements, which were made when required.

Staff understood their roles and responsibilities and they were informed, motivated and supported to undertake this in a consistent manner.

Chesterfield (DCC Home Care Service)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 January 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the manager was available. In addition we made telephone calls to people using the service on 9 and 10 February 2016. The inspection team was comprised of two inspectors and two experts by experience in domiciliary care. 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, this 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 twenty people who received personal care from the service and ten relatives. We looked at nine 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 recruitment records. We spoke with the management team, including the registered manager, and eighteen staff. We also spoke with three external health and social care professionals.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe using the service. They told us they felt at ease and relaxed when staff were around. One person said "They help make sure I'm safe. It's helping to keep an eye on me." Another said "I feel safe and at ease with them. There's been no accidents with them but I've had falls when not with them. They have made sure I'm safe." A third told us "I feel at ease with all the people who call. I feel safe. No accidents. They all take the time to do it right. They don't rush me."

Staff understood the procedures in 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 abusive incident occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. The provider was taking appropriate steps to safeguard people from harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care under the Public Interest Disclosure Act 1998 (PIDA) because they were aware of the provider's whistle-blowing policy. PIDA is a law that protects staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care.

People told us there were enough staff to meet their needs. Most people told us the service was reliable and they received the care and support at the times agreed. One person said "They do what I want and yes they are reliable." Another person said "'I'm quite satisfied, they are very reliable." Staff told us they had regular rotas and worked with the same people. We looked at staff rotas for the week prior to the inspection, which confirmed this. Staff we spoke with told us there were enough staff to ensure people's essential needs were met. The managers told us that any absences were covered from within the team or from the provider's other domiciliary care teams. No one reported having missed calls. There were sufficient staff to meet people's needs.

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 in relation to medication and the home environment. We found there was clear guidance on how to safely support people in the support plans we looked at. For example, we saw there were clear instructions for staff on how to ensure people were safe when they experienced behaviour that may challenge. staff were able to describe how they reassured people to prevent any agitation.

Where people required equipment to assist them to mobilise, staff told us this care was planned involving other healthcare professionals, such as occupational therapists. Training was updated as people's needs changed. Risks to people's health and well-being were well managed.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were

obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. People were cared for by staff who were suitable for the role.

People who received assistance with their medicines told us they were satisfied with the way these were managed and said staff alerted them when repeat prescriptions were due. A relative said "We have a communications book so we can leave notes for one another. Staff will let me know if I need to order mum's tablets etc." another relative said "They do his medication. Its kept in blister packs and they make a note and there is a book."

Staff told us they received training in medicine administration when they started their employment and that they had regular updates. They told us they were also assessed to ensure they were competent to administer medicines. Records confirmed this.

Records were kept of medicines received into each person's home and when they were administered to people. We found that people were mostly receiving their medicines as prescribed. We looked at medication records for November 2015 held in the agency's offices. These were mostly completed correctly but we saw for one person there were seven gaps on the chart where a medicine had not been signed as given. We also saw there were deletions that made the record illegible. This meant we could not be sure the person had received their medicines as prescribed. We discussed this with the manager and also how errors were managed. They told us there was a system in place to audit medication administration record charts and check any discrepancies. This included MAR charts being checked by a senior member of staff when they were brought to the office and error reports being monitored for patterns. Errors would be discussed with the staff member concerned. On one record we looked at it was clear what action had been taken in response to an identified error. This helped to ensure risks of repeat errors were minimised.

Good

Is the service effective?

Our findings

People told us they were asked for their consent to the care agreed. One person told us "It was all agreed with me. They have mostly kept to what was agreed." Another said "It was all checked out with me. They came out to see me and they explained things to us both, my daughter and me."

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. Any applications to deprive people of their liberty must be made to the Court of Protection. We found that no one was deprived of their liberty and there were no applications to the Court of Protection.

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. They understood when an application to the Court of Protection would need to be made. Training records we saw showed most undertaken training in the MCA. We saw mental capacity assessments were in people's records and these determined whether decisions made were in the person's best interests. 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 satisfied with the care provided and that staff were knowledgeable about their individual needs and cared for them effectively. One person said "They appear to know what to do; they give the right amount of care and attention." Another told us staff were careful when attending to their hygiene needs. They said "They are careful when they are washing me. They always wear gloves and aprons". A third person said "They give me choices and they will often just stand by as I wash myself. They are friendly and chatty." A relative told us staff were careful when using equipment. They said "They always wait until they are both ready and will talk through what they are doing". Another said "It's been reassuring how they have looked after mum."

People told us they were assisted to contact a doctor if necessary. One person said "They would ring for me if I was unwell." One relative told us "Mum was not feeling well one day when they came into see her. They contacted her doctor then rang me to let me know". Another relative said "They will tell her or me if she needs the doctor, for example if her leg ulcer is swelling up or looks angry."

Staff we spoke with were knowledgeable about the healthcare services people accessed and healthcare appointment records were completed, which confirmed that people had access to a range of health

professionals such as doctors, specialist nurse, opticians and chiropodists. We also saw there was up to date information where there had been changes in people's health needs. A health care professional told us that the health needs of the person they were involved with were well managed and confirmed that advice was sought when necessary. They described the service as excellent and another said the staff were professional. People's health needs were therefore met.

Staff were provided with the information, training and support they needed to perform their roles and responsibilities for people's care. One staff told us, "The training is really good here" and another said "We have regular training." All of the staff we spoke with said they were required and supported to attend regular training relevant to people's care needs. Staff told us they could also request additional training. However, training records we saw identified that most staff had at least one area of training that was out of date. The electronic system used identified that staff compliance with training ranged for 21% to 66%. We discussed this with the registered manager and they told us they had started to take action to ensure all staff attended the training required.

People using the service who were supported in their food choices had sufficient to eat and drink. One person told us they were assisted with their nutrition by means of a medical device. They told us staff were careful in the way they managed this.

Staff confirmed they assisted with people's meals as required. One staff member said "I always give a choice of what to have" and another said "If a person cannot eat by themselves I will sit with them to help." This showed that people were supported to manage their individual nutritional needs in a way that met with their needs and choices.

Records we saw showed specialist advice was available where people had difficulty swallowing. 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 healthy diet.

Good

Is the service caring?

Our findings

People told us staff were caring and we found they were appreciative of the workers, their helpfulness and friendly attitudes. One person said "Staff treat me well whilst they are here." Another said "They make lovely conversation, I couldn't want for better. They always make sure I have got everything I need." A third person said "They respect that I do things myself. " A social care professional confirmed that staff knew people well and were able to accommodate their preferences. Another told us they thought staff provided a good service and one described it as "Fantastic."

Staff had developed positive caring relationships with people supported by the service. One person told us "They know me pretty well. I am comfortable with them, there are no problems." Another person told us "I know them and we get on well. They are very pleasant people." A third person said "They are brilliant. They are flexible and helpful."

A relative also described how a member of staff had gone out of their way for her family member and stayed with them when they were upset. They said "It was very good of her to support him like this as he was in a bit of a state with himself." People therefore received care and support from staff who were kind and that met their individual needs and preferences.

People also told us they felt staff were respectful of their home and would look after their personal possessions. One person said "They do seem to know the boundaries. They are not pushy, but very trustworthy around the place."

People told us their privacy and dignity was respected when receiving care and support. One person said "They treat me with a lot of dignity and I had feared to lose my dignity and they have made sure that I have this." A relative said "The calls respect her dignity" and described the care as "Excellent."

Staff were able to give us examples of respecting dignity and choice. One staff member told us they respected one person's choice regarding how their personal care was provided; for example, by ensuring doors were closed when people were using the bathroom. A member of staff told us they covered people with a towel whilst assisting with personal care. Another said "We ask how they prefer to be addressed." People's care was provided in a dignified manner.

People and their relatives were involved in their care planning. People described how staff assisted them, for example, with their mobility. Everyone said that staff never took over and would encourage them to do as much as they could for themselves. They confirmed that the care staff completed the care as agreed on the care plan. This ensured people were involved in decisions about their care. Records we saw showed reviews of people's care involved family and people important to the person. Where possible people had signed their care plan Staff confirmed people were involved in the review of their care plan and that they aimed to review them at least annually. Care planning was therefore inclusive and took account of people's views and opinions.

People told us they were offered choices in their daily routines and that staff encouraged independence. A staff member said "We help people to maintain their independence". Staff were able to describe how they offered choices to people, for example, regarding meals and what to wear. One staff member said "We provide female carers for personal care if the person wishes." Where people were able to refuse options, their choice was respected. People's choices were respected.

Requires Improvement

Is the service responsive?

Our findings

People received personalised care that met their needs. People and their relatives said they were involved in decision making about the care and support provided and that the care agency acted on their instructions and advice. All of the people we spoke with at our inspection said that staff attended at and for the duration of their agreed call times. One person told us staff were punctual and said, "They are pretty regular."

However, several people told us they were concerned about the number of carers who called. One person said "Sometimes they are late as they don't know how to find me" and "I don't like it. I want to know who is coming into my house." Another person said "We really don't like getting so many different people. They send a sheet but that changes. I never know whether to let them in. It's been like this for a while." A third person said "We do get a rota but it is not always the people on it that come." One person said the changes made them nervous. They told us "There are so many different ones that come. It worries me. I get nervous 'cos I don't know who is coming. I have a key safe so they let themselves in, they usually shout good morning but don't always say who it is." We therefore could not be sure that the provider was ensuring people had a responsive service. We discussed this with the registered manager who agreed to look into the issues raised. They also explained that people who had four calls a day with two workers were likely to have a large number of carers to allow for days off, absences and holidays.

Most people who were able to speak with us told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. People and their relatives knew how to make a complaint and they were provided with written information, which informed them how to do so.

We saw the complaints procedure was on display in the agency's office and was included in information given to people when they started to use the service.. We reviewed complaints that the service had received. We saw formal written complaints had been received that required an investigation in the previous twelve months. These had been responded to appropriately. Responses to other informal complaints had reached a satisfactory conclusion. However, two people we spoke with were not satisfied with the way the provider had responded to their complaint. One person told us "I complained to the company and things have just got really out of hand. I really am upset about it all" and another said "I've had no apology or anything." We therefore could not be sure that the provider was responding consistently to complaints. We discussed these issues with the registered manager who agreed to look into them.

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

The provider had a system to respond to emergencies but staff told us they had difficulties in getting a response out of office hours. They said the response from within their own teams and line managers was

good but that the out of hours service phone line was "Always engaged". One staff member said "When you need help it's not there."

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. Plans were regularly reviewed and updated to ensure they remained person-centred and accurately reflected any changes to the individual's condition or circumstances. The care plans also provided detailed guidance for staff about how to provide support in the way the individual preferred. Staff told us that any changes to these guidelines were discussed at team meetings to help ensure people were supported in a structured and consistent way.

Staff were responsive to people's needs. Relatives we spoke with said they felt "informed, listened to and directly involved" in how people's personalised care and support was provided. They spoke of staff knowing people well and being aware of their preferences and how they liked things to be done
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.

Good

Is the service well-led?

Our findings

We found the provider had gathered people's views on the service to help make improvements. Surveys completed in 2015 showed high levels of satisfaction with the service with most people rating the service good or excellent. The service had also received 35 compliments that showed people were satisfied with the level of service provision. One person had written they had received "The best care anyone could have" and a relative had written to say they found the service "First Class" and "Excellent". An external professional had commented that staff were knowledgeable and friendly.

Staff also felt able to raise concerns or make suggestions about improving the service. All the staff we spoke with praised their line managers. One staff member said "My manager always responds to any concerns" and another said "My manager is easy to contact." A third said "I'm very supported, my manager is great." This demonstrated the provider ensured staff were supported to care for people effectively.

There were clear arrangements in place for the management and day to day running of the service. External management support was also provided to ensure sufficient cover was available in the registered manager's absence. Care organisers and senior care staff had delegated management responsibilities for people's day to day care. Staff understood their roles and responsibilities and the provider's aims and values for people's care in ensuring human and legal rights were met, which they promoted.

Staff were confident to raise any concerns about people's care. For example, reporting accidents, incidents and safeguarding concerns. Relevant policies and procedures were in place for staff to follow in these events. They included a whistle blowing procedure if serious concerns about people's care need to be reported to relevant outside bodies to protect people from harm or abuse. Whistle blowing is formally known as making a disclosure in the public interest. The provider ensured staff were supported by managers who promoted an open and transparent culture.

Staff felt they were respected by management and said they were asked for their views about people's care, which was discussed with them. Staff told us they received supervision and said this was useful and were positive about their job role. One staff member said "I get all the support I need." Records showed that meetings to discuss performance, training and development took place with line managers. This gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were adequately supporting people who used the service.

There was a senior staff team in place to support the manager, including senior care staff. The manager described the support from the provider as good and understood their responsibilities, for example, when and why they had to make statutory notifications to the Care Quality Commission.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. We saw a development and improvement plan had been devised in 2015. The plan outlined the actions needed to address any shortfalls and achieve the necessary improvements, within a prescribed timescale. We saw evidence of actions required to achieve the improvements. For example,

four dignity champions had been appointed by October 2015 to help ensure people's dignity was always upheld by keeping updated on current good practice and disseminating information to other staff.

The provider had systems in place to ensure the service operated safely. For example, checks relating to people's health status, medicines and safety needs. Records relating to people's care the management and running of the service were accurately maintained and safely stored. This ensured the service was run safely. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the appropriate care and support they needed, such as advocacy services and local medical centres. This meant people were supported appropriately and safely.