

South Gloucestershire Council

South Gloucestershire Council Home Care Service

Inspection report

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Date of inspection visit:
25 February 2016
26 February 2016

Date of publication:
24 May 2016

Ratings

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

Summary of findings

Overall summary

This inspection took place on 25 and 26 February 2016. We last inspected this service on 6 January 2014 and found no breaches of legal requirements at that time.

South Gloucestershire Council Homecare Service is known as the Rapid Response Service and provides a personal care service for people who require urgent care for up to 72 hours so that a formal or informal provider can be set up. The service also responded to urgent missed calls from other service providers and calls from back up telecare systems installed in people's homes. Telecare is a telephone and alarm system installed in vulnerable people's home who may have occasion to call for assistance in an emergency. This is achieved through a duty manager being available throughout the day and night who is able to direct care staff to people's homes.

At the time of our inspection around 13 people were using the service.

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.

People received a service that was safe. People were safe from harm because staff were aware of their responsibility and, knew how to report any concerns. There were enough skilled and experienced staff to provide care. Recruitment checks were carried out to ensure people received care from suitable staff. Staff were skilled at assessing risks and worked with people and families to manage these.

The service provided was effective. Staff received the training and support required to meet people's needs. Staff promoted and respected people's choices and decisions.

People received a service that was caring. Staff were caring and compassionate and treated people with dignity and respect. Equality and diversity were seen as important by staff and action had been taken to meet people's cultural needs. People were involved in making decisions about their care and support.

The service was responsive to people's needs. The nature of the service required care to be provided at short notice. Care and support was provided in a person centred manner.

The service was well-led. The registered manager demonstrated a commitment to, and passion for, providing high quality care and support to people when they needed it. The vision and values of the service were clearly communicated and understood by staff, people using the service and their family and friends. Quality monitoring systems were used to further improve the service provided.

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 were safe from harm because staff were aware of their responsibilities to report any concerns.

There was sufficient skilled and experienced staff to provide care. Recruitment checks were carried out to ensure people received care from suitable staff.

Staff were skilled at assessing risks and worked with people and families to manage these.

The provider's policy on medicines management was clear and understood by staff.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received the training required to meet their needs.

Staff promoted and respected people's choices and decisions.

People were cared for by staff who received effective support and supervision.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were caring and compassionate.

Staff provided the care and support people needed and treated people with dignity and respect.

Equality and diversity were seen as important by staff and action had been taken to meet people's cultural needs.

People and, where appropriate, their families were actively

involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

The nature of the service required care to be provided at short notice. This was clearly achieved.

Care and support to people was provided in a person centred manner.

The service listened to the views of people using the service and others and made changes as a result.

Is the service well-led?

Good ●

The service was well-led.

The vision and values of the service were clearly communicated and understood by staff, people using the service and their family and friends.

The registered manager was well respected and provided effective leadership.

Quality monitoring systems were used to further improve the service provided.

South Gloucestershire Council 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 25 and 26 February 2016 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete 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 planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted five health and social care professionals who had been involved with the service. This included community nurses, social workers, commissioners of the service and others. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection of the service.

We spoke with four people using the service and relatives of two other people by telephone. We spoke with

seven staff, including the registered manager, two duty managers and four care staff. We also sat in on a management meeting run by the registered manager for the duty managers.

We looked at the care records of four people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service

Is the service safe?

Our findings

People felt safe using the service. They said, "It's been great, I feel safe in my home again" and, "I feel safe with all the staff".

One relative expressed concern that the time care was provided was inconsistent. They said, "Sometimes it's 7.30 in the evening, sometimes as late as 10.30". We spoke with the registered manager and staff about this. They said that due to the nature of the service provided calls sometimes had to be altered as a result of changing priorities. Staff said they always tried to contact people if they were going to be late. However, if this was not possible they contacted the duty manager who then let people know. The registered manager monitored the times care was given and which staff had done so. They produced an analysis of this which they called a 'continuity of care analysis'. They said this meant they could monitor any risks to people and manage priorities based upon this. The provider had put in place systems to protect people from the risk of their care not being given at consistent times.

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The staff knew about 'whistle blowing' to alert senior management about poor practice.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Individual risk assessments were in place where people required help with moving and handling and also where people required assistance with mental health needs. Each person's care records contained an environmental risk assessment. Staff told us they had access to risk assessments in people's care records and ensured they used them. Staff had received training in risk assessment and felt confident in doing this. One staff member said, "As well as working to the formal risk assessments, we do 'on the job' risk assessment. For example, I recently visited someone who had just fallen, I helped them, then assessed the hazards, agreed with them how to reduce the risk of them falling again, wrote this up as instructions for other staff, then reported back to the duty manager". Another staff member told us how they had identified a smell of gas in someone's home. They had considered the person's and their family views and considered their duty of care both to the person and the wider public. The result of this was they contacted the gas board for an emergency call out. This showed the provider had considered factors to keep people safe within their homes, including equipping all staff with the skills and knowledge required.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by staff; this meant people using the service were not put at unnecessary risk.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet

their needs. The provider employed four duty managers and 28 care staff. Staff worked on a rota basis and provided cover day and night, in order to respond to any emergencies that might arise. We saw these numbers were sufficient for the service provided. We were told the service was recruiting additional staff in order to provide care for more people. The registered manager said staff were employed who were experienced and well-trained, because the service needed them to be able to respond quickly and effectively to meet people's needs.

There were clear policies and procedures for the safe handling and administration of medicines. The service worked on the basis that staff did not administer medicines to people. They did provide prompting for people, when needed, to remind them to take prescribed medicines from pre-packaged medicine containers. When this assistance was provided it was documented. People's care plans considered this area and recorded who was responsible for the administration of medicines. The principle of staff not administering medicines was discussed between staff and duty managers during our visit. It was clear the provider was aware of the short-term nature of the service so ensured arrangements were in place to assist the person and not be dependent upon their staff. However, we were told that if required this area would be risk assessed and individual plans put in place if administration of medicines was required.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included a uniform, protective gloves and aprons. This equipment was stored in the agency offices which were open to staff 24 hours a day. Staff had been trained in the prevention and control of infection.

Is the service effective?

Our findings

People said their needs were met. One person said, "The staff are great, very skilled". Another person said, "They've worked well with me to set up another care provider and make sure I can stay in my job". Relatives also said the service met people's needs.

Staff told us they had the training and skills they needed to meet people's needs. Comments included, "I've worked in care for many years, but Rapid Response provides great training, we all receive advanced first aid training for example" and, "We have to work on our own initiative but we're given the training we need to do so". We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, safeguarding vulnerable adults, medication administration, lone working, risk assessment, first person on the scene responder training and moving and handling. Staff were also given the opportunity of spending time in council run care homes to refresh their skills and the chance to reflect on their learning had been introduced at team meetings.

Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015.

Supervisions and spot checks were being used to monitor work performance and instigated improvements where needed. Supervisions are one to one meetings a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. They said their supervisors and the registered manager were supportive. We saw these individual meetings had been used to identify any areas of poor performance from staff and plan for them to improve. Spot checks are when a staff member's supervisor joins them when they are providing care to assess how effective they are. We saw records to show these checks were happening on a regular basis and the findings discussed with staff.

Annual appraisals were carried out with staff. Staff said these were useful. We saw that these had been carried out thoroughly and included feedback for staff on their performance, details of any additional support the staff member required and a review of the individual's career goals and training and development needs.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. The registered manager and senior care staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and contacted people's GP's and other health and social

care professionals when required.

Environmental risk assessments were carried out with people, to ensure their living environment met their needs. This involved working closely with other professionals such as, occupational therapists, physiotherapists, social workers and community nurses. Staff had also worked closely with providers of assistive technology to help people live as independently as possible.

Is the service caring?

Our findings

People told us staff were caring. One person said, "I'm very grateful for the service, staff are very caring, kind, helpful and respectful". Another person said, "I'm very happy with the care, I knew some of the staff as they had cared for my husband two years ago and they're really kind and caring". Relatives also said staff were caring. One said, "They provide a very caring and much needed service".

People told us care staff ensured they had time to talk with them. The registered manager said they encouraged staff to consider people's wellbeing and make them feel listened to and cared about.

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. For example, one person had requested male staff and that shoe protectors were worn inside of their home. Both of these requests arose from the person's cultural requirements. The person's relative said these needs had been catered for. Staff had received training on equality and diversity and those we spoke to understood the importance of identifying and meeting people's needs.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was an important principle, particularly when people were using the service for a short time. One said, "What we don't want to do is de-skill people".

People were given the information and explanations they need, at the time they need them. People told us they would recommend the service to others. Care staff spoke with pride about the service provided. One said, "I'm really proud to work for Rapid Response". Another said, "We have really high standards and always respond to people's needs, we never let them down and we have a great team".

Throughout our inspection we were struck by the caring and compassionate approach of staff. We heard managers answering the telephone to people using the service, relatives, staff and other professionals. They spoke to people in a clear, respectful and caring manner and ensured people's needs came first. When speaking with staff it was clear they valued the people they cared for and understood their responsibility to treat people in a kind, caring manner that demonstrated and promoted dignity and respect.

Is the service responsive?

Our findings

The service provided by Rapid Response was provided at short notice and for a time limited period. The provider's PIR referred to most people using the service being 'in crisis'. As a result care plans were developed that addressed people's immediate need and then added to by staff.

Care records were held at the agency office with a copy available in people's homes. We viewed the care records of the people we spoke with. People's needs were assessed and care plans completed to meet their needs. These included information on people's likes, dislikes, hobbies and interests. Staff said the care plans held in people's homes contained the information needed to provide care and support. They said the registered manager took care to ensure any updated information was placed in care records in people's homes and in the office.

People said they felt able to raise any concerns they had with staff and that these were listened to. One person told us, "If I'm not happy with something I can contact the office".

A clear policy and procedure on managing complaints was in place. A process was in place to investigate, record the outcome and provide feedback to the complainant. The registered manager told us they valued comments and complaints and saw them as a way to improve the service provided to people. We looked at the records of complaints. One complaint had been received in the 12 months before our inspection. It was clear that upon investigation the complaint related to another service and not the rapid response team. The registered manager had identified this and concluded that they needed to better communicate with all stakeholders to ensure a good understanding of the service provided.

The service kept a record of compliments received. In the 12 months before our inspection 11 compliments had been received. These were from family members and people who had used the service. They spoke of the positive impact the service had on people's lives and thanked staff and the manager. Staff said positive feedback had been shared with them and they found this encouraging.

Care staff were confident any concerns they expressed would be dealt with appropriately by the registered manager or duty managers. They said, "(Registered Manager's name) has very high standards and if we bring something up they make sure they look into it".

Throughout our inspection we saw the service was person centred. This was particularly noticeable given the time limited nature of the service and short time scale to plan people's service. This was achieved through a clear understanding of the need to work in partnership with the person, their families and other health care professionals. This also allowed for clear and effective communication between agencies when taking over or handing over to another provider, information about the care a person needed. This meant the service was responsive to people's individual needs and care was taken to ensure continuity of care when the service was handed to another provider.

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Throughout our inspection we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed and the service promoted positively.

People told us they were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service was being put into practice. People using the service, relatives and staff understood the aims of the service provided.

Staff we spoke to understood their roles and responsibilities. Staff spoke positively about the leadership and management of the service. They said the registered manager was approachable and could be contacted for advice at any time.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. Accidents, incidents and complaints or safeguarding alerts were reported by the service. The registered manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Quality assurance systems were in place to monitor the quality of service being delivered. These included satisfaction surveys for people using the service and staff. The registered manager had a clear plan for developing the service and had included any learning from these systems in the plan

The provider had health and safety policies and procedures in place. Health and safety was seen as a priority by the registered manager. Care staff had contributed to an individual risk assessment to assess the risks in them working alone. Individual arrangements had been put in place, including carrying a personal alarm and kit bag. The duty manager working monitored the whereabouts of staff to ensure they were safe. Staff working at night, worked in pairs.

The registered manager attended a variety of forums and meetings to keep up to date with best practice and service developments. These included bi-monthly meetings with senior local authority and hospital staff and quarterly meetings with the council and other domiciliary care providers.

Regular staff meetings were held and staff spoke positively about these. Regular management meetings were held and these were used to reflect and learn. A recent 'away day' had been held for the duty managers

to explore team dynamics and the vision and values of the service.

The registered manager had a clear vision for the future of the service and had previously managed change effectively. On 1 July 2015 following a review carried out by South Gloucestershire Council the service was moved from an internal directorate which had resulted in it historically being linked with the council's emergency duty social work team. The service now operated as a, 'stand-alone' service and worked in partnership with local health services and other day time adult care services. The provider commented in their PIR that this required the service to work more closely with hospital social workers and health care professionals to ensure the service was able to deliver the right amount, type and level of emergency care, to all adults in crisis that were referred to the service. The registered manager said, "This was a result of current thinking which is to better integrate health and social care. It has however, been quite a challenge to manage this change".

The registered manager told us how they were working on, 'getting the service out there'. They explained the purpose of doing this was to continue to push the boundaries of integration and community awareness. Through ensuring people and families had easy access to information regarding the rapid response service and examples of how it had assisted people by, 'bridging gaps' between other services. They showed us how they were using both social media and more traditional approaches such as providing information in libraries to achieve this. They said, "In time more people will go straight to social media for information but at present a lot of people prefer information on paper and for it to be available locally". This showed the registered manager had identified the need to provide information to people in a manner best suited for them.