

Derbyshire County Council

North East Rapid Response (DCC Homecare Service)

Inspection report

Staveley RCCC, Calver Crescent
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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

North East Rapid Response (Derbyshire County Council Home Care Service) provides personal care for adults in their own homes out of office hours. This includes people requiring short term support on discharge from hospital and requests for assistance on an urgent basis during the night and at weekends. There were six people using the service for personal care on a regular basis at the time of our inspection. However, the service was able to respond to up to approximately 20 urgent requests during a week, if required.

This inspection took place on 18 August 2016. The service is run from an office in Staveley 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 23 August 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. Procedures were in place to ensure 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.

Due to the nature of the service, people received minimal assistance with meals. Staff ensured people had easy access to drinks. 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. Staff knew how to manage medicines safely, if required. 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, when required.

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 members. 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 urgent requests in a timely manner. People had opportunities to contribute their views 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.

North East Rapid Response (DCC Homecare 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 18 August 2016. The inspection team was comprised of one inspector.

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 two people using the service and three relatives. We looked at three 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 six members of staff, including the registered manager and two domiciliary care organisers. We also spoke with two 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 safe. They always make sure I'm safely in bed before they leave." Another person said, "Everything is done safely." A relative told us, "[Family member] feels safe with them." External professionals also confirmed people were cared for safely and said 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 getting in and out of bed and using the toilet safely. People's care plan records showed that risks to their safety associated with their health needs, environment and equipment were assessed before care was provided and 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, two people had risk assessments for the prevention of skin damage. We found there was clear guidance on how to safely support people in the records we looked at, for example, equipment used to support and move people safely. This helped to make sure that people received safe care and support.

The provider had a system to respond to emergencies. We saw the service had advance plans for continuation of the service in adverse weather conditions. People and their relatives also told us they were satisfied with the response to urgent requests. One relative said, "The service is marvellous."

There were enough staff to meet people's care and support needs in a safe and consistent manner. People told us staff were available at the times they needed them. One person said, "I've never had a missed call." Another said, "They came when I needed them." A relative said, "They came twice in the night as agreed."

All the staff we spoke with told us staffing numbers were adequate to meet people's needs. They told us that rotas were planned to provide a sufficient number and skill mix of staff and that staffing arrangements were sufficient for them to perform their role and responsibilities. We looked at rotas for August 2016. This showed calls times were identified and staff confirmed they received rotas each week confirming their regular calls. They also told us that there was never an issue if a call took longer than expected and they

were allowed the time required to complete care safely. External professionals said the service was, "A saviour at weekends," when care was required on an urgent basis. 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. People were cared for by staff who were suitable for the role.

Due to the service operating during the night, staff had minimal input into assisting people with their medicines. No one we spoke with received assistance with their medicines out of hours. The provider had clear procedures for the management of medicines and staff were able to explain these and 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.

Staff received appropriate training in managing medicines, which was updated when required. 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, "We don't give a medicine if it is not on the MAR chart." The provider therefore ensured there were systems in place to manage medicines safely, if required.

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 were brilliant with me." Another told us, "They were very good, very helpful." A relative described the service as, "Marvellous," and two external professionals said it was, "Excellent."

Staff were provided with the information, training and support they needed to perform their roles and responsibilities for people's care. One staff member told us, "The training is good," and another said, "We can ask if we want extra training." 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 end of life had been provided and staff told us they had requested additional training on stoma care and were confident this would be provided in due course.

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, "They always ask before doing anything."

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 appropriate assessments 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 so that they can 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 where this was applicable, and understood when an application to the Court of Protection would need to be made. Records we saw showed the provider had obtained copies of powers of attorney, where applicable.

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 the service organisers had undertaken training in the MCA in the last two years. 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 described the service as, "A lifeline," and said the staff would call district nurses if they were needed. Another person told us, "I would have been very uncomfortable without their help. My skin may have broken down." A relative also said, "We couldn't manage without them."

Staff we spoke with were knowledgeable about the healthcare services people accessed. We saw staff contacted relevant professionals on an emergency basis when required. For example, one staff member told us they had called in the district nurse when they were unable to unblock someone's catheter during the night. We also saw there was up to date information where there had been changes in people's health needs. An external professional told us that the health needs of the person they were involved with were well managed and confirmed that people were kept safe if there were any problems following a discharge from hospital. People's health needs were therefore met.

Where it operated during the night, people using the service received minimal support with their meals. However, one person said, "They always make sure there is a drink nearby." Staff told us if someone did want a snack during the night they would provide this and confirmed that any weekend help for meals usually consisted of microwave meals. One staff member said, "I would also do something if someone fancied a snack."

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 support from the service for their meals and drinks when this was required.

Is the service caring?

Our findings

We found staff were caring and people were appreciative of staff and their helpfulness and compassion. One person told us, "They were so very, very good," and another described the service as, "Perfect." A relative told us they improved the quality of their family member's life. They said, "It's how they talk to him that makes the difference. They laugh and joke with him." Another relative said staff were, "Always pleasant."

External professionals praised the care provided and said staff were caring and compassionate. One told us, "I have only praise for the staff." Another described staff as having, "A very caring approach." 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 wait in another room whilst I do what I can myself," and confirmed their dignity was maintained. A relative told us, "They treat [family member] well and that's what matters."

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 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.

We saw people were offered choices when receiving care. For example, records showed that people were asked if they wanted to be woken if asleep for assistance to use the toilet. Staff encouraged independence. For example, people told us, "They encourage me to do what I can." Staff were able to describe how they offered choices to people; for example, regarding how to be made comfortable at night. One staff member said, "We talk to people and help them feel comfortable." When people refused options, such as not being woken at night, their choice was respected.

People were listened to and were comfortable with staff. One person told us, "They're absolute life savers." A relative said, "They sit with [family member] and ask how things are." External professionals confirmed people were treated respectfully. People therefore received care and support from staff who were kind and that met their individual needs.

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. A relative told us, "They write everything down." 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. An external professional told us communication from staff was good and their care records were, "Thorough."

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. People confirmed staff were punctual and said, "They came at 10pm every night." A relative told us they were pleased with service's response in providing support when they were on holiday. An external professional told us that the service had been invaluable in helping people regain confidence after falling.

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. 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. For example, one person wanted their call times to vary to enable them to continue with their social life and the service had accommodated this. The service had also adjusted another person's call times to enable them to stay out longer in the evening with family. Staff confirmed they had chance to read care records and were able to keep up to date with people's needs and preferences.

Due to the short term nature of the support provided, the service did not formally review care plans. However, staff reported any changes they saw in people's condition to the main service provider. An external professional we spoke with confirmed this. Care plans we saw 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.

The registered manager told us they listened to people and staff through the feedback received and at staff meetings. As the service was short term, formal feedback was not gathered. However, the service had received ten compliments in the previous twelve months. People had praised the responsiveness of the service. For example, we saw one person had commented that the service was, "A big part in the success [of support from hospital discharge,]" and another described the service as, "Amazing." People, their relatives and staff said that the registered manager and senior management were accessible and approachable. All felt they were listened to and their voices were being heard. An external health professional also told us the service acted on any issues raised. The provider ensured that any issues raised were used to improve the service.

Some staff and people using the service told us they had difficulties in getting a response from the provider's main out of hour's number. They said the response from the service itself and line managers was good but that the out of hours phone line sometimes entailed a lengthy wait before the phone was answered. However, all said once contact was made, the service was responsive and professional. External professionals told us the service was accessible and one said, "They are always able to respond."

Some people and their relatives told us they were unsure how to make a formal complaint. However, said they would contact the domiciliary service organiser and were confident any concerns would be dealt with in a courteous manner. One person said, "I've had no need to make a complaint." 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 and as a result the service had made an improvement by employing an extra member of staff to provide additional cover at a key time. 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 four 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 always sort everything out." External professionals praised the leadership of the service. One said they had a good working relationship with the service and described it as, "Very valuable."

The provider information return told us the service had received 10 written compliments in the last twelve months. The registered manager told us these were mostly praising staff for the care received. For example, we saw one compliment had stated, "Thank you to the two wonderful ladies who helped." Although the service did not send out satisfaction surveys due to its short term nature, the feedback received demonstrated the provider was providing a good quality service and was taking people's needs and wishes into account to ensure the service provided was able to respond outside of office hours.

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 highly for employing carers who demonstrated these qualities on a daily basis. One person told us, "I had regular carers for the six weeks the service was provided and they were really lovely." A relative said, "The people who came were lovely."

All staff spoke positively about working at the service and praised management and leadership. One told us, "I love my job," and another said, "I like it so much." They described their line managers as, "Very good," and confirmed they felt valued. They 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 meetings and one to one meetings. Staff also felt able to raise concerns or make suggestions about improving the service. All the staff we spoke with praised the registered manager and the domiciliary care service organisers. One staff member said, "We get listened to." The provider was therefore proactive in obtaining staff views and opinions to improve the service.

As the service operated primarily during the night, the majority of links with the community were medical

and professional. The registered manager told us they maintained professional contacts with relevant agencies such as local medical centres, hospital discharge services 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 positive feedback received from service users was passed to relevant staff.

The registered manager told us the service operated in a transparent way, for example in relation to any complaints made. She told us additional staff had been appointed in response to a complaint. Records we saw confirmed this. There was also a service development plan in place that identified ongoing developments to ensure the service ran smoothly. This included altering staff working times to provide a more efficient service and ongoing monitoring of staff practice and any health and safety issues.

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 had taken place in the last twelve months, such as health and safety that included risk assessments and moving and handling issues. It was clear what actions were required as a result of the audit; for example, we saw health and safety training had been updated for staff in 2016. There were also contingency plans available for emergencies, for example, in relation to adverse weather conditions. The provider had systems in place to ensure the service operated safely.