

Central Bedfordshire Council







# Central Bedfordshire Domiciliary Care Services North

## 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	

## Overall summary

We inspected the service on 07 April 2015 and 28 April 2015. The inspection was unannounced. When we last inspected the service in January 2014 we found that the provider was meeting their legal requirements in the areas that we looked at.

The service provides short term care and support for a maximum period of six weeks during which people are encouraged to regain their independence. The service assesses whether people require ongoing support at the end of this period and if so they are referred on to

# Summary of findings

another provider. At the time of our inspection the service provided support to 40 people. The service is required to have a registered manager. 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.

During our inspection we found that people who used the service were safe. Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people. There were effective processes in place to administer people's medicines and referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being.

There were enough skilled, qualified staff to provide for people's needs. Recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who used the service. They were trained and supported by way of supervisions, appraisals and regular audits of the way in which they delivered care.

People had been involved in determining their support needs and the way in which their support was to be delivered. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were supported to eat and drink enough to maintain their health and well-being.

Staff were kind and considerate. They treated people with dignity and respect. They assisted people to be as independent as possible and to maintain their interests and hobbies.

People and their relatives had been involved in deciding what support they were to receive and how this was to be given. Relatives were involved in the regular review of people's support needs and were kept informed of any changes to a person's health or well-being.

There was an up to date complaints policy in place and a copy of the complaints system was included in the folder kept at people's home, which also included other information about the service.

There was an open culture and staff were supported by the managers. Staff were aware of the visions and values of the provider. People, relatives and staff were able to make suggestions as to how the service was provided and developed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were aware of the safeguarding process.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled, qualified staff to provide for people's needs.

Good



### Is the service effective?

The service was effective.

Staff were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 were understood by staff.

Good



### Is the service caring?

The service was caring.

Staff were kind and caring.

Staff promoted people's dignity and treated them with respect.

Good



### Is the service responsive?

The service was responsive.

People's support plans were reviewed and amended as their needs changed.

The manager had responded to people's concerns.

There was an effective complaints policy in place.

Good



### Is the service well-led?

The service was well-led.

There was a registered manager in place who was supported by the provider's Operational Manager

A best practice review had been completed and the recommendations were being implemented.

Good



# Central Bedfordshire Domiciliary Care Services North

## 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.

The inspection took place over two days on 07 April 2015 and 28 April 2015. The inspection was unannounced.

The inspection team was made up of one inspector and an expert by experience who conducted telephone interviews with people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information available to us about the service, such as notifications and

the report of the last inspection. A notification is information about important events which the provider is required to send us by law. We also reviewed information about the service that had been provided by staff and members of the public.

During the inspection we spoke with four people who used the service, six relatives of people who used the service, three support workers, the registered manager of the service and a senior manager in the provider's organisation who is responsible for overseeing the service.

We reviewed the care records and risk assessments for four people, checked medicines administration and reviewed how complaints were managed. We also looked at three staff records and reviewed information on how the quality of the service was monitored and managed.

Following the inspection the provider sent us information on the recruitment process and related documentation for three staff members.

# Is the service safe?

## Our findings

People who used the service and relatives of people who used the service we spoke with told us that they or their relative felt safe with the support workers who visited them. One relative told us, “[Relative] is more than safe. Another relative said, “I feel perfectly happy leaving [relative] with them.” When asked if they felt safe when they were supported by the service one person told us, “Of course I did and I got on well with them. I thought they did a marvellous job.”

People were provided with information on safeguarding in the folders left in their homes together with the numbers that they should contact if they needed to. The staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. One member of staff told us, “I would come back to the office to document it in the logs, not in the folder in the client’s home. I’d report it to the co-ordinator who would fill in the [Safeguarding] form.” They went on to tell us that they would check that the referral had been made to the safeguarding authority. Another support worker told us that if they were not sure they would discuss their concerns with the safeguarding team.

There were personalised risk assessments in place for each person who used the service which included information on the actions that staff should take to reduce the risk of harm to people. These included an assessment of the risk of falling and actions staff could take to reduce this for the people they supported. In addition home safety checks had been completed along with checks of the equipment available for each person to assist with support and to help them maintain their independence. One relative told us that a lock box had been installed for their relative’s medicines as they had been taking them too frequently. Risk assessments had been completed for staff accessing people’s homes in the evening. Staff said that they carried out informal risk assessments at every call they made and that information on people, including any change in risks identified was entered into the relevant log when they

returned to the office. Any immediate concerns were reported to the office via email from the smart phone that they had been issued with and followed up by a phone call to the co-ordinator.

Some people told us that they had the same support workers but other people said that they had a number of different team members visiting them. One person told us that there were, “a lot of different faces” and that it would be “nicer to have a smaller team.” The manager told us that the number of people that were supported by the service was limited by the capacity of the staff available. They told us that they would not accept more people into the service than they had staff to effectively support them.

Recruitment files were held centrally by the provider and following the inspection the provider sent us copies of documentation we had requested to look at. We also requested the procedures followed when staff were recruited to the service. We found that the recruitment procedures in place were robust. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

Not all people who used the service required staff to assist them to take their medicines. Some people were able to take their medicines without assistance whilst relatives of other people assisted them. However, staff assisted some people who used the service with their medicines. Before staff were able to administer medicines their competency to do so was assessed by a senior staff member. We looked at the medicines administration records (MAR) for three people. We saw that one person had not received their medicine required to stop blood clotting on three occasions over a period of three weeks up to 12 March 2015. We saw that the support worker had arrived after 9pm on each of the three occasions and could not gain access to the person’s warden controlled flat to administer the medicine. The person’s care plan was clearly annotated regarding the restriction on access to the person’s home after 9pm. The manager told us that they rearranged the rota to ensure that the support worker was able to make the call in good time. In addition to completing the MAR staff also documented when people had taken their medicines in their daily notes.

# Is the service effective?

## Our findings

People told us that they felt that staff had the right skills and knowledge to support them effectively. When asked one person said, “I think so. They were very handy.” One relative said, “From what I’ve seen, yes.” Another answered, “Yes, on the whole.” One person said that the support workers who replaced those that supported them regularly knew how to support them and care for them properly. One relative told us that the service had put strategies in place to help their relative remember things.

Staff informed us of the mandatory training programme in place and said that they had the training they required for their roles. They told us this was provided in a number of ways, by e-learning and face to face training and this was supported by records we checked. One support worker said that they were able to write concise and informative notes following report writing training they had received. We saw that staff were required to complete an induction period which included shadowing existing support workers and the completion of a work book which included topics such as the aims of the service, the role of the professional, information about common medical conditions and working in an outcome focused way.

Staff training was monitored by the Personal Assistant to the provider’s Operational Director. The Personal Assistant co-ordinated the training for all the staff of the service and arranged attendance at the relevant training courses when these were required. We saw that training records showed that very few staff members had training requirements that had not been met.

Staff received support by way of regular supervision and appraisal meetings with their managers. Staff told us that they were asked at supervision meetings to identify any training that they would like and to discuss their progression within the organisation. Staff records we looked at confirmed that supervision meetings had taken place regularly.

Staff were able to demonstrate that they had received training on the requirements of the Mental Capacity Act 2005 and had understood this. One support worker said, “We have had people without capacity and mainly speak with the family, doctors and nurses and make best interest decisions on the person’s behalf.” Another support worker

said, “I very rarely deal with people who are not able to make a decision but they have as much right as everybody else. I treat them the same and do my best to meet their needs.”

People told us that staff always asked for their consent to any support. One relative told us, “They always ask [relative’s] permission before they do anything and explain.” Another relative said, “They always ask [relative] what [they] wants them to do or what [they] wants to eat.” Staff told us that they always asked for people’s consent before they provided any support. They said that they used forms of non-verbal communication, such as facial expressions, when this was needed. One member of staff told us of a person they supported who could say yes or no and explained how they offered choices until the person said they agreed to the support offered. We saw that people were asked to sign a form to confirm that they had given their consent for the support that was provided to them.

Staff said that they monitored whether people had eaten and drunk sufficient amounts to maintain their well-being. One member of staff said that they always left people with a drink within their reach after each call. If people had not eaten a hot meal at lunch time this would be recorded within their notes in their home and they would be prompted to eat a hot meal at the evening call. When the support workers identified concerns that people had not been eating or drinking sufficient amounts they contacted the co-ordinator. Food and fluid charts were introduced and completed at each visit to the person and where necessary their GP was contacted for further advice and support.

Staff within the service had been trained as Trusted Assessors and could access equipment needed to support people without needing reference to another team in the organisation. They were able to access the equipment quickly and show people how to use it. This prevented unnecessary delay in addressing people’s needs.

Staff made referrals to other healthcare professionals when needed to maintain people’s health and well-being. People told us that these had included their GP, an occupational therapist and the rapid response call team. One relative told us that staff had called the GP when they had found their relative to be unwell when they visited them.

# Is the service caring?

## Our findings

People told us that the support workers were kind and compassionate. One person said, “They were like your sister.” Another person said, “They were really, really kind and sympathetic.” One relative told us, “They really look after [relative].” One member of staff said, “You treat them like you would want to be treated yourself.” Relatives commented that the support workers chatted with the people they were supporting and exchanged friendly banter with them.

As a re-ablement service staff encouraged people to be as independent as possible. People told us that the support workers had supported them in developing independence. One person told us, “I can’t be bothered to do things and they make me do them.” A relative said that the support workers encouraged their relative to do things for themselves, such as washing their hair and brushing their teeth. One person told us that they had required support to wash, dress, get their meals and get ready for bed. With the encouragement they had received they were now able to do these tasks for themselves. A relative told us that the support workers had helped, “Just by giving [relative] confidence.”

People told us that staff treated them with dignity and respect and that the support workers did not rush the visits to them. In a survey of 17 people who had used the service

between January 2015 and March 2015 everyone reported that staff had treated them with dignity and respect. People said that support workers explained things and that their privacy was maintained when they were given personal care. They told us that the support workers closed doors and curtains to maintain their privacy. One relative told us, “Some are here longer than others. There’s no rush. If [relative’s] having a cup of tea they’re quite happy to wait for [them] to finish. They seem to take their time with [them].” Another relative said, “They will stay for as long as [relative] wants them to. They really look after [them].”

Staff we spoke with told us ways in which they maintained people’s privacy and confidentiality. One support worker said they would, “Keep everything to myself or my team. There would be no ‘tittle-tattle’ and I would share information only with healthcare professionals who needed to know it.”

People and relatives told us that they were given information about the service and the support that had been provided. They told us that the information was kept in a folder in their home. One person described this folder as, “Helpful.” We saw that the folders included information about the service and contact numbers for people or their relatives to contact the service or the safeguarding authority. People told us that everything was recorded in this book and they or their relatives could read this when they wished.



# Is the service responsive?

## Our findings

People told us that they had been involved in the initial assessment of the support to be provided, subsequent reviews of this and that it was focussed on their individual needs. One person told us, “I said right from the beginning I just wanted a shower. They offered more but I felt I didn’t need it.” Another person said, “They didn’t do nothing without me.” One relative said, “The discussion was between me and the lady from the re-ablement team.” They went on to say that this had happened on the day their relative had come home from hospital and that the support workers started coming the next day.

People told us that their needs were reviewed and they were involved in these discussions. One relative said, “[Relative]’s always there. I like [them] to be here so that everything’s upfront.” Another relative said that arrangements had been made to take over responsibility for their relative’s medicines. The manager told us that service was provided to people for a maximum period of six weeks. As people’s independence increased and their need for support decreased over this period so the frequency and length of the visits were reviewed. They told us that initially people normally had four visits a day and these were not time limited. Support workers took as much time as people needed. One relative told us, “It has dropped off a bit but that’s because [relative] is able to do things.”

At the end of the six weeks period people would either be able to support themselves independently or the service would assess their continuing support needs and another provider would take over the responsibility for these. One relative told us that there had been, “Some discussion on the change-over to another agency for support.” Another relative told us that they were, “Dreading handing over to others” after the support their relative had received from the service.

People said that the support workers communicated effectively. One relative told us, “They always ring me if there is a problem.”

Staff told us how they supported people to follow their interests and hobbies. A support worker told us of one person who liked to have brandy and chocolates whilst reading the newspaper. The relative who bought their shopping refused to buy the brandy. The support worker

had encouraged them to ask another close relative to buy it for them. People were encouraged to go out into the community. Support workers encouraged people who lived alone to go to a day centre for ‘taster sessions’ to allow them to interact with other people and follow their hobbies such as dancing and bingo. Support workers accompanied people to these sessions and, where people wished it, arranged for them to attend the day centres on a regular basis.

Although none of the people or relatives we spoke with had made a formal complaint they knew that a copy of the complaint procedure and the contact details were in the folder in their homes. One relative said, “Numbers and contacts are all in the folder and the written procedure.”

Although most people commented that there had been no reason to voice any concerns about the service two people had raised issues with the service. One person said that although they had specified that they wanted support only from staff of the same sex during their initial assessment a support worker of the opposite sex had visited them. They had discussed this with the co-ordinator and this had not happened again. This showed that the service listened to people and responded to their requests.

However, one relative had stated that when they had complained that their relative’s call had been late they had been less than satisfied with the response they had received. Support workers told us that if they were held up at a call they rang the co-ordinator who would advise other service users that they were running late. However, because of the type of service that is provided the timings of calls provided to people were only approximate based on the estimated time each call would take to provide for the individual needs of the people to be seen by each support worker. The manager told us that people were made aware of this when the service started.

People were asked for their opinion of the service at the end of the six weeks period for which it had been provided. Seventeen people had responded to the questionnaires that they had been sent in the period from 01 January 2015 and 31 March 2015. All of the responses received were positive with 82% of people saying that the service had a high or very high impact on helping them to maintain their independence and 80% had achieved the goals they had set at their initial assessment.



# Is the service well-led?

## Our findings

People were very positive about the quality of the support that they had received from the service. One person said that it was, "Very good really." Another person scored it as 10 out of 10." Relatives were also very positive about the service. One relative said, "They're absolutely excellent." Another relative told us, "They are very, very good. They looked after [relative] so well."

The registered manager was supported by the care co-ordinators and the provider's Operational Director who was based within the service. Staff told us that there was a very open culture and they would be supported by the manager if they raised any issues.

Staff told us that there used to be daily briefings which were people focussed but that these had recently ended and were to be replaced with monthly team meetings. The manager told us that monthly meetings for the co-ordinators had been reintroduced.

Staff were encouraged to put forward suggestions for ways in which the service could be improved during supervisions and by way of a suggestion box in the main office. One support worker told us that they had made some suggestions but had not yet received a response to their suggestions.

Staff told us that they were kept informed of changes in practice and procedures via email sent to the smart phones

provided to them. They were also able to make suggestions for improvements to practice by the same method. One member of staff told us that the manager "Encouraged what was good and discouraged what's bad."

Staff were able to tell us of the provider's visions and values and told us that these were discussed at their appraisals. They also kept a copy of them on their files.

We saw that there were a range of activities carried out to check on the quality of the service provided. These included observations by the co-ordinators of the support provided to people with immediate feedback provided to the support workers. This included all aspects of the support, including medicines administration if this was appropriate.

In addition the provider had commissioned a best practice review of the service by a re-ablement expert which had been completed in July 2014. The report on the review had been received in October 2014 and the manager showed us the action plan that had been devised to ensure that the service operated in line with current accepted best practice. This plan identified the steps required, the person who would complete the action and the expected date of completion. The manager told us that some of the recommendations within the report had been implemented whilst others were ongoing.

We noted that the paper copies of people's records were stored securely in a locked cabinet and could only be accessed by people who were authorised to do so. Electronic records were protected by password access to the database.