

Sheffield City Council

Home Support Service

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

- Home Support Service, known as Short Term Intervention Team (STIT), is a domiciliary care agency registered to provide personal care to people in their own homes.
- Home Support Service primarily provide a reablement service. The reablement service provides people with support for up to six weeks to help them live independently following discharge from hospital. In some instances people receive 'extended reablement' longer than six weeks until a permanent care provider can be found. At the time of our inspection there were 242 people receiving support with personal care from the service.

People's experience of using this service:

- Systems and processes were in place and followed to keep people safe.
- Risks relating to people, for example, for moving and handling and medication were assessed and actions in place to mitigate these.
- People were supported to remain as independent as possible.
- Infection control practices were described in people's care and support plans.
- Accidents and incidents were monitored and analysed. Learning from these were discussed at group meetings with staff.
- People's needs and choices were assessed in line with current legislation. People had consented to their care and treatment.
- Staff received an induction and training was provided.
- Advice was sought from a range of health professionals to ensure people had timely access to healthcare services.
- People's individual needs were considered and appropriate equipment sought to support people's needs.
- The service received lots of compliments and thank-you cards praising staff.
- People were involved in planning their care needs.
- Care plans were person-centred and contained detailed information about people's preferences and lives.
- Information packs in people's homes contained information about how to contact the service, make

comments, complain and complete surveys about the service they had received.

- The service works in partnership with other providers and closely with the health service to deliver seamless care to people using the service. The service is running pilots to improve the quality of the service.
- We have made a recommendation that the provider amends the service's statement of purpose and registration with CQC as these were not consistent with the service provided.

Rating at last inspection:

- At our last inspection the service was rated good at the last inspection (4 November 2016).

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Requires Improvement 

Home Support Service

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

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

Service and service type:

Home Support Service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults. Not everyone using Home Support Service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to make sure the manager and staff were available during our inspection. We needed to be sure that they would be in.

We visited the office location on 3 April 2019 to see the manager and office staff; and to review care records and policies and procedures. We made telephone calls to people, their relatives and staff on 4 and 5 April 2019.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback from local authority safeguarding and other stakeholders.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with four people and three of their relatives. We spoke with the registered manager, two team managers, a planner, and five home support workers.

We reviewed seven people's care records, three staff personnel files, audits and other records about the management of the service.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported safely and encouraged to raise concerns. Staff knew how to recognise abuse and protect people from the risk of abuse.
- Staff knew about the whistleblowing process and staff confirmed managers were responsive and acted quickly when concerns were raised.
- There had not been any recent concerns reported to the local authority's safeguarding team. The registered manager understood when and how to report concerns.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and action taken to mitigate those risks. Records showed staff considered the least restrictive option when doing so.
- Advice and support was sought from health professionals so that appropriate equipment was in place, where needed.
- Risks were reviewed when needed, often including advice from health professionals, to ensure people were supported to have as much control and independence as possible.
- Staff ensured information about risks to people was shared during weekly group team meetings and staff explained how they updated managers with any changes.

Staffing and recruitment

- The registered manager told us there was an ongoing programme of recruitment.
- Recruitment checks were undertaken by the provider. We saw from the policy these checks included all the necessary pre-employment checks so only fit and proper applicants were offered roles.
- Interviews of staff were robust.

Using medicines safely

- Medicines systems were organised and people received their medicines when they should.
- Safe protocols were followed for administration. Information about medicines was clear and staff

confirmed this was easy to follow. For example, it showed where the medicines were stored, and whether this was locked.

- The medicines administration record (MAR) contained all the necessary information for the safe administration of people medicines.
- People's allergies were recorded.
- Staff received training and also had their competency to administer medicines checked every year.

Preventing and controlling infection

- All staff had been trained on infection control; this was refreshed regularly and was up to date.
- Staff had access to personal protective equipment, including disposable gloves, aprons and overshoes.
- People and their relatives told us staff always washed their hands and used personal protective equipment..

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored.
- Management reviewed all the accidents and incidents each month.
- Staff were encouraged to report accidents and incidents and these were dealt with promptly and lessons learnt discussed in team meetings.

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans contained detailed information about people's care and support needs.
- Assessments of people's needs were comprehensive and outcomes were identified. People's care and support needs were reviewed monthly or when people's needs changed. This information was shared between staff at handovers and team meetings.
- The service had recently started to produce care plans electronically, which staff told us gave good information about people's needs and choices.
- The planning team kept details about people's preferences for care, such as which staff had supported them previously, and used this information to allocate the same staff to people to ensure consistency of care.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff who were new to care completed the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to.
- Staff were given opportunities to review their development needs. Staff told us they were supported to undertake additional specialised training to enhance their knowledge and understanding.
- Staff told us they were well-supported by their manager; they received regular supervisions.
- Staff competency was checked through direct observations which looked at the quality of care and staff knowledge.
- Staff induction processes ensured they were trained in the areas the provider identified as relevant.

Supporting people to eat and drink enough to maintain a balanced diet

- Where needed people were encouraged and supported to eat and drink and maintain a healthy diet.
- Where people were at risk of malnutrition this was clearly identified on care and support records. These contained information needed for staff to support these people in an individual way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- The service frequently worked in partnership with other agencies to provide a consistent and seamless transition of care and support between services.
- People's records showed how and when communication was made with other agencies; advice was documented and followed.
- Close liaison took place between services, in some instances staff from different partner organisations worked alongside each other to better support people.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- We found the service was working within the principles of the MCA.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives provided consistently positive feedback about staff and the service. Comments included, "We have a laugh and a joke, very friendly, introduce themselves and wear name badges", "Brilliant, all of them...all been really good, enjoyed their company", and, "Very happy, absolutely wonderful".
- Staff spoke about people with warmth and compassion.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they had been involved in making decisions about their care and support needs.
- Comments from people and relatives included, "They spoke to us both at the beginning, we were involved in what [we] needed", and, "They wrote down what I wanted when they first started".

Respecting and promoting people's privacy, dignity and independence

- Staff had a genuine concern for people; one staff member told us, "People's safety is my priority."
- Staff explained how people's privacy and dignity was respected, told us, "We never take over."
- One person told us, "I'm supported to be independent, they always ask before doing anything"; another said, "The carers showed me how to use equipment...suggested lots of different ways to do things." Another said, "They make sure the door's closed."

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support plans were personalised and detailed how people should be supported with each task.
- Staff were knowledgeable about people's likes and dislikes. For example, a staff member said, "We have time to get to know people, what they're like, little things like how they like their cup of tea."
- People's needs were identified and these included those related to protected equality characteristics.
- Leaflets were available in the office reception giving information about access to confidential support services, such as advocacy.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. There had been three complaints in the last 12 months.
- Complaints had been dealt with appropriately.
- Where people or relatives had raised concerns they told us the provider had acted promptly and satisfactorily.

End of life care and support

- The service primarily focuses on reablement and supporting people to regain their independence following a period of ill-health. No one was receiving end of life care and support at the time of our inspection.

The provision of accessible information:

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information of communication needs because of a disability, impairment or sensory loss. The provider had taken steps to meet the AIS requirements and principles were understood.
- People's communication needs were identified, recorded and highlighted in care plans. These needs

were shared appropriately with others.

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Some regulations may or may not have been met.

There was a registered manager in post. The registered manager had been registered since 20 November 2018.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- □ Management were clear about the aim of the service and the vision for the future. This had been shared with staff at recent workshops.
- □ People, relatives and staff told us the service was well-led. Staff confirmed they knew who to contact if they wished to discuss anything.
- □ The information pack given to all users of the service provided good quality information about the service, who to contact and how. This pack encouraged people to contact the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- □ We found the service was providing care to service users not recorded in their registration and different to those shown in their Statement of Purpose. This meant the service had not fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009. We held a discussion with the registered manager who agreed to discuss with the provider and consider an amendment to their statement of purpose and their registration with CQC.
- □ We recommend the provider makes arrangements to amend their statement of purpose and their registration with CQC so these are consistent with the services provided.
- □ The registered manager was clear about their responsibilities and those of their staff.
- □ Good governance arrangements were not in place. The registered manager told us this was due to the service changing from a paper-based recording system to an electronic system in October 2018. The day following our inspection the registered manager told us about the system they had put in place to ensure all new care plans were checked before support started.

- We saw the ratings from our last inspection were clearly displayed in the office as well as on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had an open-door policy and people, relatives and staff confirmed this.
- Regular team meetings took place; all staff were included and participated in these.
- People were encouraged to complete surveys about their care and support and we saw how the results from these had been analysed.

Working in partnership with others; Continuous learning and improving care

- The registered manager worked in partnership with health colleagues to improve service delivery and was involved in projects to improve care outcomes for people. For example, a 'home first' initiative to ensure assessments were undertaken prior to hospital discharge.
- The service had regular management group meetings which networked with partner organisations, such as 'active recovery', to improve service delivery.
- The service had recently developed links with occupational therapists and had identified and implemented a prevention officer role to support people with their other social needs when their period of reablement had ended.
- The service also supported new talent into caring professions through an apprenticeship scheme.