

Sheffield City Council

Care4you - City Wide Alarms

Inspection report

Priory Offices
Station Road
Sheffield
South Yorkshire
S9 4JT

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Tel: 01142420351

Website: www.sheffield.gov.uk

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

About the service:

Sheffield City council's Care4you - City Wide Alarms service is an emergency response alarm service which covers the city of Sheffield. The office is in the Darnall area of Sheffield. The service operates twenty-four hours each day, seven days each week. Support staff respond to alarm calls and aid people in their own homes. At the time of this inspection 8,162 people were registered to receive a service from City Wide Alarms. The service does not provide any planned care, and only provides personal care where this is needed. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do, we also take into account any wider social care provided.

People's experience of using this service:

People supported by the service and their relatives consistently told us the registered manager, support managers and staff who supported them were nice, reliable, caring and professional in their approach to their work. They spoke positively about the quality of service provided. Their comments included, "They are pleasant and considerate and I couldn't ask for more," "I've used them a number of times recently and they've always been excellent," "They are a god send," and "They couldn't have been nicer when they came. They were very kind and considerate."

People were safe as risk management plans identified known risks and gave staff clear guidance on how to mitigate those risks. Staff had sufficient understanding of how to identify, respond to and escalate suspected abuse. Staff received on-going safeguarding training.

The registered provider had taken prompt and appropriate action to learn lessons when things went wrong. This included a review of the information kept about people who used the service and a change to the numbers and deployment of the support staff.

Staff had undertaken a good range of training, and this was refreshed regularly. Staff also received regular supervision and an annual appraisal. Staff told us they could speak with the managers at any time and they would listen to them and give advice.

People were supported by staff that encouraged their independence, treated them equally and with kindness and compassion. People told us staff were kind, caring and patient when supporting them.

People said they received effective health care with positive outcomes. They said staff at the service liaised with other healthcare professionals to ensure their health needs were met. We saw evidence of multi-agency working to meet people's health care needs. The service ensured appropriate referrals were made in cases where people needed a higher level of assistance than they could offer.

People said they were consulted with about all aspects of their care and support. They said they could raise any concerns with the management team and were confident they would be dealt with professionally and in

a timely manner.

People, their relatives and staff spoke positively about the registered manager. People and staff confirmed the management structure at the service was effective. People's views were regularly sought to drive improvements.

The registered manager carried out regular audits of the service to monitor the service provision. Issues identified during the audits were acted on swiftly and lessons learnt to minimise the risk of repeat incidents.

The registered manager continued to encourage partnership working with other stakeholders and healthcare professionals.

More information is in the full report.

Rating at last inspection: Good (report published on 14 December 2016).

Why we inspected: We carried out this comprehensive inspection slightly ahead of schedule because we were notified about a serious incident in which a person using the service died. We looked at risks associated with this. Further information is in the full report

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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.

Good ●

Care4you - City Wide Alarms

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.

The inspection was prompted in part by notification of an incident following which a person using the service died. The information shared with CQC about the incident indicated potential concerns about the management of risk of falls and staff response times. This inspection examined the risk and how the provider had mitigated the risk from happening again.

Inspection team:

The inspection team consisted of one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of supporting and caring for young and older people.

Service and service type:

This service is registered to provide personal care to people living in their own houses and flats. It provides personal care to adults with a range of support needs, including dementia and physical disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Notice of inspection:

We gave the service short notice of the inspection because we wanted to contact people in their homes and we needed support from the registered manager to arrange this.

Inspection activity started on 11 April 2019 and ended on 15 April 2019.

On the 11 April 2019 we spoke over the telephone with six people who used the service and 10 staff members.

On the 15 April 2019 we spoke over the telephone to nine people who used the service, five relatives and two personal assistants. We also visited the office location. We met with the registered manager and spoke with two support managers and one support worker. We reviewed care records, staff records and policies and procedures relating to the service.

What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

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.

Assessing risk, safety monitoring and management

- People were protected against identified risks as the registered manager had developed risk management plans.
- People had an initial visit from staff where details of medical conditions, families, friends who could help in an emergency, key safe details and details of other professionals involved with the person were recorded. A risk assessment on the environment was also completed.
- Following the incident which resulted in a person's death the registered manager had implemented a system to ensure each person's medical and personal details were updated annually or sooner if there were changes. This was because information given to the call centre at the time of the incident was not sufficient to instigate an escalated response.
- People told us when they had contacted the service, they were happy with the response times of staff and the way staff dealt with their emergency. Their comments included, "I had a fall and they were here pretty pronto," "They [staff] have the lifting apparatus and I'm back in bed in no time," and "I've used them once recently, they did a great job, they came pretty quickly, used a cushion which pumped up the level of the bed, which worked very well."

Staffing and recruitment

- Following the incident which resulted in a person's death the provider was required to assess staffing numbers. This was because staff sickness absence had impacted on the services ability to react within agreed timescales.
- The registered manager told us in the event of a similar incident occurring a lone worker would attend the call to assess the situation and escalate if required.
- The registered manager was recruiting to a further four 30-hour posts which would mean there were more staff available during busy times and allowed greater flexibility during staff sickness and holiday periods.
- People spoken to did not raise concerns with us about the response times of staff. One person told us, "They [staff] sort me out in no time at all. It makes me feel safe."
- Staff spoken with told us in most instances they could respond to calls well within the agreed timescales but added that staff sickness did have an impact on this at times.
- Prior to successful employment, staff underwent a robust pre-employment check. Staff files contained completed application forms, full employment history, interview record, proof of identification and a Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.

Learning lessons when things go wrong

- The registered manager told us about the actions taken following the recent death of person who used

the service. This had been managed in such a way that lessons were learned to minimise the risk of repeat incidents.

- Incidents recorded detailed, who was involved, who it had been reported to, action to be taken and any further outcomes.
- Records showed incidents had been managed effectively and where appropriate additional healthcare professional support and guidance sought. Guidance given was then implemented into the care provision.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe whilst receiving care and support. Their comments included, "I live alone and you are vulnerable, it makes me feel safe knowing they are there," and "They sort me out in no time at all. It makes me feel safe."
- Staff were aware of the importance of identifying, reporting and escalating suspected abuse. Staff told us, "We raise safeguarding referrals quite a lot. We have a telephone number where we can get hold of social workers first hand," and "I'm still learning as I'm going. I'd report any concerns straight away, we know who to go to."
- Staff received initial and on-going safeguarding training and at the time of the inspection there were no open safeguarding referrals.

Using medicines safely□

- The service did not provide any planned care and therefore did not administer medicines to people under usual circumstances. However, all staff had been trained to be able to administer medicines. This was so that in times of emergencies for example, adverse weather, when planned care staff may not be able to get to people, the Care4you City Wide Alarms staff could attend and ensure medicines were administered to keep people well.
- One staff member told us, "I've completed my medicine training but would never give anyone medicines, even a homely remedy, without first contacting the office and speaking with the managers. They would then consult with the persons care service and family before we would be allowed to administer any medicines."

Preventing and controlling infection

- People were protected against the risk of cross contamination as staff had a clear understanding of infection control management.
- Staff confirmed they were familiar with the provider's infection control policy and had received infection control training. One staff member told us, "We stock up on personal protective equipment at the beginning of each shift."
- People told us, "The staff always use gloves," and "They [staff] make sure the equipment they use to get me up is clean because it's used by different people. They spray it and wash it down after each use."

Is the service effective?

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

- Care4you City Wide Alarms did not offer planned care. The service offered emergency support to people who have for example, fallen at home. When a person signed up to the service, the staff who visited their home to install the equipment carried out an environmental risk assessment, to assess the safety of the person's home to ensure it was a safe environment for the person and for the support staff visiting.
- Staff ensured people were present when the alarm was installed. Family and friends were invited to installations so they could see how the equipment worked and understand the service. Staff ensured people had sufficient knowledge about the service so they could make an informed decision on whether they wanted to use the service.
- Following this initial visit, information held about people ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- A recent review of the services contract had put in place a system where people were contacted each year (known as the birthday call) to review their personal information. This meant information held about people who were signed up to the service, but had not necessarily used the service was current and up to date.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The service recognised the need to gain consent from people who used the service. This was discussed at the point the service was agreed and a service agreement was put in place and signed by each person. Staff understood their role in asking for and gaining consent from people when assisting people with personal care.
- People supported by the service confirmed they were involved in making decisions about their care and their consent had been sought for how support was delivered. One person told us, "They [staff] explain what they are going to do and ask if that's okay. I've had them here so many times now, they really don't need to explain anything."

Staff working with other agencies to provide consistent, effective, timely care

- People who used the service were provided with effective and timely care and support because staff worked closely and in conjunction with other services such as emergency care practitioners (ECP's), domiciliary care services and ambulance services.
- When people pressed their mobile alarm button staff at the call monitoring service were immediately

alerted. They had access to each person's information and could quickly contact the most appropriate person to help. This could be a family member, support staff, the GP or the emergency services.

- One staff member told us, "We have a really good working relationship with the ambulance service. All calls are triaged so the right person gets there as soon as possible. It's saved emergency ambulances going out when either us or the ECP can deal with the incident."

Staff support: induction, training, skills and experience

- People told us suitably qualified, experienced and knowledgeable staff supported them. Their comments included, "The staff are competent and excellent."

- Staff confirmed they had received a variety of training to enable them to carry out their role safely and effectively. They said they could ask for specific training and this would be provided. In addition, support managers carried out spot checks on staff to ensure staff were working safely and in line with the providers policies and procedures.

- We spoke with staff about supervisions. Supervision is a one to one discussion held between a staff member and a more experienced member of staff which allows staff to discuss performance and training needs. Staff told us they received frequent supervision and felt well-supported by the management team.

- One staff member told us, "I get regular supervisions but I don't have to wait for them, if there's anything bothering me I can go straight to the managers and they listen."

Is the service caring?

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; equality and diversity

- People were very complimentary about the service they received. They told us, "The staff were so kind and helpful," "They [staff] were so pleasant and considerate. I couldn't ask for more," "They [support workers] have always been there for me," and "It's all very good and works as it should do. I've pressed the button [alarm] twice, I have no concerns."
- Staff had a good understanding of protecting and respecting people's human rights. They talked about the importance of respecting people's different and diverse needs.
- Additionally, records showed consideration had been given to people's diverse needs and cultures. For example, the registered manager addressed people's cultural needs by ensuring people were supported by staff who had a good understanding of the person's culture and religion.

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

- People and relatives praised the way in which staff treated them. Comments included, "The staff are thoughtful and considerate," and "They talk to me, ask me what I want and then do it, that's just great."
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. Records viewed showed planning was personalised and focused on retaining and promoting people's independence.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were supported to maintain their privacy and dignity. One person told us, "They [support workers] showed me respect when I fell over and helped me to the commode."
- Staff understood the importance of treating people with dignity and respect. They told us how they ensured people were addressed by their preferred name and received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed and respecting people's choices.
- One person said, "They [support workers] didn't consider me a nuisance and were very respectful to me."

Is the service responsive?

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

- People spoken with told us they received care and support that was personalised to their individual needs.
- The service did not offer any planned or regular care, therefore there were no care plans in place for people who used the service. The service did however hold records about each person which included their medical history and conditions, information about their family and next of kin, who they wanted to be contacted in case of emergency, and the details of how to gain access to the person's home in the case of emergency.
- When each call came into the call centre, where contact could be made with the person, there were specific questions asked to allow the call handler to assess the situation and make a judgement about what action they needed to take. This was in the form of a falls algorithm, designed to allow simple questions to give insight into the severity of a fall and likelihood of an injury which required treatment.
- Since the last inspection the service had reviewed their procedure when a person contacted to say they had fallen. In all cases where a person had fallen a team of two or a lone worker attended the person's home. Staff could then ascertain the severity of the fall, and make a visual assessment to allow them to make an informed judgement of whether they should assist the person up, or whether they needed to call for emergency services to attend.

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and responded to in line with organisational policies and procedures. The provider's complaints policy detailed what action people should take and what to expect should they wish to raise a complaint.
- People knew how to provide feedback about their experiences of care and said they would not be scared to raise any complaints. People told us they knew if they raised any concerns these would be listened to and acted upon.
- Staff were aware of the importance of documenting an escalating complaint in line with the provider's policy.
- At the time of the inspection visit the service had no open or unresolved complaints.

Is the service well-led?

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives spoke positively about all aspects of the service, including the managers, support staff and installation staff. Their comments included, "They are just excellent. I have no criticism at all," "I praise this service to everyone and I would always recommend them," and "They are just great. I couldn't do without them."
- Staff also spoke highly about the registered manager and support managers. Their comments included, "The management team are very supportive," "We have a good relationship with the managers. They are always there for us if we need them," and "I know I can go to the managers, they listen."
- The registered manager's values were evident throughout the inspection. The numerous values of the service included for example, promoting people's independence, treating people as individuals through an inclusive and transparent partnership.

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

- Staff and managers were clear about their roles and responsibilities.
- The registered manager regularly carried out audits and monitoring of the service. This included monitoring the types of calls, times of day, areas of the city, calls which were outside of the allowed response times and the reason for the calls. The on-going analysis of this information was used to monitor the staffing levels needed to ensure response times were met. Any concerns were raised with higher management and discussed as part of the business continuity and improvement plan.

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

- The registered manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone who used the service and outside agencies who were involved in the service.
- Staff told us, "This service is fantastic, I love working here. We get really good job satisfaction, helping people that need it," and "Everyone gets on well as a team. We get a lot of praise for the work we do."
- People, their relatives and staff were asked to complete surveys to obtain their views of the service. The results were analysed by the registered manager and used to continuously improve the service.
- The registered manager told us, "Our specific work regarding equality characteristics includes mandatory equalities training which includes that staff are aware of LGBT (lesbian, gay, bisexual and transgender) issues and treat individuals with dignity and respect based in accordance with person centred care. We do

not tolerate discrimination on any grounds and would act if we found staff were behaving in ways that did not show respect and compassion to individuals we care for. Sheffield City Council have robust policies to support this.

Continuous learning and improving care

- Following the incident when a person who used the service died, the provider and registered manager had looked at the risk to other people who used the service and made changes to the service provision. These changes had been thoroughly thought through and implemented in a timely way.
- The registered manager told us they were part of the access and prevention team, who met fortnightly to discuss such things as complaints, accidents and incidents. The team shared information and knowledge and looked at any lessons learned to try and prevent a reoccurrence. The wider senior management team also met monthly with the head of service and each quarter with the director of Sheffield local authority. New initiatives from these meetings included new training for staff in fire awareness and new work to implement smoke alarms attached to personal alarms which would trigger in the event of a fire.

Working in partnership with others

- The service worked in partnership and collaboration with other organisations to support care provision and improve service development.
- The registered manager and staff at the service had a close working relationship with other healthcare professionals, including domiciliary care providers, GP's, emergency care practitioners and the ambulance service. This helped to ensure people were receiving the right support at the right time.