

Darlington Borough Council

# Darlington Borough Council In House Home Care

## Inspection report

Central House  
Gladstone Street  
Darlington  
County Durham  
DL3 6JX

Date of inspection visit:  
11 July 2016  
13 July 2016

Date of publication:  
03 August 2016

## Ratings

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

# Summary of findings

## Overall summary

Darlington in House Home care provides two distinct services. It provides a reablement service mainly for older people and provides support for people living in supported living accommodation. Reablement is designed to help people recover from a period of serious illness or injury which may have resulted in hospital treatment. The service provides a range of rehabilitation, care and support services for up to six weeks. The service operates throughout the borough of Darlington. Supported Living works with housing providers to provide three houses in Darlington for people with a learning disability. Supported Living staff provide assistance with personal care, activities, meal preparation, supervision and assistance with medicines.

We carried out this announced inspection on 11 July 2016. We met with the registered manager, staff and people who lived in the supported living service. We spoke with people who used the reablement service on 13 July 2016.

We met with the registered manager of the service and also the home manager who looked after the three supported living schemes.. They had several years of service in management within the local authority. 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.

A team of reablement workers were based at Hundens Lane alongside other health and social care professionals such as social workers and occupational therapists. Support workers for the supported living schemes were based in people's own homes.

People we spoke with who received personal care felt the staff were knowledgeable, skilled and the care package met their needs. People who used the service told us they felt comfortable with the members of staff who were supporting them. Staff told us people received good care and support.

Staff undertook the management of medicines safely. There were procedures in place to support staff, and staff we spoke with told us they were trained and felt confident in medicines management. We saw where medicine errors had taken place they had been investigated and procedures reviewed.

People told us they felt confident that should concerns be raised these would be dealt with appropriately. People told us they could contact the managers or staff at the service if they needed to discuss anything. People said they had the opportunity to talk about their opinions of the service during reviews and through meetings.

People were supported to maintain good health and had access to healthcare professionals and services. Where needed people were seen or referrals were made to the GP, district nursing service, occupational

therapist, community physiotherapist and dietician.

People told us they were supported to prepare food and drinks of their choice. This helped to ensure that nutritional needs were met. People told us they were encouraged and supported to be independent with meal preparation.

People told us staff respected their privacy and dignity. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

The managers and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. The MCA is legislation used to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

Records we saw confirmed Darlington Council had effective recruitment and selection policies in place which ensured staff members were of good character and had the required skills to perform their work.

Staff we spoke with told us they felt supported and they spoke of the training provided by the organisation. Staff received training that was specific to the service for example, staff working in the supported living service had training such as autism awareness. We saw that meetings with staff both individually and collectively were positive and well recorded.

We saw care plans and risk assessments were developed with the person and staff were able to show us that they were clear and easy to follow.

There was a quality assurance process carried out by the service and registered provider as well as close monitoring of accidents and incidents. We saw the service had responded to any learning and improvements it needed to make to its service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

Staff at the service enabled and supported people to take responsible risks.

There was enough qualified, skilled and experienced staff to meet people's needs. Robust recruitment procedures were in place.

Appropriate systems were in place for the management and administration of medicines.

### Is the service effective?

Good ●

This service was effective.

Staff were trained and supported to deliver the care and support people required. Staff were knowledgeable about the care that people received.

People told us they were supported to prepare food and drinks of their choice which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. Where needed people were seen or referrals were made to the district nursing service, occupational therapist, community physiotherapist and dietician.

### Is the service caring?

Good ●

The service was caring.

People told us they were supported by caring and compassionate staff.

People we spoke with said they were happy with the care and support provided and could make decisions about their own care and how they were looked after.

People told us staff respected their privacy and dignity. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care and support needs had been assessed before the service began.

Care records we looked at detailed people's preferences, goals and needs and these had been recorded in their care plan. Staff and people who used the service spoke of person centred care.

The service responded to the changing needs of people and reviewed their care and progress with them regularly.

We found effective processes were in place for listening and learning from people's experiences, their concerns and complaints.

### **Is the service well-led?**

**Good** ●

The service was well led.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us the service had an open, inclusive and positive culture.

Accidents and incidents were monitored by the registered manager and home's manager and the organisation to ensure any trends were identified.

Feedback was sought from staff and people using the service and used to make improvements.

# Darlington Borough Council In House Home Care

## **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 checked whether the registered 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.

We inspected Darlington In House Home care on 11 and 13 July 2016. This was an announced inspection with 24 hours' notice so we could meet with the registered manager at their office location. At the time of our inspection seven people used the supported living service and there were 26 people using the reablement service.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed all the information we held about the service such as notifications and complaints and we contacted the local authority commissioners to find out their views of the service. There were no concerns raised about this service.

During the inspection we spoke with two people who used the supported living service. Following the inspection we spoke with four people who used the reablement service. During the inspection we spoke with the registered manager, the homes manager and three support staff. We also spoke with two other professionals working in the multi disciplinary reablement team at Hundens Lane Darlington.

We looked at seven people's care records, four recruitment records for staff providing personal care, the training matrixes and training records, as well as records relating to the management of the service.

# Is the service safe?

## Our findings

We spoke with five people who used the reablement service. The people who used the personal care services told us that they felt staff delivered safe care. One person said; "I feel safe with the staff who come". We spoke with two people who used the supported living service. They both told us they felt safe and one person explained how they had a Telecare emergency pendant and a falls detector that they could trigger if something happened if they were on their own. This would go through to an emergency response service on a loud speaker and would send help to the home if needed.

All staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence the registered manager and colleagues would respond appropriately to any concerns. The registered manager and homes manager told us that abuse and safeguarding was discussed with staff during supervision and staff meetings and records confirmed this to be the case.

Staff told us that they had received safeguarding training at induction. We saw that all the staff had completed safeguarding training within the last three years. The service had a safeguarding policy that had been recently reviewed following the implementation of the Care Act in 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One staff member said; "I would report anything to the registered manager or the care manager straight away and I know who to contact in the safeguarding team."

The registered manager told us staff supported people to take responsible risks. The aim of the service was to enable and support people to regain their confidence, ability and the necessary skills to remain at home. The reablement team worked with people to regain these skills. Care records we looked at during the inspection clearly highlighted any risks. Personal risk assessments covered areas such as moving and handling and support to provide personal care. The personal risk assessments provided staff with the guidance they needed to help people to remain safe. People in the supported living service had person centred risk assessments and the service had sought additional technological devices such as falls detectors and a Lifeline telecare system so people could remain safe in their own homes whilst maintaining their independence.

We were shown records which demonstrated that prior to the commencement of the service environmental risk assessments were undertaken of the person's home. We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. Staff we spoke with told us they felt safe and competent to support people at home and in the community. Safety checks looked at medicine storage, electricity points, equipment to be used, fire risk and slip/trip hazards. A support worker explained the process they went through to record any risks for staff. They said; "If there is any problems with the assessment I would seek support from a colleague and the person's care manager." This meant that the provider took steps to ensure the safety of people and staff.

The four staff files we looked at showed us the registered provider operated an effective recruitment system.

The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw that interview questions were specific to the role the person was applying for.

Through discussions with people and staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. The staff in the reablement service told us they provided a flexible service in which to ensure that they met the needs of people who they accepted to use the service. We were told and saw records which confirmed that people's needs were assessed on an individual basis. Staff told us they were provided with a weekly rota, which informed what time staff would be providing support and the names of staff. Staff told us any new referrals were confirmed to them by telephone or any changes to their rota. Staff told us there were some capacity issues due to staff sickness or leave and this meant the service could not take on all the referrals it would like to. The registered manager told us they were actively recruiting to the service to take up the gaps in staffing. The homes manager for the supported living service told us; "We cover any staffing gaps internally to maintain the continuity of care."

People we spoke with following the inspection said that the staff turned up on time and stayed for as long as they were expecting them to. Where staff had been delayed on a previous call they had been contacted to let them know that staff would be delayed.

We found that all staff had completed recognised safe handling of medication qualifications. One staff member told us; "Medicines are our biggest challenge when people come out of hospital with lots of changes and boxed medication. We urge people to use Medipacks which makes medicines easier for them and us to manage." One staff member we met at a supported living service explained to us the processes for recording the receipt, administration and disposal of medicines and also how to respond to situations such as a dropped tablet.

We saw there was a comprehensive policy and procedure in place for the management of medicines. We saw the registered manager and homes manager carried out medicines audits on a regular basis and that protocols to support the "as and when required" medicines for people in supported living were in place.

The staff we spoke with told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff we spoke with told us they had undertaken training in first aid. We saw records to confirm this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies. Reablement staff told us they regularly discussed lone working safety and staff were about to be equipped with emergency devices that could be triggered if staff faced an emergency situation.

People told us that staff, wore protective equipment such as gloves when they visited and staff we spoke with were knowledgeable about wearing personal protective equipment and infection control procedures.

There was a robust system in place for the monitoring and analysis of any incidents and accidents within the service. The homes manager and registered manager told us they reviewed any accidents and incidents immediately and also referred to the organisations health and safety department for additional support if needed. This meant that measures were in place to learn from events.



## Is the service effective?

### Our findings

We spoke with four people who used the reablement service and two people who used the supported living service. All were very positive in their views of the staff team who supported them. One person told us; "They were all very good and professional, they all knew what they were doing."

From our discussions with staff and review of staff files we found people had obtained appropriate qualifications and experience to meet the requirements of their role. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to this and their training was up to date. One reablement staff told us; "The first time you go to someone can be difficult but you have to find your way into working with someone. It is their house and you must respect their wishes." One staff who had worked at the supported living service said; "I had a two week induction and then had all my training within a couple of months. It was good and there was a lot of stuff I didn't know." We found staff had completed mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as assisted technology, autism awareness and diabetes.

We saw induction processes were in place to support newly recruited staff. The registered manager told us there were some delays in new staff having the corporate induction because of changes within the local authority's training department. The registered manager told us they had not yet implemented the Care Certificate as they had no new staff join the service recently, but this would be undertaken with any new employees. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff. The service had a very low turnover of staff and many staff had worked at the service since it began.

Staff we spoke with told us they received regular supervision sessions. One staff member said; "We have regular supervisions and a manager is always available on the end of a phone." Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The registered manager also explained the provider was implementing a new yearly appraisal meeting role and these were in the process of being organised with staff.

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 can only be deprived of their liberty to 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. People they supported had varying capacity to make decisions and where they did not; action had been taken by the service to ensure relevant parties were involved in making best interest decisions. The supported living service was

also supporting people to have financial capacity assessments.

The registered manager told us that for the reablement service where necessary other professionals involved in peoples' care would undertake assessments in relation to mental capacity. Staff we spoke with understood their obligations with respect to people's choices. Staff told us that people and their families were involved in discussions about their care. We saw consent was sought and specifically recorded in each care plan, covering decisions such as key holding. The service had also ensured that people's care plan and risk assessment were agreed and signed with them.

The service provided support to people at meal times. People were encouraged to be independent in meal preparation. Two people we spoke with at a supported living service told us they took turns to choose meals. One said; "I like cooking and doing prawn salad and fish and chips." Staff we spoke with at the supported living scheme told us they supported people to eat a healthy diet where possible whilst recognising that people still had choices about what they chose to eat.

The reablement service was not responsible for monitoring whether people's weights were within normal ranges but would raise concerns with visiting healthcare professionals such as district nurses or with the person's G.P when needed.

All staff we spoke with during the inspection told us they worked very closely with other healthcare professionals to support the person to maximise their independence. We were told and saw records to confirm that the service worked closely with GP's, the district nursing service and social workers. There was an occupational therapist who worked with the reablement team. We saw that when needed, appropriate referrals had been made to the community physiotherapist, dieticians and occupational therapists. Staff spoke with knowledge and understanding about rehabilitation and people's individual needs. People were provided with the equipment they needed prior to the commencement of the service for example raised toilet seats and hoists. We saw that for people living in the supported living scheme that they had health action plans (a specific care plan to support people with a learning disability to stay healthy) and underwent annual checks with a community health care facilitator for people with a learning disability. The health facilitator left the following written feedback about the service; "Staff supported me with my work and I enjoyed the good work ethic demonstrated." This meant that people were supported to maintain good health and had access to healthcare services to aid their recovery and maintain their independence.

# Is the service caring?

## Our findings

People we spoke with using the reablement and supported living services said they felt staff were very caring and considerate. People told us; "The staff have all become my friends," and "The staff who visited were all very kind and caring."

We saw written feedback from relatives of people using the supported living scheme, all of which were very positive. One said; "Number 95 [the house] is unsurpassed in providing [name] with a true home and family. Safety, support, autonomy, health stimulation, relaxation, and companionship is provided."

The registered manager told us there was a person centred approach to the support and care that people received and this was very evident in the way the staff spoke about people who used the service. We found from our discussions with staff that people and their families were given the utmost priority. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. One person told us; "They have all been so kind and caring and I have loved their company. They have made me feel worthy and better about myself again."

The registered manager told us staff induction and training, along with policies and procedures supported values and beliefs in the dignity and welfare of people. We saw the key policies and procedures contained information on the service's values and beliefs such as; privacy; dignity and respect; equality; independence; rights; and confidentiality. It was clear from our discussions with staff that these values underpinned the work they carried out with people. One staff member told us; "People have a support plan that details their likes and dislikes and you follow on from that always asking permission before you do something because you cannot presume how somebody wants something doing."

We found a range of reablement support could be offered, which could mean staff visited once a day or popped in several times a day to assist with personal care tasks, mobility practice or meal time support.

People told us they were encouraged to do things for themselves to maintain as much independence as possible for example, dressing themselves and making a cup of tea. One person told us; "I have stopped using them now because I am back on my feet and can do things myself." This demonstrates the service promotes people's well-being.

We reviewed seven sets of care records and saw people had signed to say they agreed with the care packages. The people we spoke with were readily able to discuss what type of support they received and how they had gone through with staff exactly what their needs were and how these were best supported. This meant people were actively involved in their care planning and delivery.

We saw that people had access to advocacy services and the homes manager told us that everyone who used the service had used an advocate at some stage. For example, if the person using the service had no regular contact with a family member, an advocate was invited to their annual review to assist them in putting forward their views.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. One staff member said; "We always give people choice and ask people to tell us when they need help. You try very hard to ensure people have their dignity maintained such as keeping doors closed, asking if people want you present and ensuring people are covered with towels."

We saw compliment cards and feedback from people and relatives who were highly praising of the staff teams in reablement and the supported living service provided. Comments included; "Thanks for all the excellent care you give [name]" and "The carers were so helpful, they are a lovely bunch of people."

## Is the service responsive?

### Our findings

People were referred to the reablement service after they had been assessed by a social worker or doctor often directly from hospital. The service had a "broker" who triaged calls from referrals and assessed where they would be best placed and they were acknowledged and responded to and the service could be provided within hours. Care records we looked at during the inspection confirmed this to be the case. The service provided flexible care and support to people between the hours of 7am and 10pm. A support worker visited the person at home and agreed the goals the person wanted to work towards achieving. Each week the person's rehabilitation was reviewed to monitor their progress, review goals and plan discharge. At the end of six weeks or before the person was discharged people were reassessed to determine any future care needs.

We met with a senior practitioner social worker working with the reablement team during the course of our visit. They told us; "We meet twice weekly with all the team including the support workers and we get feedback from the support workers all the time. It means we can really monitor people's progress and get additional support in quickly if it is needed."

Staff told us how the reablement service responded to the changing needs of people. At each visit care staff documented what progress the person had made and achievements. This also included what the person had been able to do for themselves and the assistance required from staff. At weekly meetings each individual person was discussed. This meant each person's individual progress was monitored.

The format of the plans was consistent and had sections titled; "Support objectives or goals" and "Personalised risk assessment". All care records were held at the office in files, on the computer and in the person's own home, we saw these were held securely and were structured and well maintained. We saw care records were regularly reviewed and amended where necessary to reflect the current and changing needs of the person. One person told us; "My goal was to make my own meals, and I did that when I got better." Progress notes were detailed and contained exactly what staff had carried out and any comments from the person. We saw that people had signed all relevant sections of their plans. This showed the service involved people in the planning of their care and support. It also showed us that when people made the transition to using the service people's needs and goals were fully explored by the staff.

The supported living service had very person centred information about each person using the service. Staff demonstrated they knew people well. Talking to staff, they told us about the two people currently living at the service. They told us; "The care plans are really helpful but you should always ask people about things and not just assume you know what they want or how they might need help." We saw person centred reviews were carried out at least annually in which people were supported to review their support in terms of what was working well what was important to them and how anything could be improved.

Staff told us that activities were based around people's needs and likes as well as encouraging people to be involved in the day-to-day running of the home such as food shopping. We saw that activities were decided with the person and included accessing the community as much as possible on evenings and weekends as

well. People were supported to spend time with their family and friends and one person was supported by staff to visit their family regularly.

The people who used the service we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the management team. There had been three complaints in the last year regarding the reablement service which we saw were investigated and responded to according to the registered provider's policy. We also saw learning had taken place and that the service responded to feedback where it had needed to improve. We saw in the supported living scheme that there had not been any complaints but people were regularly asked for their views of the service.

## Is the service well-led?

### Our findings

The service had a registered manager. The registered manager shared their time with other services they managed for the registered provider located in Darlington but was at the reablement service at least weekly and they shared an office with the homes manager for the supported living scheme. We spoke with a homes manager who had day to day responsibility for the supported living service who told us there were clear lines of management and accountability and all staff who worked for the service were very clear on their role and responsibilities.

Staff told us that the registered manager and other senior staff had an open door policy so that staff have access to support at all times. The vision and values of the service were clearly communicated to staff. One staff member told us; "We are here to support people to make their best of their lives in their own home."

The registered manager was supported by the operations manager and the wider organisation's departments, such as finance and human resources (HR).

We found there was a culture of openness and support for all individuals involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the provision.

We asked the reablement staff about the arrangements for obtaining feedback from people who used the service. They told us every person who used the service was asked to complete an exit interview at the point of discharge from the service to gather feedback on the care and service provided. Exit interviews asked people about any concerns, staff punctuality and how the service could be improved. We looked at the results of exit interviews and saw that people had been very happy with the care and service they received. We spoke with a senior practitioner social worker who told us; "The staff are all very good, the feedback is always really good with our clients."

We saw the supported living scheme had regular meetings with people who used the service to seek their views and ensure that the service was run in their best interests. The surveys used were in an easy read format and talked about whether the service was person centred, as well as questions about the friendliness and professionalism of the staff. People were asked if they were happy with activities or any issues with their home environment. Two people told us they would speak with the homes manager on the telephone if they had any problems with anything.

We saw records to confirm that staff meetings took place regularly across both services. Staff told us that staff meetings took place regularly and that were encouraged to share their views and to put forwards any improvements they thought the service could make. We saw that open discussion had taken place about the organisation, working patterns, safeguarding, training, supervision, documentation, medication, and compliments. The staff we spoke with were proud to work for the service. One staff member said, "We are an excellent team, I love working here as two days are never the same."

Staff told us the managers [the registered manager and homes manager ] were open, accessible and approachable. One staff member said; "They are on the end of a phone if I need anything."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The management team told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care records and staffing. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example, we saw in the supported living scheme a service review audit had found the service would benefit from more involvement in the local community. We then saw feedback from local community groups praising the service, staff and clients for becoming involved in an event at the local community centre and how well the service was thought of. This showed the service was striving to improve the quality of the service it delivered.

Throughout the year the service had notified the Care Quality Commission of any events about which it was legally required to inform us. of. This meant the service was meeting their registration requirements.

We found during our inspection that there was a clear network in place of a range of other community professionals from differing backgrounds with whom the service worked to enable people to achieve their goals. These included care managers and occupational therapists as well as those working in NHS services.