South Gloucestershire Council

South Gloucestershire Council Home Care 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?	Good

Summary of findings

Overall summary

This inspection started on 14 November 2018 with calls made to people who used the service and their relatives. This was to gain their views and experiences. The inspection was carried out at the office location on 19 November 2018 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to speak with were available.

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

South Gloucestershire Council Homecare Service is known as the Rapid Response Service and provides a personal care service for people who require urgent care for up to 72 hours or until a until a new provider can be found. The service also responded to urgent missed calls from other service providers and calls from back up telecare systems installed in people's homes. Telecare is a telephone and alarm system installed in vulnerable people's home who may have occasion to call for assistance in an emergency. This was achieved through a duty manager being available throughout the day and night who was able to direct care staff to people's homes.

At the time of our inspection, the service assisted and provided personal care to 21 people living in their own houses and flats. The service was managed from an office in South Gloucestershire.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered provider was also the registered manager for the service.

The feedback we received from everyone we spoke with was very positive throughout. Those people who used the service including relatives and staff, expressed satisfaction and spoke highly of all staff and the support provided.

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that potential risks to people's safety and wellbeing were identified and addressed.

There were sufficient numbers of skilled and trained staff working at the service. Staff's suitability to work with vulnerable adults at the service had been checked prior to employment. For instance, previous

employer references had been sought and a criminal conviction check undertaken.

People received their medicines as required, from trained and competent staff. Staff ensured people were protected from the risk of acquiring an infection during the provision of their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People consistently reported they were treated in a kind and caring manner by staff. Staff ensured people's privacy and dignity were upheld and independence promoted during the provision of their personal care.

People were satisfied with the care and support they received from staff. They had no concerns about the management of the service. Staff said they were well supported by the senior staff team.

Care records contained information to identify people's requirements and preferences in relation to their care and there was evidence to show that they had been consulted about decisions. People we spoke with told us their choices and preferences around their care and support were respected.
The provider had maintained arrangements to monitor and assess the safety and quality of the service. People and staff were asked for their views about how the service could be improved. If people were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their concerns appropriately.

A range of audits were undertaken to evidence the quality of the care and the accuracy of records used to record people's care and support. There was an open and transparent approach to the management of the service, which included team meetings, supervision and competency assessments of staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

South Gloucestershire Council Home Care Service

Detailed findings

Background to this inspection

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

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

On the day of the inspection we met with, the registered manager and one business support staff. The registered manager was also the service manager of other services within South Gloucestershire Council. This included overseeing a care home and day centre.

Prior to this inspection we sought staff feedback using email. We emailed 22 staff and received a response back from four staff. We looked at two people's care records, together with other records relating to their care and the running of the service. This included the policies and procedures relating to the delivery and management of the service, minutes of meetings, accidents, incidents, complaints, compliments and, audits and quality assurance reports.

Good

Is the service safe?

Our findings

People told us that they felt safe with the service they received. One person told us, "Yes I do as the service I had before from another agency was awful. They kept letting me down. The staff have been brilliant with me from this one. They seem professional". A relative commented that they had confidence that their relative was supported to stay safe and was well looked after being in crisis.

There were systems in place designed to protect people from abuse. People received support from staff trained to recognise and report abuse. Staff told us, "I have a good awareness and have raised issues" and "Yes I am aware of safeguarding and recently did raise awareness to my manager and it was acted upon". Records confirmed staff had appropriately reported concerns regarding the people they had supported. This included raising a safeguarding alert when they felt people were at risk. The service had worked closely with the safeguarding team to protect people from harm.

Suitable arrangements were in place to manage risks appropriately. Risk assessments were in place and information recorded within people's support plans identified risks associated with individuals care and support needs. These related to people's manual handling needs and more specific risks. Due to the type of service, staff often attended to people who were in crisis. Staff often had no information about people until they arrived. They then carried out the relevant risk assessments when they arrived. One staff member told us, "I carry out my own risk assessment when entering a property to make sure I am going into a safe environment checking for trip hazards. I make sure the walkways and fire exits are clear from clutter".

Staff had received training in infection control and knew their responsibilities. Staff confirmed that personal protective equipment, such as gloves, was always readily available. The registered manager told us that kit bags were given out to staff which contained a torch, induction pack, uniform, gloves, aprons, face masks and hand gels which were carried around by them.

There were sufficient numbers of staff available to keep people safe. People and relatives verified that they or their family member received a reliable service. Where possible the service tried to send staff to people who were familiar with them. This was often when people had stayed with the service for longer than 72 hours however could not be guaranteed.
People told us there were sufficient numbers of staff available to provide the care and support as detailed within their support plan. The registered manager ensured they had enough staff to cover each person's visit. Staff gave us the following feedback when asked if the service employed enough staff, "Yes we do have enough staff to ensure the service is ran well. We are a team that are really flexible and always ready to step in on shifts to help out" and "We could do with more as we all work part time". The registered manager told us enough staff were employed and that they were fully staffed.

Most people who used the service were self-medicating and took responsibility for their own medicines as part of their rehabilitation and independence. If they were unable to self-medicate then family or friends were asked to administer medicines to people. The registered manager told us this was due to the type of service that they were being a rapid response service. They were unable to give people a specific time they

would complete each call and some people required time specific medicines. Some people required prompting to take medicines and as a last result if people were not able to self-medicate then staff would administer medicines to people however this was avoided where possible.

Staff confirmed that robust recruitment systems and processes were in place. We were told they were no gaps in employment, references were gained and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff at the service were suitably trained and experienced to support them. Comments included, "Yes the staff do seem well trained", "The staff know what they are doing when they visit me. They ask me questions to check I am ok" and "Yes, they are very well trained I would say. I get some time to myself when they visit my other half".

An induction programme was in place to support new staff. The registered manager told us that staff received an induction comprising of training in key areas appropriate to the needs of the people they supported and an 'in house' introduction to the organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme. The Care Certificate identifies a set of care standards and introductory skills that health and social care workers should consistently adhere to. The registered manager told us all staff had competed the Care Certificate even though some of them were not new to care. This ensured all staff followed the same set of standards.

Staff told us they received the training and support they needed to do their job well. Supervisions had been completed on a regular basis allowing staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check' visits. This involved senior staff observing the member of staff as they go about their duties to ensure that they are meeting their standards and expectations. Staff employed longer than 12 months had received an annual appraisal of their overall performance. Where these had been completed aims and objectives for the next 12 months had been identified. Staff confirmed that they felt supported within their role. Comments included, "We have all the support we need as an individual. We can go into the office anytime, have regular observation checks, supervision and team meetings. Feedback back is always a priority in our jobs and we are always listened to" and "Supervision is every 3 months. We have staff meetings approximately every 6 months. I find the managers are more than happy to deal with any concerns that I may raise".

Staff had received training in a range of areas which included; first aid, safeguarding vulnerable adults, medication administration, lone working, risk assessment, first person on the scene responder training and moving and handling. Staff we spoke with confirmed they had undertaken the appropriate training. Comments included, "All my training is up to date including medication and clinical skills which is every two years plus manual handling every year. I have attended various training courses", "I have completed training including manual handling, medication and clinical skills. I have done my care standards book".

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.

All staff had training in the Mental Capacity Act 2005 (MCA) and were provided with a basic understanding of the act. They were aware that the MCA existed and how this protected the rights of people who lacked capacity to make decisions about their care and welfare.

Staff explained how they gained people's consent to personal care when they arrived for each visit. Staff confirmed they read through people's care records before any care practices were carried out. This was to make sure they understood the support each person required and to seek their consent. Staff told us, "We seek consent from the service user or family if someone is not happy we speak to our managers or family and advise them who they can contact" and "I've learnt to recognise body language to gain consent if needed. The service delivery plan contains all the information needed including contact details".

If people needed assistance with meal or drink preparation the level of support they needed would be identified during the assessment process. The specific tasks required was recorded in people's service delivery plan. The registered manager told us often staff did not know people's likes and dislikes as they responded to people they had not met before. Staff would always encourage people to make a drink or something to eat themselves rather than the staff taking over this task. Some people the service visited during a crisis had been found to of had no food. The registered manager had access to a budget which enabled them to purchase people some food. They also arranged for community meals to be provided if they wished. The registered manager was passionate in ensuring people were provided with adequate nutrition and a balanced diet. They had good links with a community meals provider and promoted this service within the community.

Good

Is the service caring?

Our findings

People and their relatives, we spoke with consistently praised the service and the staff. Comments included, "The staff work really hard and have a lovely caring nature". Relatives we spoke with told us, "The staff are so lovely and very kind. They are very sensitive to our situation at home", "We are really pleased with the care given to mum. The staff are very professional".

People were able to maintain as much independence as possible by having staff that empowered people. Staff also told us how they aimed to maximise people's independence when delivering care. The registered manager told us staff did not 'take over' they assisted people, asked them what they could do for themselves and only gave assistance where help was required. The service gave us an example of this. One person liked to heat his own meal so staff watched and only assisted when necessary. They encouraged him to check the prompt notes that the family had left in his home. This included turning the lights off, keeping the front door locked etc. We were told the staff would only intervene if he missed one of the instructions.

The staff were passionate about delivering high standards of care. People told us staff routinely spoke to them when they first visited to get to know their likes and dislikes. We were told they also used good communication skills e.g. tone of voice, eye contact, body language to put people at their ease. We were told whilst staff work efficiently, they provided care in a relaxed manner in order that they did not feel they were being rushed.

Whilst the service was not a reablement service the staff worked with people and their families and set realistic goals. For example, they encouraged people to wash their own hands and face whilst the staff assisted with the parts of the body they could not reach. Staff routinely assisted people with making a sandwich, snack or cup of tea but we were told they would not take over and would always offer people choice.

Staff told us they respected people's privacy and dignity when they visited people in their own homes. They told us they always knocked the door and rang the doorbell calling out who they were before entering, even if the person had given permission for a key safe to be used when entering the premises. A key safe is a secure method of externally storing the keys to a person's property. We observed people's preferred method of staff entry was recorded within people's care plans.

As well as supporting people the service helped to support people to care for pets. Staff told us they supported a person who was registered blind. The person was not able to go out due to reduced mobility. Although the person had a garden it was not appropriate for their guide dog to use the garden. The staff therefore took the guide dog out for a short walk every morning and made sure the dog was fed. The staff also took the dog out for a short walk in the evening if not already walked. The guide dog and in particular going out for walks caused the person a high level of anxiety. The staff told us by them helping to care for the dog significantly reduced the person's stress levels.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person told us, "The staff are really good and I trust them supporting me. I have had a really bad experience with another service. It did not take long me to settle this time". One relative told us, "I see them providing really good care to my husband. It is nice to know that the staff are looking after him well".

Staff particularly enjoyed working with people in an immediate crisis. The staff were trained to recognise the changing needs of people and knew when to call for help if they were unwell. A recent example was a call that came through from a piper line service. A person had used their piper line as they had become unwell. Two staff attended and supported the person. They made them comfortable and provided personal care. The staff noticed that the person's condition had deteriorated significantly by vomiting seven to eight times. Whilst one staff member made the person comfortable, held the person's hand and gave reassurance. The other staff member called for an ambulance. Both staff stayed with the person as they were poorly. When the paramedics arrived, they confirmed the person was very ill and needed to go to hospital immediately. The initial call was of a routine personal care however the staff recognised the deterioration and immediately assessed the situation.

Another example was during a visit to a person the staff observed they appeared dizzy and unsteady which was unusual for them. The person had been prescribed new medicines and one of the side effect was dizziness. The staff member contacted the person's family to report this. The GP subsequently reduced the person's medicine by half and then ceased this all together.

People's needs were assessed and care was planned and delivered in line with their individual support plan. As staff would respond to people in crisis they often did not know much information about people and their needs. During the first visit to people, staff put into place an emergency service delivery plan. We looked at people's care records which contained sufficient information about each person along with the care and support which was to be provided. Care records included the person's emergency contact details such as their next of kin, GP, risk assessments and current support needs. They contained relevant information about people's diagnosis and associated needs and communication.

People could be confident that the care they received at the end of their lives would be kind and compassionate. The registered manager told us most people they had cared for had not ocome to them requiring end of life care. The service had supported people with end of life care when a crisis at home had occurred. An example of this was that the service received an emergency referral for a one-off visit due to a person's pending move the following day to a nursing home. However, when the person was visited by the community matron they were assessed as end of life care. Therefore, a move to a nursing home would have been inappropriate. The service therefore provided two staff to visit three time per day as the palliative care team could not start immediately. Staff provided care to the person to ensure they were comfortable which alleviated the stress on the family. The registered manager told us during the visits the family would leave the room and play the piano. They would sing songs together that the person loved. This was an important ritual for the family and whilst the person was being cared for by the staff they had the time and space to do

this.

The service had a detailed complaints policy in place, this clearly explained the complaints process to follow. This included how to make a complaint, who to complain to, expected time scales for responses and investigations. It also provided people with contact details of the local authority and the Care Quality Commission. We were told the service had an open-door policy whereby people could access them easily. Within the last 12 months the service had not received any complaints.

Good

Is the service well-led?

Our findings

People and relatives commented positively about the service. Some people had come to the service from another care provider after a breakdown in communication or their care package. Some people spoke about how smooth the transition was to the service even though it was only until another provider was found. Their comments included, "I was worried at changing over and felt let down by the other service and angry. Faith has been restored though and they are such a good service" and "I think the service is managed very well".

The registered manager had clear visions and values of the service. The main aims of the service were to support people, respond in a crisis and to help them live as independently as possible in their own home by providing high quality, personalised care. The registered manager told us their focus for the next 12 months was to launch two new services. One being called 'home to decide' and the other 'next steps to decide'. The idea behind this was reduce the amount of people bed blocking in hospital who were fit for discharge and to provide rehabilitation to people. Both services were to be linked to the rapid response service.

Staff told us the registered manager promoted an open and transparent culture and always looked to improve the service provided. Staff told us they felt valued and supported by the registered manager. Staff told us, "My personal view is very strong that our service is managed to the highest standard for instance. In April when another service was not delivering care rapid response management worked around the clock. This was to deliver care in the community which was needed and made the service users feel confident in the service again. The management is ran very well, you can speak to the management at any time", "I feel the service is well managed" and "My manager listens to my feedback and deals with concerns I may have asap".

Regular staff meetings were held to keep staff up to date with changes and developments. We looked at the minutes of previous meetings and noted a range of areas were discussed. For example, a recent team meeting held involved a discussion around planning, overnight visits, falls monitoring and care plans. This meeting was well attended by the team.

The service had systems and procedures in place to monitor and assess the quality of their service. The registered manager carried out monitoring checks on the call monitoring system, medicines, accidents and incidents, service delivery plans and risk assessments. Any issues found on audits were followed up to improve the service going forward.