

Herefordshire Council

Rapid Response

Inspection report

Room 34 Franklin House
Commercial Road
Hereford
Herefordshire
HR1 2BB

Tel: 01432261557

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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

Rapid Response is located in Hereford. It is a crisis management domiciliary care agency which provides support to people in their own homes for a period of up to seven days. On the day of our inspection, there were 20 people using the service.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People who used the service were involved in their own care and treatment. They were involved in the initial assessment of their needs, and also in the review of their care. People who used the service were treated with dignity and respect and were given choices about how their care was provided. People knew who the registered manager was and how to raise any concerns or complaints. The registered manager and provider monitored how the service was provided.

Staff had the knowledge and training to support people. Staff knew how to recognise potential signs of abuse or harm and systems were in place to guide them in reporting these. Staff had a clear understanding of managing people's individual risks and an understanding of where the service would not be able to respond to a person's needs.

The provider and the manager understood the nature and limitations of the service and where the provider could not meet a person's need, appropriate signposting to other services was provided.

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 ●

People were supported by staff who understood how to meet their individual care needs safely. Staff understood how to recognise signs of abuse or neglect, and to whom these should be reported. People were supported with their medicines by staff that were trained to do so.

Is the service effective?

Good ●

People's needs were met by staff that were well trained. There were established links with other healthcare professionals to ensure people's health needs were met. People were offered choices with the food they received. People's right to refuse or to consent to treatment was respected.

Is the service caring?

Good ●

People were involved in the assessment of their care needs. People's privacy and dignity were respected. Staff were caring and respectful in their interactions with people.

Is the service responsive?

Good ●

People's individual needs were assessed and reviewed. The level of support provided was tailored to individual needs. When people's needs changed, staff responded to these and if they could not meet the needs, appropriate signposting to other agencies was provided.

Is the service well-led?

Good ●

People were able to approach the registered manager and the provider at any time. People and their families benefited from a manager and provider which regularly monitored the quality of care provided, and promoted an open and inclusive culture.

Rapid Response

Detailed findings

Background to this inspection

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

We made an announced inspection on 1 March 2016. The inspection team consisted of two inspectors. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available in the office.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service. This information helped us to focus the inspection.

Before the inspection, the provider also completed 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 plan to make.

We asked the local authority if they had any information to share with us about the care provided by the service.

We spoke with six people who use the service, and three relatives. We also spoke with two health care professionals from the Assessment and Re-enablement Team.

We spoke with the registered manager, and five staff. We looked at four care records, the medication audits, questionnaires completed by people and health professionals, and the complaints file.

Is the service safe?

Our findings

People we spoke with said they felt safe. One person told us, "They were very considerate, very respectful and I felt safe with them. There was someone different every day, but I felt safe with all of them."

People told us that staff attended the calls when they should and that there were no instances where they had been left without support. We saw that there was a clear management structure and out of hours on call system to support people and staff on a daily basis. We saw that during a period of absence, the existing staff team and the registered manager worked together to ensure all calls were covered. We saw that where agency staff were used, only staff who had completed mandatory training were selected to ensure that people were supported by people who could safely meet their needs.

We spoke with staff about what actions they took to ensure people were protected from abuse. They were aware that incidents of potential abuse or neglect should be reported to the local authority, and were able to provide recent examples of when they had alerted their manager to concerns. We saw that one staff member had concerns about an individual and domestic abuse, and that she had reported this to her manager, notified the police and the local authority to ensure that person was kept safe.

We saw that staff had daily brief meetings between different staff shifts to ensure that relevant information about people's health and wellbeing was communicated to all relevant staff members, and that this information was recorded and made accessible for all staff.

People had their needs assessed and risks identified. Staff were aware of these risks and the registered manager kept them under review. For example, one relative told us that their relative had a fall at night and staff reacted to this by asking the relative whether they would have felt safer using a commode at night, rather than walking to the bathroom. As soon as this was agreed, the commode was obtained that day by the staff member.

We looked at how the provider recruited staff and we saw that staff were subject to checks with the Disclosure Barring Service ("DBS"). This is a national agency which keeps records of criminal convictions. The registered manager and staff told us that staff were not able to work with people until these checks were completed. These checks, combined with the employment references the provider sought, helped the registered manager make sure that suitable people were employed and people who used the service were not placed at risk through its recruitment processes.

People we spoke with were able to administer their own medicines and as they chose to do this, they did not receive support from staff in this area. However, we saw that where staff did administer medicines to people, there was a clear recording system in place. Staff knew when they should contact GPs for advice. One staff member told us, "If we need to change the times medicines are given due to call times, we would always discuss this with the GP first". Staff told us that they had received medicines training before they could administer people's medicines.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One person said, "They are absolutely fantastic. They make me my lunch and always ask what I would like to eat. They always say to me if I need anything else, I can just ask". Relatives we spoke with said staff knew how to support for their family member. One relative said, "The staff are continually good across the board. They seem to have continual training to keep them skilled". Another relative told us, "One member of staff had come back to work after a period of absence. They came out on the call with a colleague so they could observe. They clearly make sure all their staff are fully competent and skilled".

Staff told us the training they received helped them to support the people they cared for. For example, staff explained to us how recent diabetes training from a community nurse had helped their awareness and understanding. One staff member told us, "They are really on the ball here with training, and you can always ask for more".

Staff told us that the registered manager and senior staff carried out unannounced competency checks on their calls to ensure that all staff were competent in their role and to provide feedback on any areas where improvements were required. The registered manager told us new staff shadowed ten shifts, one assessment and undertook office-based training for three days. The registered manager then carried out an observed practice on the new staff member before they could attend calls alone.

Staff and the registered manager told us that they refer and liaise with other healthcare professionals, such as district nurses, occupational therapists and physiotherapists, particularly where there are concerns about deterioration in people's health. We spoke with two health professionals, who told us that the staff contacted them when they had concerns and that the staff acted on any advice provided.

Staff told us that as people's needs change, the service can be flexible. For example, if there were concerns about someone's fluid intake and one call a day was insufficient to monitor this, the calls could be increased. We saw in people's records that the service had adapted to meet their needs when they changed. This helped people to stay healthy and promoted their well-being.

People told us they were offered choices from staff. One person told us, "I was offered help with personal care, but I don't want that and so they don't do that". Another person told us, "They asked if I needed help with my medication, but I like to be independent and take that myself, so they don't help me with that".

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. People were supported by

staff who had an understanding of the MCA and how they supported people with decision making in their best interests.. Staff explained they understood the importance of ensuring people agreed to the support they provided. One member of staff told us, "We're a visitor in their home and we have to make sure we get their permission before we do anything".

Is the service caring?

Our findings

People told us staff were caring. One person said, "The staff are very, very nice. They respect me and my home". Another person told us, "I am very pleased with them. They've really looked after me nicely and are very kind, very considerate and very respectful".

told us they were involved in the planning of their care and were consulted on what support they needed and their preferences regarding how they wanted to be cared for, including times of day and the type of support offered. Where people wanted their relatives involved in this process, staff assessed people's needs in conjunction with relatives.

Relatives told us they were happy with their family members' care. One relative said, " They are wonderful. They even look after me!" Another relative told us, "I couldn't have asked for better care, they were absolutely great".

Staff told us that maintaining people's dignity was very important to them. One member of staff told us how it was important to make sure people were not exposed when providing personal care and to make sure they are as covered as possible. Another staff member told us how important it is to record people's preferences regarding personal care in their care plans and abide by those. We saw in people's records that consideration was given to people's preferences in how their care was provided.

Healthcare professionals told us they were impressed by the care provided by the service and that staff had a good understanding of people's needs and that they had received positive feedback from people about the service they had received.

Is the service responsive?

Our findings

People told us they were involved with the assessment of their needs and in planning their own care and treatment plans. They said that they had a choice regarding how they would like to receive their care. For example, some people wanted support at meal times only, whereas some people wanted staff support several times throughout the course of the day.

Staff told us and we saw that care plans were used to record people's preferences regarding how they wanted to be cared for. Staff recognised that people's needs change and that the service had to respond to those needs. One staff member told us, "You have to be flexible as people's health changes, and they can also change their mind about what they want".

We saw that a full assessment was completed before the provider accepted a referral to ensure they could meet people's needs. We saw that reviews were carried out after a few days to ensure that the person was satisfied with the care provided, and whether it met their needs. We saw that if a person felt they needed more calls from staff a day than they were currently receiving, this was reviewed. We saw that the care plans were completed with the individual using the service and remained in their home.

Staff told us that where they received a referral for people with care needs the service would be unable to meet adequately, the service would not be offered but that the referrer would be signposted to a more appropriate provider. One staff member told us, " We only provide support to people we know we can support properly".

People told us they would speak to staff or the registered manager about any concerns. One person said, "They gave me a leaflet with the details of the service and the registered manager in case I need to call her and complain, but I have no need to".

One relative told us that they had contacted the registered manager to raise a concern about the service ending without alternative care being in place. They told us that the registered manager had listened to her concerns and explained why the service had ended. After listening to the relative identify which areas her relative still required help with and why the service was still needed, it was agreed that the service would be extended until an alternative was in place. The relative told us, "To be fair, they did listen to me".

Where the service was extended after an initial seven day period, we saw that the registered manager met with people during this extended period to gather their feedback on the service and gave them an opportunity to voice any concerns they had, or to make any suggestions for improvements.

Is the service well-led?

Our findings

People told us they knew who the registered manager of the service was and how to contact her if necessary. One relative told us, "[registered manager] visited mum on the second week to ask for feedback. She was genuinely interested in what she thought".

Staff told us they were supported in their role by the registered manager. One staff member told us, "I go to [registered manager] with any issues and she sorts them". Another staff member told us, "[registered manager] has the right knowledge to support the team".

Staff told us, and we saw supporting records, that they have monthly team meetings and supervisions every six weeks. Staff told us that in-between supervisions, "We can approach [registered manager] at any point".

Staff were aware of the whistleblowing policy of the service and told us they would follow the procedure in the event they had any concerns about any staff member's practice. The registered manager told us that she made sure the staff were aware of the policy, and that they knew how complain about her to the provider if they wanted to.

Staff told us that if they felt uncomfortable supporting any particular individual, either because of a lack of experience in that area, a lack of confidence or training, they could let the manager know and she would listen and understand their concerns. She would then arrange for a different member of staff to provide that support. Staff told us they valued this approach as it meant that they were not put in a position where they felt they cannot adequately support someone.

Staff told us the team was a cohesive team, "We're a great team". They told us that the culture they worked in was one of openness and support. Staff told us they were happy to approach the registered manager with any ideas for improvements, and they would always listen to the concerns.

We saw that the registered manager gathered feedback from relatives, people receiving the service and other professionals on a regular basis and that this information was used to improve the service provided. For example, we saw that the registered manager had identified that common complaints received were that people were confused and concerned by the service being short in its involvement. In response to this, the registered manager told us that she had met with referral agencies to promote the service but also, to ensure they had a clear understanding of what the service did. The aim of this exercise was to prevent inappropriate referrals and also, to ensure that the people who use the service had their expectations managed in respect of how long they can expect to receive the service for.

We saw that the registered manager had carried out a piece of work regarding signposting to other agencies in recognition of the fact the service supports people with such diverse needs, and also in recognition that the service was a short-term one and cannot provide the long-term support that some people needed.

The registered manager had established links with the local community, including a local hospice service

and a carers' association. We saw that the benefits of these links included the local hospice had been approached to provide bespoke guidance and training to the staff regarding end of life care after the registered manager had identified that a lot of the recent referrals had been for people requiring end of life care.

We saw that the registered manager carried out unannounced competency checks on all staff. In addition to this, we saw that the provider also carried out its own three monthly audits and quality assurance checks. The registered manager told us that she felt supported by the provider and that they were in regular contact.