

Hartlepool Borough Council

# Direct Care and Support Team

## Inspection report

Burbank Street  
Hartlepool  
Cleveland  
TS24 7NY

Tel: 01429401751

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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 took place on 25, 26 April and 5 May 2017 and was announced. The last inspection of this service was carried out in February 2016.

Direct Care & Support Team (Hartlepool) is a domiciliary care service which provides reablement (short term support usually after people are discharged from hospital), 'telecare' services (technology to help people live at home longer) and emergency respite care for family carers to over 3000 people in the Hartlepool area. At the time of this inspection, 21 people were receiving personal care and reablement support for a period of up to six weeks.

The service had a registered manager. 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.

At our last inspection of this service in February 2016, we gave the service a rating of 'requires improvement' and asked the provider to take action to make improvements. This was because we found the provider had breached Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found the provider did not have accurate records to support and evidence the safe administration of medicines. We found gaps and inaccuracies in medicines records. Some staff had not completed up to date training in key areas, staff supervision records were not up to date, and direct observations of care did not happen regularly. The provider did not have audits in place for medicines and care plans.

During this inspection we found the provider had made significant improvements in all of these areas and was now meeting all of the regulations that we inspected against.

Medicines were managed safely. Medicine administration records were completed correctly. Prescribed creams were recorded as administered on topical medicines application records and body maps to highlight where staff should apply creams and ointments were in place. Increased checks on medicines had been effective in identifying areas for improvement and reducing the risk of further errors.

People told us they felt safe when receiving care and support from staff at the service. Staff had a good understanding of safeguarding procedures and how and when to report concerns. Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults.

People and relatives we spoke with felt there were enough staff to meet people's needs. The service used a 'call confirm' system which enabled supervisors to check staff were on time and to track the duration of people's care visits. This was an accurate and effective system. People received their calls as scheduled.

Risks to people's health and safety were assessed and reviewed. Accidents and incidents were recorded and dealt with appropriately and analysed to look for trends.

People and relatives we spoke with said they felt staff had the right skills to provide the care they needed. Training records showed staff members had completed up to date training in areas such as moving and assisting, emergency first aid and food hygiene since the last inspection. Staff were supported with their professional development through regular supervisions, annual appraisals and direct observations of their care practice.

People told us staff were caring, friendly, helpful and respectful. They described how staff respected their privacy and promoted their independence. People were given a service user guide when they began to receive care. This contained information about how to make a complaint and how to access independent support and advice.

People's care plans contained guidance for staff about how to support people with their care needs. Their needs were reviewed regularly and managed responsively. People knew how to complain if they had a concern and were frequently asked for their views about the service. Any issues raised were acted upon.

The provider ensured the quality of the service was assessed and monitored by carrying out regular audits of all aspects of the service delivered.

## 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.

Medicines were managed safely.

People told us they felt safe when receiving care and support.

Risks to people's health and safety were assessed, managed and reviewed regularly.

Staff had a good understanding of safeguarding vulnerable adults and their personal responsibility to report matters of a safeguarding nature, should any concerns arise.

### Is the service effective?

Good ●

The service was effective.

People and relatives we spoke with said staff had the right skills to provide the care they needed.

People were supported to access health care services when needed.

Staff received training to help them provide the right care and support to people.

Staff received regular supervisions and appraisals. Observations of care happened regularly.

### Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care they received.

People told us staff were caring and helpful.

People told us staff often did more than was expected of them.

Staff had a good understanding of the importance of treating people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before care was provided.

People's needs were reviewed when they changed and their support was adjusted accordingly.

People told us they felt confident to express any concerns or complaints about the service they received.

Information about the provider's complaints process was given to people when they began receiving care and support.

### Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager.

Staff told us the registered manager was approachable and supportive.

A comprehensive quality monitoring system was in place to assess the quality of care people received.

People's feedback was sought regularly and acted upon.

# Direct Care and Support Team

## **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.

This inspection took place on 25, 26 April and 5 May 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. We visited the provider's offices on 25 and 26 April 2017. On 5 May 2017 we sought the views of people who used the service and their relatives via telephone. The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with five people who used the service and two relatives. We also spoke with the registered manager, a head of service (representative of the provider), four supervisors and three homecare workers. We asked staff to complete a questionnaire and received 17 responses.

We looked at a range of records which included the care records of four people who used the service, medicines administration records for eight people, records for nine staff, and other documents related to

the management of the service.

# Is the service safe?

## Our findings

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not have accurate records to support and evidence the safe administration of medicines.

At this inspection we found this had improved. We viewed eight people's medicines administration records (MARs) and found they had been completed accurately. Codes for non-administration were used appropriately and the reasons documented clearly on the reverse of the MAR. Prescribed creams were recorded as administered on topical medicines application records (TMARs) and body maps to highlight where staff should apply the creams and ointments were in place. This meant staff had access to information about how and where to apply people's prescribed creams in line with the instructions on people's prescriptions.

The registered manager told us that since the last inspection they had reviewed the quality assurance procedures for medicines. They told us, "We've changed the layout of medicines administration records to reduce the risk of errors. The supervisors and I now do more regular audits of medicines records. We're currently doing a 100% check of medicines records to be sure."

A supervisor we spoke with told us care staff contacted the duty supervisor when they administered medicines to talk through each medicine to be administered. This served as an extra check and had been effective in reducing the risk of medicine errors. A supervisor told us, "I think we're getting there with medicines now."

We asked people if they felt safe when receiving care and support from staff. Comments from people included, "Staff made me feel more secure in myself" and "I felt much safer knowing the staff were coming in a few times a day."

Staff had a good understanding of safeguarding adults and their role in preventing abuse. They knew how to report concerns and were able to describe various types of abuse. Staff we spoke with said if they had any concerns they would raise them with the registered manager or supervisors immediately. Staff told us they were confident safeguarding concerns would be dealt with appropriately. Records showed staff had completed up to date safeguarding training.

During our inspection one staff member raised safeguarding concerns with a supervisor. We saw how information was recorded immediately and passed to the person's social worker. This meant safeguarding concerns were responded to promptly and appropriately.

One staff member had been recruited since the last inspection. Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults. The service had requested and received references, including one from their most recent employer. Background checks had been carried out, gaps in employment history were accounted for and proof of identification had



been provided. A disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The service provided 24 hour support to people seven days a week. Eight supervisors, who were based in the registered office, were employed and 30 care assistants. People and relatives we spoke with felt there were enough staff to carry out visits, and spoke positively about the service. Comments included, "I couldn't have asked for better," "It's been really good" and "Staff always took the time needed to see to me."

The service used a 'call confirm' system which enabled supervisors who were office based to check staff were on time and to track the duration of visits. Each staff member had a hand held device which was linked to the provider's computer system. When staff attended people's homes they checked their device against an electronic 'tag'. This was an accurate and effective system which alerted supervisors when staff had not turned up on time or visits had not lasted for the correct length of time. Supervisors told us there was a 15 minute 'tolerance' either way which meant a call would show up on the system as early or late if a staff member attended 15 minutes early or late. The registered manager told us how they used this system to measure compliance with people's scheduled visits. Records confirmed people received their calls as scheduled.

Risks to people's health and safety were assessed, managed and reviewed regularly. There were clear risk assessments relating to people's needs in relation to medicines and mobility for example. Any accidents or incidents that occurred during the delivery of care were logged in a person's care notes and reported by care staff to the office and social workers. Records showed accidents and incidents were reported and dealt with appropriately and analysed for trends, although no trends had been identified.

# Is the service effective?

## Our findings

At the last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some staff had not completed up to date training in key areas, staff supervision records were not up to date, and direct observations of care did not happen regularly.

At this inspection we found this had improved. Staff told us and records confirmed training in topics which the provider deemed compulsory was up to date. Training records showed staff members had completed training in areas such as moving and assisting, emergency aid and food hygiene since the last inspection. Staff told us they felt they had sufficient training to support them in their role.

The provider used a computer-based training management system which identified when each staff member was due to undertake further training. The registered manager had oversight of this which meant they could keep track of staff training needs.

The provider made sure staff had sufficient support with their professional development. Staff told us they had regular supervisions with a supervisor and records confirmed this. Supervisions are meetings between a staff member and their manager to discuss training needs, the needs of the people they support and how their work is progressing. We saw staff had individual supervisions about their performance and group supervisions with learning points, for example about medicines administration and the application of topical creams. During this inspection we found staff members who had been employed for over one year had taken part in an annual appraisal. During these appraisals future training and development needs were identified for each staff member, and staff were supported with their professional development.

Records confirmed staff were assessed through regular spot checks or direct observations of the care they provided. Each spot check had a theme such as food hygiene or dignity and respect. Staff were given feedback after the spot check which meant issues were addressed promptly. For example, one staff member was given guidance by their supervisor on hand hygiene. Records showed all staff had received at least two spot checks since the last inspection.

A rota was in place to ensure supervisors completed weekly spot checks. One of the supervisors told us, "We do loads of staff observations now." This meant supervisors were given time to assess the quality of care provided.

People and relatives we spoke with said they were happy with the service and felt staff had the right skills to provide the care they needed. One person told us, "They seem to know what they are doing."

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 told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with MCA legislation.

People told us staff sought permission before providing care. We saw evidence that people currently using the service had consented to their care, treatment and support plans as people's care records contained signed statements to this effect.

People received support with nutrition and making meals as part of their individual care package, where they had needs in this area. One person said, "Care staff were a great support and encouraged me to eat at the correct times and prompted me to take my medicines."

Records showed care staff worked alongside other health care professionals such as the hospital discharge team and rapid response nursing team. If needed, people were supported to access a range of medical appointments such as GP, hospital and optician visits.

## Is the service caring?

### Our findings

We spoke with people and relatives about the short term care and support packages they had received. People and relatives we spoke with were happy with the care and support provided. People told us care staff were caring, friendly, helpful and respectful. People's comments included, "I was delighted with the care I received," "The staff were kind, caring and pleasant," and "It's an excellent service as the staff are great. They have been so supportive."

Staff had a good understanding of the importance of treating people with dignity and respect. Staff described how they ensured people were respected by explaining to them what was happening, being discreet, and keeping people covered when doing personal care.

A person told us, "Care workers knock and wait to be called in." A relative said, "My wife left the door open for staff to come in but staff always asked if it was okay to enter."

People told us staff often did more than was expected of them. One person said, "The care staff went above and beyond their remit." The provider had received a compliment from a person's social worker thanking staff for 'going out of their way' to help sort a person's belongings.

People and relatives told us how staff promoted people's independence. One person said, "I had great confidence in the staff. They helped me get my independence back." A relative told us, "I was very happy with the carers. They enabled [family member] to maintain their independence after a hospital stay." Staff told us how important it was to promote people's independence. A staff member said, "We're all about promoting people's independence."

The registered manager and supervisors had received several thank you cards and letters from people who used the service and their relatives. Comments included, 'You have been total stars to our [family member]. We can't thank you enough you are true angels,' 'Thank you for the support provided to [family member]. The girls were lovely and very helpful' and 'I cannot speak highly enough of the carers. I am extremely thankful for their care and support.'

Each person who used the service had a copy of the service user guide and the provider's statement of purpose in their care plan. The service user guide contained information about all aspects of the service, including how to make a complaint, how to access independent advice and assistance such as an advocate and contact details for the registered manager, supervisors (who were on call 24 hours a day) and the social services' emergency duty team. These were kept in people's homes so they could refer to them at any time.

## Is the service responsive?

### Our findings

The registered manager explained to us that sometimes people's care packages were put in place quickly due to discharge from hospital or other changes in circumstances. We saw daily meetings were held between the registered manager and the local hospital discharge planning team to manage this. A basic assessment of people's needs was carried out by a social worker and passed to the service before care was provided. A staff member from the service, usually a supervisor, then visited the person and obtained further information and carried out relevant risk assessments in relation to the person's ability to take their own medicines or walk unaided for example.

People's care plans included guidance for staff about how to support them with their care needs, such as personal care and eating and drinking. However, we found the majority of care plans were more task based rather than person centred. For example, one person's care plan stated, 'carer to support each lunchtime to prepare and serve main meal' but there was no detail what sort of food the person liked and how or where they liked to eat it. Staff we spoke with knew how to support people's individual needs but care records did not always reflect this.

When we discussed this with the registered manager they said they were looking at ways to improve care plans further and had recently introduced 'all about me' documents to capture people's individual needs and life history. We viewed three people's 'all about me' documents and found these contained more person-centred information and would help staff get to know what was important to the person. The registered manager said everyone who used the service would have this information in their care plans in future.

People's progress was reviewed regularly. Each person who used the service received support for up to six weeks, but not everybody who used the service required support for the full six weeks. People and staff told us that as people's health improved their support decreased to take this into account. Staff told us and records confirmed that where people needed additional support this was put in place quickly with no problems. This meant people's needs were managed responsively.

The provider had a complaints procedure which was included in the service users' guide and given to people at the start of their care package. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. Complaints could be made in person, in writing, or via email or phone.

One complaint had been received since the last inspection. This had been dealt with in a timely manner in line with the provider's policy. The registered manager had met with the person who made the complaint and written to them afterwards outlining the steps they had taken to address the concerns. The registered manager told us the person was satisfied with the outcome. Nobody we spoke with had needed to complain but they all said they wouldn't have a problem calling the office if anything was wrong.

# Is the service well-led?

## Our findings

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was no documented quality assurance process in place in relation to medicines administration and care plans.

At this inspection we found this had improved. There was a comprehensive system in place to review all aspects of care provided such as medicines administration, care plans and safeguarding incidents. Regular audits carried out by the registered manager and provider led to action plans with completion dates. Appropriate action was taken in a timely way. For example, the registered manager identified an error on a medicines administration record which resulted in guidance being given to a staff member. Records we viewed relating to weekly 'huddle' meetings showed these were effective in identifying operational issues and generating improvements.

Regular 'spot checks' of individual members of staff were carried out to check care and support was being provided to people in the right way. The outcomes of these checks were recorded and any issues were raised with staff. Records of spot checks were analysed to look for trends. Where further training needs were identified this was acted upon.

The provider's representative told us, "We've focused on medicines, training, staff observations, leadership and audits since the last inspection. We now have a weekly 'huddle' meeting where we discuss operational issues such as staffing levels, the call confirm system and safeguarding. We also discuss the registered manager's audits and findings at these meetings."

At the time of our inspection there was a registered manager in post who had been the registered manager since June 2013. People and relatives we spoke with felt the service was organised and well managed. Staff said the registered manager was approachable and supportive. Staff said they felt able to raise any issues they might have at any time.

On the days of the inspection the registered manager and the supervisors assisted us for the duration of the inspection. The management team consisted of the local authority's head of service (the provider's nominated individual), the registered manager and a team of eight supervisors who were responsible for the day to day management of the service.

Staff meetings happened every few months. Staff told us they had regular daily contact with the registered manager and supervisors where they were able to provide feedback about the service and, if necessary, people's changing needs. They also said their views were sought during regular supervisions and appraisals. Staff clearly understood their role and knew what was expected of them.

The provider had asked the local Healthwatch to conduct an independent survey of people who used the service. In January 2017 Healthwatch Hartlepool representatives spoke with 14 people who spoke positively about their experience of using the service.

The provider sought feedback about the quality of the service from people who used the service through questionnaires when their care package came to an end. Feedback from recent surveys we viewed was positive. The provider analysed people's feedback every three months and produced a report which identified any actions to be taken to improve the service. Recent analysis of people's feedback identified some people didn't know where to go to access additional information about local authority services. Each person who used the service was given details of 'Hartlepool Now' (a website of local services) to address this. Staff could also access this information on their work mobile phones to share with people. This showed that people's feedback was acted upon.