

Hampshire County Council

Community Response Team South East

Inspection report

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Date of inspection visit:
12 May 2023

Date of publication:
01 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Community Response Team South East provides care and support for people who need immediate support to live independently in their own home; this may be as a result of an illness or following a discharge from hospital. They provide short term support for people to regain independence or identify if people require a permanent care provider to meet their longer-term care needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal care and eating. Where they do, we also consider any wider social care provided. At the time of the inspection all 52 people using the service were receiving help with personal hygiene and eating.

People's experience of using this service and what we found

People spoke positively about their experiences and felt the service responded effectively in meeting their individual needs.

Systems and processes were in place to safeguard people from potential abuse. There were enough staff to meet the needs of people using the service. Safe infection control procedures were followed.

We have made a recommendation about the provider taking action to ensure records demonstrated risks associated with people's health conditions were managed safely.

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

Staff worked well with a wide range of health and social care professionals to ensure good outcomes for people. People were supported to regain independence with eating and drinking in line with their needs and preferences.

People benefitted from staff who were well trained and had the skills and knowledge to support them effectively.

Staff spoken with understood the importance of respecting people's privacy, dignity and independence. People and their relative's confirmed staff were respectful, kind and caring.

People were supported in a person-centred way and people's communication needs were met.

Systems were in place to gather people's views on the service. Quality assurance systems were effective.

People, staff and external professionals thought the service was well-led. Staff told us they enjoyed working for the service and they felt well supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14 January 2021 and this is the first inspection.

The last rating for the service at the previous premises was good, published on 14 April 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about the recording of risk management.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Community Response Team South East

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

One inspector carried out the inspection. An Expert by Experience supported the inspection by carrying out phone calls to people and their relatives to gain feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for two months and had begun the process of applying to CQC to register.

Notice of inspection

We gave the service short notice of the inspection. This was because we needed to be sure the provider or

manager would be in the office to support the inspection. Inspection activity started on 4 May 2023 and ended on 16 May 2023. We visited the location's office on 12 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 5 relatives about their experience of the care provided. We spoke with 8 staff including the manager, service manager, team leaders, senior community reablement assistants and community reablement assistants. 3 further staff provided us with feedback via email. 3 external professionals also provided us with feedback about the service. We looked at a range of records. These included 5 people's records related to their care and support, medicines records, 4 staff recruitment records, staffing rotas and records related to the auditing and monitoring of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection at the previous premises, we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Records did not always detail how risks in relation to people's individual health conditions should be managed. Although people felt they received safe care, the lack of detail in care plans placed people at risk of not being supported safely if their condition deteriorated or they became unwell due to their health condition.

We recommend the provider seeks reputable guidance to ensure records detail how risks associated with people's individual health conditions are assessed, monitored and mitigated.

- Other risks such as falls and pressure injuries were assessed, monitored and reduced effectively for people.
- Staff felt risks to people were managed well. For example, 1 staff member said, "We set the bar high. We identify things quickly and are proactive in supporting safety for people."
- Staff were aware of how to support people with positive risk taking. There were examples of care staff supporting people to take positive risks which improved their quality of life and independence.
- Fire and health and safety checks were in place which ensured people and staff were safe in the home environment.
- Business continuity plans were in place to ensure the smooth running of the service in the event of an emergency situation. The service had identified people who had a high level of need, who required priority care.

Using medicines safely

- The provider had a medicines policy and procedure and staff had completed medicines training to help ensure they administered medicines correctly.
- People were happy with the support they received with medicines. For example, 1 person told us, "I am on a lot of medication which they help and give me. One [medication] has to be taken about the same time each day and it all works OK."
- Medicine administration records (MAR) showed staff had administered medicines as prescribed. The manager told us what action they planned to take when we identified further detail in people's medicine records would be beneficial.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to ensure people were protected from the risk of abuse. For example, the provider had a robust safeguarding policy in place and staff confirmed they were aware of this

and had access to it.

- People told us they felt safe receiving support from the Community Response Team. For example, 1 person told us "I feel safe as the carers wear uniforms and they put me at ease."
- People benefitted from staff who had completed training to enable them to recognise and act to protect people from abuse.
- Staff told us that they felt confident to report any abusive practice to the manager and felt confident the manager would respond appropriately.

Staffing and recruitment

- People and their relatives told us there were enough staff to support them. The manager monitored visits to people to ensure they were in line with their assessed need.
- The manager had identified it would be beneficial for people if they received visits from a consistent staff team. They told us of their plans to implement this. Staff felt this would help them to build relationships with people and promote more effective work.
- Recruitment practices were overall safe. We found minor omissions in 2 staff files. The manager rectified this during the inspection and assured us they would improve their practice in relation to recruitment going forwards. The provider used a 'values-based' recruitment system to ensure staff who were employed had the right values.
- The service was working hard to invest in their staff. A 'recruitment and strategy' group had been set up to attract the right calibre of staff and retain them. One staff member told us they were an ambassador for this group and felt the work they were doing would ensure the right staff were recruited.

Preventing and controlling infection

- People were protected from the spread of infection. The service had effective infection prevention and control measures to keep people safe.
- People told us staff wore personal protective equipment (PPE) when they visited. One person said, "My [relative] has [health condition] and it is good that staff always wear gloves, apron and a mask."
- Staff completed training around infection control and were knowledgeable about what measures were needed to help prevent the spread of infection.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Records demonstrated that an analysis of accidents and incidents took place. This helped to ensure that any trends or themes identified could be acted upon to help mitigate risk and prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs along with their individual goals were assessed prior to using the service. This aimed to ensure people's needs and preferences could be met.
- People's protected characteristics were explored during the assessment process. For example, there were questions in relation to protected characteristics such as religion and disability.
- People's needs were reviewed. The service was aimed at rehabilitating people and promoting their independence and this was seen in the updated care plans we looked at. For example, 1 person told us, "The carers are really good at motivating me and I have been doing my exercises and they comment on how well I'm doing and that they can see me moving my fingers and toes."

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training and support to enable them to carry out their roles effectively.
- The service manager told us how they had been focusing on ensuring staff had the right induction and ongoing training. They also recognised how differently individual staff members learnt and explained how they adapted training to suit all staff.
- The manager told us, "I really promote learning and progression." Staff agreed with this, and we heard of numerous examples of how staff had progressed within the organisation. One staff member said, "I would recommend CRT [Community Response Team] as a place to work, especially if they [prospective staff] wanted to progress. There are good opportunities."
- Staff completed a comprehensive induction process prior to providing care to people. The service had a dedicated inductee lead who supported new starters on their journey and staff told us they were happy with the support they received during this time.
- Staff told us they felt the management team were approachable and supported them in their roles in the event of any concerns or incidents.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to prepare meals for themselves as part of their reablement plan. Staff supported people when necessary.
- An assessment of people's dietary needs was undertaken and care plans provided information about people's diets.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff referred people to other health professionals if they felt this would benefit people. For example, people had access to Occupational Therapists, Physiotherapists, Sensory workers and Community nurses.
- Equipment that would aid people's independence was also sourced for people.
- The manager told us that part of their service was to assess and help people access other care and support services. A relative told us, "Community Response Team have sorted out another service or team who start on Monday. This has been a great help to both of us."

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

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff always sought their consent and asked them how best to support them. For example, one person told us, "The carers are polite and always ask my consent."
- Staff demonstrated a good understanding of the principles of the MCA.
- Staff worked in a way which respected people's wishes. People were supported to take positive risks which enhanced their independence.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said that staff treated people with respect and were kind and caring. For example, 1 person said, "The carers are as good as gold, polite, respectful and always ask if there is anything I would like them to do."
- Staff met people's equality and diversity needs. These were identified in people's support plans, so staff knew how to respect people's preferences. A staff member provided an example of how this was achieved: "Regarding religion and culture, we have had people ask for their visits to be earlier on a Sunday or later on in the evening during the week to ensure they can go to church or religious groups. We have also supported individuals with preparing certain food or complete tasks in certain ways to promote their culture and for them to feel comfortable."
- Staff spoke warmly about people and were dedicated in supporting people to reach their goals. For example, when we asked a staff member what the best thing about their job was, they said, "The people. It's brilliant that we are able to make a difference to people's lives."

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

- People told us staff supported them to express their views about their care. For example, 1 person said, "The carers are good. They will do whatever I ask. They are respectful in the way they are and talk. Every time they come in, they ask me how I am and what I need."
- Staff demonstrated how they ensured people were put at the centre of making decisions about their care. For example, a staff member provided feedback which stated, "I listen to the individual, see what their goals and struggles are. I then look to see what referrals I can make to aid them with their goals. I provide as much information as possible to support them in their decisions and ensure they that are aware of all options/choices."

Respecting and promoting people's privacy, dignity and independence

- Promoting and enabling people's independence was an integral part of the service. Staff understood their role in this and enjoyed supporting people to lead more independent lives. A staff member provided an example of the good work they had done which, "enabled a person to get back to doing the things they loved."
- People and their relatives were complimentary about increased independence for people following the service. Comments on the provider's feedback form stated, 'I would like to thank you for giving her confidence back', 'Staff helped when needed but gave me space to try new things 'and 'Made me comfortable in my own home again and I'm now ready for the next steps'.

- People's dignity was promoted, and people were respected. All people stated on the providers feedback form they had been treated with dignity and respect.
- Staff described how they protected people's privacy during personal care. This included listening to people, respecting their choices and closing doors and curtains.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned around people's personal goals as part of their reablement. Examples of documented goals we saw included: increased independence with personal care, medicines and mobility.
- Care plans contained guidance for staff on how to support the person with their individual goals and targets. The manager had already identified these records required more detail to ensure guidance for staff was specific and more person-centred for people. The manager had plans in place to address this.
- Staff told us they knew how to support people to achieve their goals and felt the care plans contained sufficient information for them to do this.
- People's needs and goals were regularly reviewed and revaluated. Support was tailored to meet people's changing needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them and recording this in their care plans.
- If communication needs were identified, documents could be made available in a range of formats. People also had access to the organisation's sensory team if they needed any further assistance.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A staff member told us how supporting people to be more independent positively impacted on people's ability to maintain relationships and continue activities that were important to them. For example, 1 person was able to go back to church once their mobility had improved.

Improving care quality in response to complaints or concerns

- People and relatives were given information about how to make a complaint and were confident any complaints they made would be listened to and acted on.
- People and their relatives told us they were happy and hadn't needed to complain. For example, a relative

said, "We haven't had to complain, and my mum would tell me if she was unhappy. She hasn't complained and now often has a smile on her face when they [staff] have been."

- All complaints were taken seriously, reported, and thoroughly investigated. The manager explained how they would use any complaint for learning and improving the service.

End of life care and support

- The service provided reablement and as such end of life care was not provided by them. Where people's needs deteriorated, they were referred to alternative care services in accordance with their needs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives were happy with the service they received. For example, one person told us, "The service and carers are 1st class. I would recommend them."
- Staff were focussed on providing support to enable people to meet their desired goals and empower them to live as independently as possible.
- Staff felt they received good support from the management team. They told us they would feel confident to ask for any advice or support they might need.
- The provider understood their responsibility around the duty of candour. There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints.

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

- People told us they benefitted from good outcomes due to the support they received. Surveys the provider sent after a person had finished with the service also demonstrated people were positive about the support they received. However, a formal system was not in place to measure outcomes across the service. We discussed this with the manager who told us of their plans to implement this.
- The provider had a range of quality assurance systems in place. These demonstrated people received safe, high-quality care. They were also in the process of rolling out new audits. The manager was confident these new audits would identify the issues we picked up with records.
- Managers had a clear understanding about their responsibilities within the service and there was a clear internal staffing structure in place. All staff understood what was expected of them and felt well equipped to fulfil the requirements of their job role.
- Staff were well supported to follow national guidance and apply this to their day to day to work. For example, we saw how guidance around infection control processes and safeguarding were broken down into easy to follow flow charts. This enabled staff to work safely and in line with current legislation.
- The provider sent notifications to CQC as required in line with their responsibilities.

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

- Everyone who used the service was asked for feedback at the end of their package of support. We saw feedback was recorded, and staff followed up any issues or concerns that people raised.

- Staff were engaged in the running of the service via team meetings, supervisions and informal discussion. Staff told us the manager was supportive and listened to their comments.
- People's and staff's equality characteristics were fully considered.

Continuous learning and improving care

- The manager told us they were always looking at ways to improve and develop the service.
- The provider ran a 'Continuous Improvement Group' which was led by staff. The aim of this was to share ideas and build good practice.
- Feedback from people using the service was used to improve the service. For example, we saw 1 person had written in the 'ways to improve the service' section of the provider's survey about improving staff's knowledge in an area of care provision. The manager arranged training for staff following this feedback.

Working in partnership with others

- The provider worked closely with a range of healthcare professionals on a case-by-case basis. The provider had in-house occupational therapists as well as a sensory team, so advice could be obtained quickly when needed.
- We received positive feedback from 3 professionals external to the service with recent experience working with the service. They told us staff worked efficiently, responsively and in partnership to provide people with quality, person-centred support.