Blackburn with Darwen Borough Council

Blackburn with Darwen Borough Council Domiciliary Care

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**

Overall summary

Blackburn with Darwen Domiciliary Care Services provides care in the home to people in the local area. This is primarily a reablement service following referral from local doctors, social workers or other professionals. The service assess people's needs with other professionals and services within the borough and provide short term care to help people achieve independence or give advice and decide what long term care is required. There was a team of staff who could respond in an emergency to prevent unnecessary hospital admissions. The agency will refer anybody requiring long term care to another appropriate service.

Summary of findings

The service were last inspected in July 2014 when they met all the regulations we inspected.

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.

There were systems in place to protect people who used the service from abuse. This included staff training and local policies and procedures for staff to follow. Staff were also recruited robustly which should ensure staff who looked after vulnerable people were safe to do so. All the people we spoke with said they felt safe using the service.

Staff were trained and had their competencies checked for the administration of medicines. Staff had policies and procedures to follow safe practice.

There were risk assessments to ensure people's property was safe and to highlight the need for any adaptations or aids. There were risk assessments for people's health and care needs to help protect their welfare.

Plans of care were individual to each person, showed staff had taken account of their wishes and were regularly reviewed. People agreed to goals and were assessed each week to help them reach their targets until they either managed to live independently or were provided with another service to help them live at home.

Staff were trained in medicines administration and supported people to take their medicines if it was a part of their care package.

People were supported to eat and drink independently by staff who had been trained in food safety and nutrition. People who needed more support were referred to the relevant specialists.

Staff received an induction and were supported when they commenced employment to become competent to work with vulnerable people. Staff were well trained and regularly supervised to feel confident within their roles. Staff were also encouraged to take further training including management training.

All the people we spoke with and from the comments in surveys we found people who used the service were appreciative of the efforts staff made and thought their care was good.

There was a suitable complaints procedure for people to voice any concerns.

The service conducted quality audits and had dedicated staff to ensure all documentation was up to date and accurate. Information was held confidentiality.

Regularly updated policies and procedures guided staff about good care and practice issues. Staff signed them to say they had read and understood them.

Summary of findings

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. There were systems, policies and procedures in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration although people were encouraged to self-medicate or families undertook the task. Staff either prompted or administered medicines to help people remain well if this was part of their care package.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. This was because staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle because staff received nutrition training. Some people did not require support to prepare or buy food. People who did were supported by staff who had been trained in food safety.

Is the service caring?

Good

The service was caring. People who used the service and their family members told us staff were helpful, flexible and kind.

We saw that people who used the service had been involved in developing their plans of care. Their wishes and preferences were taken into account.

We spoke with three people who used the service with permission in their homes. People told us staff were caring, reliable and trustworthy.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. Any concerns had been responded to in a timely and suitable way.

We saw that the ongoing assessment of people who used the service ensured they either achieved independent living or received another service to meet their needs and were supplied with any equipment they required such as a stair lift.

People were asked their opinions in surveys, care and assessment reviews and spot checks. This gave people the opportunity to say how they wanted their care and support.

Summary of findings

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care agency.

There was a recognised management structure that staff were aware of and on call staff to contact out of normal office hours.

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager and support staff worked well with other organisations to ensure people received the care and support they needed.

Blackburn with Darwen Borough Council Domiciliary Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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.

In accordance with our guidance we told the provider we were undertaking this inspection. This announced inspection took place on the 01 December 2015 and was conducted by one inspector.

This service supports people who require support to live independently or require other services for long term care. The service had an average turnover of 50 to 60 people every three weeks. We looked at the care records for three people who used the service (two at the office and one in a person's home with their permission). We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures. We spoke with three people who used the service in their homes with permission, a family member, the registered manager, deputy manager and a member of staff responsible for assessment. Because the service only look after people for an average of three weeks we visited someone who had used the service for one week, someone who had just left the service and another person who had left the service with a care package from another agency. This meant we obtained a good all round view of what the service provided.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We did not request 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 any improvements they plan to make. The provider would not have had time to complete one prior to the inspection.

We also asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the service. No concerns were raised.

Good

Is the service safe?

Our findings

People who used the service told us, “The staff are very reliable, they leave my property secure and I can trust them and feel safe”, “They were very reliable and I felt safe and confident when they looked after me” and “Staff were excellent, like a part of my family. I felt safe when they came to see me.”

We saw from looking at the training matrix and staff files that staff had been trained in safeguarding issues and how to manage people who may present with difficult behaviour. Staff had policies and procedures to report safeguarding issues and also used the local social services department’s adult abuse procedures to follow local protocols. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy makes a commitment by the organisation to protect staff who report safeguarding incidents in good faith. There was also a copy of the ‘No Secrets’ document for staff to follow good practice. Although the service had not had to report any safeguarding incidents the manager was aware of the responsibility to protect people and use the safeguarding procedures.

We examined three plans of care during the inspection. In the plans of care we saw that risk assessments had been developed with people who used the service. The risk assessments we inspected included the safety of the environment, such as potential hazards to people who used the service, for example faulty equipment or any health related issues such as mobility problems. The risk assessments for people’s homes were also for the safety of staff and looked at topics such as the risk from pets or access problems. Staff we spoke with were aware to report any hazards or equipment that was unsafe. The assessment officers employed by the service assessed people once a week and called upon other services within the borough to provide people with specialist equipment or care from external professionals. We saw that the risk assessments were in place to keep people safe but did not restrict their lifestyles and were mainly to provide people with support to remain in their homes. We saw that any equipment which was required following the risk assessments was provided such as stair lifts or mobility aids.

We looked at three staff records and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service (DBS) check. This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people.

Equipment in the office had been tested to ensure it was safe which included a portable appliance test for computers and other electrical equipment. There was a fire alarm system which was tested to ensure it was in good working order. There was a weekly check on a Monday and a regular unannounced check where staff had to evacuate the building and meet up in a designated area following their emergency procedures. Extinguishers were serviced regularly by a suitable company. The building was owned by the local authority. The manager told us any faults or repairs were quickly attended to.

People who used the service lived in their own homes and were responsible for any infection control issues. However, from looking at the training matrix and staff files we saw that staff had been trained in infection prevention and control. The manager told us staff would report any infection control risks to the office and they would contact the person to see if a solution could be found or liaise with other local authority services. Personal protective equipment (PPE) was available for staff to wear such as gloves and aprons to help prevent the spread of infection.

From looking at the training matrix and staff files we saw staff had been trained in the safe administration of medicines. The main aim of the service was for people to remain to keep people safe in the community and therefore be able to self-medicate. The three people we visited either self-medicated or a family member was responsible for giving them their medicines. Staff used a medicines administration record to record any medicines they gave to people who used the service and we saw that one had been completed with no gaps or omissions. Plans of care gave staff clear details of who was responsible for the administration of medicines and there was a risk assessment to ensure people who used the service were capable of self-administration. We saw that one person had signed consent for staff to administer cream to his back.

Good

Is the service safe?

We spoke with a member of staff who told us telecommunications systems were being used more to prompt people to take their medicines. She told us of one person who used the system. Her daughter had recorded a message for when medicines were due and the person responded to a voice she recognised and took her tablets safely.

There was a policy and procedure for the administration of medicines for staff to follow safe practice. The policy gave staff information on the ordering, storage, administration and disposal of medicines. We saw that part of the reablement assessment process was for medication to be reviewed by a relevant professional to ensure medications were up to date and did not hinder a person's recovery.

Senior staff checked staff were competent to safely administer medicines during their observation assessments (spot checks). The observation assessments were conducted regularly as part of the supervision process.

All the people we spoke with said staff were reliable and turned up when they were expected. The registered manager said they had enough staff but were recruiting for bank staff to ensure any gaps could be filled.

Good

Is the service effective?

Our findings

People who used the service told us, "I needed help when I first came out of hospital but I am fine now. They helped me get the equipment I needed", "The staff were well trained and looked after me" and "The staff know what they are doing and we work together to achieve my goals."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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.

People in their own homes are not usually subject to DoLS. However, staff were trained in the MCA and DoLS to ensure they were aware of the principles. The registered manager told us they would report any suspected restrictions on people to social services as a safeguarding concern.

People who used this service had to be able to agree and sign to say they were willing to follow the principles of the service. This included a mental capacity assessment. Other options for example, the prompting of medicines would be provided by another service if this was required, looking at the best options including technology. Sometimes the service may assess someone in hospital or a care home with other agencies and professionals to look at a person's needs and how best care could be provided; although it would not be the agencies responsibility to submit a DoLS application should they require residential care. The borough had a separate department who would make the application.

People had their own GP and the manager said if needed people would be supported to attend appointments at hospitals or professionals such as dentist or opticians. The details of any professional's involvement were recorded in the plans of care.

People used this service to achieve independent living following hospital or care home admission or following assessment to remain in their homes with support to prevent hospital admission. It was generally the responsibility of the person or a family member to do the shopping or cooking. However, during the assessment process if it was noted that a person needed assistance with preparing meals the reablement staff would contact the relevant professionals to provide assistance to enable them to work towards achieving independent living. This could be any equipment that was needed or adaptations to a person's property. For one person we visited this was improving her mobility to be able to make her own meals. If people could not manage their own diets at the end of the care program another domiciliary care agency was found to ensure the person was able to take a good diet. Staff were trained in the safe handling of food and good nutrition should assistance be required for people's short term care needs.

We saw that the service had referred people to a nutritionist and the healthy living service if they required assistance or advice on healthy eating.

All new staff were enrolled on the Care Certificate as part of their induction and once completed were encouraged to undertake further training in health and social care. Staff were taught care principles and techniques, for example, for moving and handling. New staff then worked with a mentor and were not allowed to work with people who used the service until they and senior staff thought they were competent to do so. The induction included the completion of a work book so managers were aware of the capabilities of staff. The service had trained some senior staff to be able to verify the competency levels of staff so they were safe to work with vulnerable adults.

From looking at the training matrix and three staff files we saw that staff had been trained in mandatory subjects, which included infection control, food safety, nutrition, moving and handling, safeguarding, health and safety, fire prevention, first aid and medicines administration. Further training was available to various grades of staff, for example, training in using communication equipment

Good

Is the service effective?

(which people used in their homes), dementia care, care planning, risk assessment, the care act, confidentiality and protecting information and end of life care. Team leaders and senior staff were given management training. Staff were also encouraged or had completed a nationally recognised qualification in health and social care such as a diploma or NVQ. Staff were suitably trained to meet the needs of people who used the service.

Staff received supervision every six to eight weeks. Supervision consisted of formal sessions with a manager or unannounced observation (spot checks). During the observation sessions team leaders looked at uniforms, identity badges being shown, the skills of the care staff with any care they gave and if administering medicines a competency assessment. Staff were able to discuss their careers and training needs during supervision sessions. Staff were supported by managers to develop their careers.

The office was located in Blackburn town hall and was accessible for any person who had mobility problems, although it was very unlikely that people who used the service would need to visit. The office was equipped to deal with day to day office management, for example, computers with email access, telephones and other office equipment such as a photocopier. There was a room available for private meetings or to hold staff training sessions. There were staff members available to take calls and co-ordinate care during office hours and an on call service out of hours. We observed and heard staff during the day arranging visits in a calm and professional manner. We also saw that several professionals came into the office to arrange care for people who were in hospital or needed urgent care in their own homes.

Good

Is the service caring?

Our findings

People who used the service told us, “The staff are very nice and sociable. They are all helpful and I am moving forward”, “The staff are very caring. I cannot fault them. Superb” and “The staff were always kind to me and encouraged me to improve.”

We visited three people with a member of staff (one of the assessment officers). We saw that the member of staff was known to two of the people and observed there was a good rapport and friendliness between them. All the people we spoke with praised staff highly for the care the reablement team had given them, especially around regaining their independence.

We did not observe any personal care being given but people told us they were looked after privately and their dignity was preserved.

Management conducted spot checks. This was to check on staff efficiency but also to talk to people who used the service to see if their care package was working. People who used the service were involved in their care and setting goals to achieve their targets.

The care plans we looked at showed people’s personal preferences and choices were taken into account such as their normal daily routines or their preference for a bath or shower. A person’s religion and any cultural needs were recorded. The registered manager said they would explore any specific needs and if they were not able to provide it because of the nature of this short term care service they would get the necessary service or organisation involved. They would pass this information on to the service people were discharged to. Staff were trained in equality and diversity issues.

Staff were trained in end of life care topics. The service may not be involved in end of life care but could be part of a multi-disciplinary assessment team and therefore it was good practice for them to be taught what constituted good end of life care.

We noted all care files and other documents were stored securely to help keep all information confidential. Staff were trained to keep documents confidential and how to safely share information. This enabled the sharing of information with local authority staff such as occupational therapists or the healthy living service.

Good

Is the service responsive?

Our findings

People who used the service told us, "I have just finished using the service. They discussed my care with me and we set my goals. Sometimes you think it's hard but they help you do it", "They helped me get my independence back. They wrote about me after we talked about my care and we set goals for me to get better" and "I have used the service for a week. I cannot remember who but someone came to assess me. I was ill then. I have reached my first goal and set my next ones. I want to be able to make my own drinks and snacks next but I am walking much better now."

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. The assessment could be completed by a reablement staff member or a team of professionals who could discuss how best to support and care for people. One of the deputy managers showed us how the system worked. There was a list of people who were ready to be discharged from hospital or residential care. She worked through the list and assessed each person's needs and which other professionals needed to be invited. The service also had a weekly multi-disciplinary meeting to discuss planned discharges.

Part of the remit of the service was to support to keep people who did not need to go into hospital to remain in their own homes. There were dedicated assessment officers who were able to quickly respond to urgent situations and arrange for a staff team to help people in a crisis. The service also provided staff cover to help people who needed care at night remain in their home, rather than be admitted to residential care, if it was possible and was their choice. The assessment process ensured people who used the service received the correct care package and professionals to ensure their needs were met.

We looked at two plans of care in the office and one in a person's home. Each plan showed that people had their needs assessed and a plan of care developed with their agreement and consent. All aspects of a plan had to be agreed between staff and people who used the service. The plans looked at a person's needs, for example if a person was not moving around at home independently. Assessment staff discussed the need with each person and a goal was set for the next week. Care staff gave the support recorded in the plans of care and recorded how each person was achieving their target each day in a daily record. Assessment staff revisited the person each week and checked up on how the person was progressing. It was recorded if a person had achieved their target. If they had not the reason was recorded and further support was provided. If the target was met they set another, if required, to become independent of staff support. For example, one person came home from hospital unable to walk. Staff from the reablement team (and if required from other professionals such as physiotherapists) supported the person to mobilise until they became independent . The person had managed to walk with a support frame far enough to be able to use the toilet independently. The next goal which was agreed was for the person to be able to walk and stand long enough to prepare meals and snacks. The person we spoke to told us this was her next goal and staff were supporting her to achieve it. Although the aim was to get people to live independently again this was not always possible and reablement staff worked with social workers and other professionals to arrange a care package with another agency to ensure people remained supported to live at home.

Each person was issued with a copy of the complaints procedure and a booklet which people could use to make a comment, complaint or compliment. We saw the complaints procedure told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission.

We saw that four complaints had been made and although they had been made to the service, they were not directly responsible for the concern. The complaints were made to them because they were the main source of communication for all the professionals under the umbrella of the reablement service. However, the registered manager responded to the concerns or passed them along to the relevant department.

The service were not responsible for activities other than life skills. The registered manager said they had sourced other services for people who required assistance with shopping or going out. This included one person who needed assistance to go to back to work and a person who had been accompanied to the bus stop until they gained confidence to get on public transport unaccompanied.

Good

Is the service responsive?

The service had a business continuity plan to ensure people could be cared for if there was an emergency at the service, such as fire or flood

The service liaised well with other organisations and went to regular integrated locality meetings. This is where professionals from all aspects of care met to discuss people's needs and provided any specialists required such as the mental health team, district nurses, healthy living staff and physiotherapists.

Good

Is the service well-led?

Our findings

The service had a registered manager who registered with the Commission in August 2012. 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.

People who used the service told us, "I have the numbers to contact the office if I need to talk to the managers and they visit here. I am happy with the service", "Another bunch come here now but they are in and out. I was very happy with all the reablement service did for me. The managers came along to see how I was doing" and "I had the numbers to call in an emergency and you could always talk to one of the managers. I was very happy with the service."

People who used the service were asked to complete a survey when they had completed their time with the reablement service. The service looked after several hundred people a year. The surveys we looked at were positive. We recorded some of the comments made. These included, "All the carers who entered my home treated me with the utmost courtesy and praised me for my efforts to become independent. I was delighted to get to know them and shall remember them for being there for me", "A good service which has enabled me to remain in my home and manage well. Very kind people who looked after me very well. Thank you", "The assessment officer and staff who dealt with my husband were wonderful. Their patience and cheerful manner won him over", "I would like to thank the reablement team for their kindness, support and professionalism. Without exception the ladies looked after me thoughtfully, preserving my dignity and they helped me gain my independence. Hopefully this will continue with the new agency I have. Thank you again and I wish you all the very best of good wishes for the future. 5 out of 5", "My relative has received excellent care from the reablement team who have been helping her with her care. Everyone has been most helpful. The service is first class. The care staff are so pleasant and always cheerful. Thank you for and excellent service", "We were supported through a very difficult period. The exemplary service provided is a credit and should be shared as best practice with other boroughs. The friendliness of staff made the process enjoyable and a pleasure to have the carers visit" and "Thank you for all the care which has helped mum become more independent and to help her being admitted to hospital."

We contacted Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts team. Healthwatch did not have any concerns about the service. The local authority representative responded by telling us, "The only thing I've got is praise for the team. I don't have any involvement with the front line carers but the management team are exceptionally good, they have a rota so that one of the deputy managers is always available in the office. From my experience it doesn't matter which deputy is on call, all of them deal with issues to the same standard. They are creative in solutions to problems, and also receptive to creative solutions being suggested. On occasions when emergencies have arisen and there are no reablement care workers available, reviewing and assessment officers undertake the emergency visits."

Each person received a package which explained information on what the service provided, the service aims which were to prevent hospital or care home admission, the promotion of independence, the prevention of dependence on domiciliary care agencies, that it was a time limited intervention and the service worked in partnerships with other agencies. It also told people who were eligible for the service. Adults living in Blackburn with Darwen, who do not require a hospital admission and people who were agreeable to participate in the scheme.

The document told people how the service operated. Following assessment an individual support plan was agreed to help rebuild skills and confidence so a person could then manage with minimal help. The criteria was a risk of hospital admission, that people were medically stable and nursing needs could be met by the District Nursing service and their homes were safe to live in and safe for staff to work in.

People were also supplied with a statement of purpose which gave information such as staff qualifications and experience, crisis support, the services available and support following their time with the reablement service.

Staff we spoke with told us the registered manager and other managers were supportive and approachable. On the

Good

Is the service well-led?

day of the inspection we sat with staff who supported and worked with each other with each having a defined role. We saw that there was a management system staff were aware of and worked well.

Staff meetings were held regularly. We saw from looking at the records that all aspects of the service were discussed and staff could bring up topics at the meeting if they wished. Items on the agenda included health and safety, taking emergency calls from people who used the service, changes to the recording of mileage, declaration of conflicts of interest, risk assessment for health and safety, training, medicines management and the use of personal protective equipment. The meetings informed staff of any changes and gave them a chance to contribute to the running of the service.

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included recruitment, selection and induction, the statement of purpose, complaints, infection control, health and safety, accidents, the aims and objectives of the service, health and safety, the administration of medicines, safeguarding and whistle blowing. The policies were reviewed regularly to ensure they were fit for purpose. Staff had to sign the policies and procedures to say they had read and understood them.

There was a system for auditing the quality of service provision. Each week the care assessments and plans were checked by senior staff to ensure care and support was working for people who used the service. Part of the auditing process was to ensure people who used the service had signed to take part in the reablement program, including an agreement to share information if it was relevant to other professionals. The audit also looked at the quality of the plans of care. There was a system for reviewing untoward incidents, for example if an ambulance needed to be called for a person who had an accident or became ill.