

Derbyshire County Council

North East (DCC Homecare Service)

Inspection report

High Street
Clay Cross
Chesterfield
Derbyshire
S45 9JB

Tel: 01629537228
Website: www.derbyshire.gov.uk

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21 November 2018

22 November 2018

23 November 2018

27 November 2018

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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

About the service: North East (DCC Homecare Service) is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection there were 198 people using the service.

People's experience of using this service:

The service continued to meet the characteristics of good in all areas.

People continued to receive care that was safe. The provider's arrangements for people's care helped to protect people from the risk of harm or abuse. Staff were safely recruited and deployed to provide people's care. Risks to people's health, associated with their care and related safety needs, were effectively monitored and managed. Staff supported people to take their medicines safely when required.

People continued to receive care that was effective. People's care needs were effectively accounted for and regularly reviewed, as agreed with them or their representative. Staff supported people to maintain or improve their health in the least restrictive way possible and to maximise people's choice and control in their care. Staff were trained, informed and supported to provide people's care. They worked closely with relevant agencies to ensure people received consistent, informed care as agreed with them.

People continued to receive care from kind, caring staff; who treated them with respect and ensured their dignity, choice, independence and rights. Staff took time to know people well and to understand what was important to them for their care. People were informed and involved to understand, agree and make ongoing decisions about their care; or to access relevant advocacy to speak up on their behalf, if needed.

People continued to receive care that was timely and responsive to their individual needs and wishes. People were confident and knew how, to raise a concern or make a complaint if they needed to. People's views, feedback and any complaints received were monitored by the provider and used to help inform any service improvements needed. Staff were trained and supported to follow nationally recognised best practice standards, concerned with people's care at the end of life.

The provider operated effective governance systems for the quality and safety of people's care and to ensure sustained or timely service improvement when needed. Staff understood their role and responsibilities for people's care. Provider oversight and operational management arrangements at the service, helped to ensure effective communication and record keeping. The provider worked in partnership with people, their representatives and relevant health or social care agencies when needed, to inform and optimise people's care experience.

More information is in the full report.

Rating at last inspection: Good. Report published 18 May 2016.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

North East (DCC Homecare Service)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector and an assistant inspector.

Service and service type: North East (DCC Homecare Service) is a domiciliary care service, providing personal care to people in their own homes. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was announced. We gave the service two working days' notice of the inspection site visit. This was because we needed to ensure the manager was available and people's consent was obtained, for us to speak with them or their relative about their care experience.

The inspection site visit activity started on 21 November 2018 and ended on 27 November 2018. We visited the office location on 21 November to see the manager and office staff; and to review care records and policies and procedures. We visited the office again on 22 November to speak with some of the care staff there. We spoke with people or their relative by telephone on 23 and 27 November 2018.

What we did: We looked at information we held about the service to help us plan the inspection. This included written notifications the provider had sent to us when required, to tell us about any important events that happened at the service. We also reviewed the Provider's Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the

service, what the service does well and any improvements they plan to make. However, the as the PIR was completed in January 2018, we gave the provider opportunities during the inspection, to give us any relevant updates from this.

We used a range of different methods to help us understand people's experiences. We spoke with 17 people who used the service about their experience of care from this service provider and three relatives spoke with us on people's behalf.

We spoke with a senior manager for the provider, who was covering the absence of the registered manager. We also spoke three senior office staff responsible for planning and coordinating people's care and 11 care staff. We reviewed six people's care plans and some related care records, to check they were accurately maintained. We also looked at a range of other records relating to the management of the service, which included management checks of the quality and safety of people's care, staffing and complaints records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and felt their homes and possessions were safe when care staff from the service provided their care. One person said, "Yes, definitely; I feel very safe; I trust the staff". Another person told us, "My personal belongs and my home is safe; the carer's always make me feel safe, they know what they are doing".
- Staff understood how to recognise and report the witnessed or suspected abuse of any person receiving care, if they needed to. All were confident to do so. One care staff member said, "People's safety is a must; we know the correct procedures to follow; it's part of our training".

Staffing and recruitment

- Staffing arrangements were safe and sufficient. One person said, "I have consistent staff; they come on time and stay for the whole call". Another person told us, "Yes, they come on time; give or take a few minutes sometimes, but never what I would call late."
- Staff described safe procedures for their recruitment and deployment, which the provider's related records showed. This included relevant employment checks, which the provider obtained for prospective care staff before any offer of employment to provide people's care.
- Staff deployment arrangements were effectively ensured via planned staffing rotas and an electronic care call monitoring system. This helped to ensure people received timely care calls as agreed with them.

Assessing risk, safety monitoring and management

- People were confident staff understood how to keep them safe when they provided care. One person said, "I use a walking frame; The care staff always make sure that it is close by; They watch me take my medicine and record and prepare food for me; I can't do those things safely now myself; They do everything safely".
- Risks to people's safety associated with their health condition, environment or any care equipment used were assessed with people before they received care and regularly reviewed with them.
- Staff understood the care steps to follow, as shown in people's written care plans, to help reduce any risks to people's safety. For example, to help people to move, eat and drink or take their medicines safely. One care staff member said, "We follow people's care plans; if people's safety needs change we feed that back to the office, which triggers a care plan review." Another care staff said, "We get all the relevant safety training; including how to use equipment safely and regular management checks to make sure we are doing it correctly".
- Staff understood the provider's operational procedures concerned with people's safety; such as in the event of any health incidents or emergencies. This included related communication, record keeping and reporting procedures.

Using medicines safely

- Staff were trained and understood how to support people to take their medicines safely when needed. Related written procedures were provided for staff to follow to further ensure this.
- People confirmed they received the level of support agreed with them, to enable them to take their medicines safely at the times they needed them.
- Regular management checks were made of staff's individual competency to give and record people's medicines safely. This helped to ensure people's medicines were safely managed.

Preventing and controlling infection

- People said staff followed safe hygiene practices when they provided their care. One person said, "Staff wear gloves and aprons; and they always wash their hands."
- Staff we spoke with understood the principles of infection prevention and control for people's care.
- Staff were provided with the guidance and equipment they needed to help ensure this. This included a regular supply of personal protective clothing, such as disposable gloves and aprons.

Learning lessons when things go wrong

- The provider ensured the regular management monitoring and analysis of health incidents or accidents relating to people's care. This helped to identify any trends or patterns to help inform or improve people's care and related safety needs when required.
- Before our inspection, the provider told us when they found some recording omissions by staff for a few people's medicines from their related management checks. At this inspection we found remedial action was taken promptly by the provider, to ensure people's medicines were safely accounted for.

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

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 and care choices were assessed with them or their representative before they received care and regularly reviewed with them. Everyone we spoke with were happy with the care provided and felt staff understood their care needs and choices. One person said, "Staff are very good, they always follow my care plan and can relate it to my health condition".
- Staff we spoke with understood and followed people's care plans for their personal care needs and choices. One staff member said, "We always get the information we need before we provide people's care; Care plans are regularly reviewed with people by a senior staff member; it's important we give the right care."
- People's care plans we looked at were reflective of nationally recognised best practice guidance and were regularly reviewed with them. This included routine reviews or following any changes in people's health condition. For example, in relation to people's support with their mobility or skin care.

Staff skills, knowledge and experience

- People received personal care from staff who were trained and supported to provide this effectively. One person told us, "The staff know what they are doing; they give the care I expect". Another person's relative told us, "The staff are extremely efficient; They use lots of different equipment; like the rotunda to help [person] to move; They are highly competent".
- Staff said they were trained and supported to provide people's care. This included support to achieve recognised vocational qualifications and to progress. One staff member said, "Training is excellent from the start; lots of support and ongoing". Another care staff told us, "Training and support is fantastic; We get all we need; It's ongoing with regular updates and includes any bespoke training relating to people's health condition".
- The provider used a range of methods to ensure staff were trained, supported and informed to provide people's care. This included a range of senior staff leads, to promote and inform effective, nationally recognised care practice; such as for dementia and end of life care. All new were expected to undertake the Care Certificate, following their initial care induction. The Care Certificate promotes a national set of care standards, which non professional care staff are expected to adhere to when they provide people's care.

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

- We checked whether the service was working within the principles of the MCA, 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 said staff always asked for their consent before they provided care and checked they were happy before leaving them.
- Where people were unable to make specific decisions about their care because of their health condition; their care plan showed how care was determined in their best interests and least restrictive manner.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported to maintain or improve their health and nutrition when needed. One person's relative said, "The carers are very observant; they follow the care plan and if they note any changes, they let me know straight away, so I can refer to health professionals involved". Another person told us, "Staff make sure I eat and drink enough; they are very good".
- Staff understood and followed people's personal care needs relating to their health conditions, which were shown in people's written care plans and subject to regular review. This included any instructions from relevant external health professionals, such as for their people's nutrition or re-ablement. Care for re-ablement focuses on active reassessment and regaining physical ability in a way that help people to learn or re-learn necessary daily living skills, which have been lost through deterioration in health.

Staff working with other agencies to provide consistent, effective, timely care

- Staff regularly worked with external health professionals to ensure people received consistent, timely and informed care, which met their needs and choices. One person said, "Since I came out of hospital, staff make sure I do my exercises, to help improve my strength and movement". Another person told us, "Staff and the equipment I needed were here immediately, when I came home from hospital; it was all sorted".
- Staff described how they worked closely with external health professionals to support people's re-ablement at home from hospital. This included supporting people to regain their independent living skills or mobility following a period of illness.
- Standardised arrangements were in place to ensure relevant information sharing about people's care with an external care provider, such as for in the event of a person needing to transfer to hospital or another care provider at the end of their agreed period of re-ablement. This helped to ensure people received consistent, timely and informed care, as agreed with them.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People felt they had good relationships with staff who knew them well and their families, who were made to feel they mattered. One person said, "I have regular carers; we have built good relationships". Another person said, "My care staff are always so kind and respectful; nothing but; They always listen and act on what I say: They are fantastic".
- Staff understood the importance of establishing effective communication with people, in a way they understood. One staff member said, "It's important to take time to get to know people and listen to what they say, so we can provide the right care for them."
- People received key service information, which could be provided in a range of alternative formats, to help people understand what they could expect from the service. This included information about how their rights and choices in their care would be ensured.

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

- People were involved in agreeing and reviewing their care plans, and to make relevant decisions about their care. One person said, "Yes, a manager came to see me and we agreed my care plan; I have a copy here; They come and check it's all still ok from time to time, or if we need to make any changes". A relative told us how they had supported the person's care plan on their behalf and said, "I was involved in writing up the care plan, along with the occupational therapist".
- Staff we spoke gave many examples of how they ensured people's involvement and choice when they provided care. This included choice of clothing, meals, drinks, seating and for their preferred daily living routines.
- People's care plans showed their choices and preferences for their care and how staff needed to communicate with people to help them make routine daily living choices. For example, by using items of reference, if they were not able to communicate verbally because of their health condition.
- People were provided with information about how to access independent advocacy services, if they needed someone to speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's dignity, privacy, choice and independence when they provided care. One person said, "During my personal care, my dignity and privacy is respected; Staff make sure it's done in a private place." Another person told us, "Staff know there are certain things I like to do for myself; that is taken into account and I am always given a choice."
- Staff understood and were able to demonstrate how they followed the provider's published care aims and values, to ensure people's dignity and rights in their care.
- Holistic care planning systems, relevant staff training and regular management checks of staff practice

helped to ensure this was consistently followed.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and personal care delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received timely individualised care that met their needs and preferences. Everyone we spoke gave positive feedback about their care and would recommend the service to friends and family.
- One person said, "They discuss and agree my care with me; Staff are very good; They know my care and follow it; Nothing is too much trouble". Another person said, "There's no delays, they follow my wishes; They always take an interest and we have good discussions about family, community life and my [knitting] hobby."
- Staff understood and followed people's care plans, which detailed their individual needs and preferences for their care. This included people's preferred lifestyle, daily living routines and their communication needs.
- The service was pro-active in ensuring people's needs were met in way that optimised their autonomy and inclusion. People were provided with information about relevant external agencies and support networks when needed. For example, following people's ill health and a period of time limited support from the service, to help people regain their confidence and physical ability to carry out routine daily living skills. This included support with equipment sourcing, referral and signposting to relevant agencies that may be of benefit and enable people to continue to live as independently as possible.
- The provider had introduced a new uniform for staff since our last inspection, to help people recognise staff. The uniform was designed to use colour, known to be particularly helpful in this way for people living with dementia.

Improving care quality in response to complaints or concerns

- People knew how and were confident to make a complaint or raise any concern about their care, if they needed to. However, everyone we spoke with said they had not had any cause to make a complaint about the service. One person said, "I have never had to make any complaint about the service; there is nothing to complain about but if I needed to, I know how".
- People were regularly consulted with, to seek their views about the care they received from the service. This included through regular care reviews and meetings held with them.
- The provider routinely monitored people's feedback and any complaints received. This information was used to help inform any service improvements needed.

End of life care and support

- Staff were trained and supported to provide personal care and support relating to people's end of life care, which was led by relevant external lead health professionals. This included support for people at the end stage of life, such as a sitting service to support people's emotional and physical comfort.
- Staff we spoke with understood best practice care principles concerned with people's dignity, comfort and choice for their end of life care.

- One person's end of life care plan we looked at, showed their advance decisions for their care and treatment, including after death.
- This helped to ensure people would receive timely, consistent and co-ordinated care as agreed with them, to enable their dignity, choice, comfort and support at the end stage of life.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements

- The provider operated effective systems to monitor the quality and safety of people's care and demonstrated ongoing service review and improvement when needed.
- Regular management checks were made of people's personal care, medicines and safety needs. Accidents, incidents and complaints were monitored and analysed to identify any trends or patterns that may help to inform care improvements required. When any changes or improvements were needed for people's care, staff confirmed this was communicated to them in a timely and appropriate manner.
- The provider took regular account of management, staffing and communication arrangements at the service, to make sure these were consistent, safe and effectively operated for people's care.
- Since our last inspection, the provider had sought ongoing opportunities to review and improve the service when required. Examples of improvements made or in progress included, medicines record keeping, staffing and care co-ordination measures.
- Records relating to people's care and the management of the service were accurately maintained and safely stored. The provider's operational policy and oversight arrangements, helped ensure the safe handling and storage of people and staffs' confidential personal information.
- The manager had met their regulatory obligations to send us written notifications about any important events when they happened at the service, to ensure people's safety there; and to ensure the required display of their inspection rating.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support

- Management and staff roles were clearly defined. Staff understood their role and responsibilities for people's care; and they were confident, informed and supported to raise any concerns they may have about this, if they needed to.
- There were clear lines of accountability and responsibility established within the service, which staff understood. Such as for communication and reporting, timely care co-ordination and delivery, medicines safety and complaints handling.
- The provider had established published care aims and a comprehensive range of operational policy guidance for people's care and safety. Related staff performance and development measures helped to ensure this was followed.

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

characteristics

- People, relatives and staff were positive about the management of the service and satisfied with their involvement and engagement. This was largely done through periodic care reviews and regular meetings held with people or their representatives.
- A few people were not sure who the registered manager was. However, all referred to named senior, care co-ordinator staff who acted as their first point of contact. One person said, "They regularly speak with me and make sure I'm happy; I know I can contact them any time if there's a problem – and they always respond." A relative told us, "The service is well managed; I would rate it as excellent' All the people that I know who use the service find it to be good".
- Formal service re-organisation was in progress following due consultation with public users and staff, to improve service flexibility and efficiency.

Working in partnership with others

- The provider worked with relevant agencies and external health and social care partners, when needed for people's care. For example, in relation to people's care at the end of life care or for their re-ablement. This included signposting, to enable people's autonomy independence and choice; such as for financial benefits advice or to access care equipment.
- Service review and improvement was regularly determined against nationally recognised guidance and standards for related care practice.