

Derbyshire County Council

Dales and Hope Valley DCC Home Care Service

Inspection report

DCC Area Office
County Offices
Matlock
Derbyshire
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06 April 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out between the 5 and 6 April 2016. The inspection was announced, and we gave the provider 48 hours' notice to ensure there was a manager available to assist with the inspection process.

Dales and Hope Valley DCC Home Care provides personal care for adults in their own homes. This includes people living with dementia, people with physical disabilities and people with learning disabilities. Dales and Hope Valley DCC Home Care also provides a re-ablement service for people. Re-ablement services provide short term support for people after hospital discharge.

There was a registered manager at the service. 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 felt safe and secure using the service. There were systems and procedures in place which were followed to ensure appropriate pre-employment checks were made on staff prior to them working with the people who used the service. Staff understood how to protect people from potential harm and how to report any concerns.

New staff completed a period of shadowing and induction training prior to them supporting people with their care needs. The provider ensured staff received training relevant to their roles and responsibilities.

Staff treated people with dignity and respect. People felt the staff understood their individual needs. The management team ensured people were involved in their own care and decision making. Staff understood the key principles of the Mental Capacity Act (2005).

Care plans contained information to assist staff in providing personalised care. People were given information on what to do if they had any concerns or complaints. Staff felt confident if they had any concerns or complaints the registered manager and management team would take them seriously and endeavour to resolve them.

People had their individual care plans reviewed to ensure they received the care and service they required. People were listened to and felt their individual needs were understood by the staff. Staff reported any changes to people's health conditions to ensure continuity of care.

The registered manager and the management team strived to provide people with the support of staff at the time when they needed it. People were provided with a staff rota in advance, so they knew who to expect for their care visits. People understood there were times when staff may be late due to unforeseen circumstances, but felt confident that they would be contacted and alternative arrangements made.

People's independence was promoted and encouraged by staff who understood individual needs. Staff were aware of people's needs and wishes and supported them in a personalised manner. When needed, staff assisted and supported people with their nutritional needs and meal preparation.

The provider had processes in place to monitor the quality of the service people received. There were clear arrangements for the day to day running of the service. The service was managed by a team who understood their roles and responsibilities in providing a good service to people.

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.

People felt safe with the staff who provided them with care and support. Staff understood local safeguarding procedures and the requirement to report any concerns and keep people safe.

Safe recruitment procedures were followed, to ensure staff were suitable to work with people in their own homes.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to assist them.

People were happy with the care and support provided by the staff; people were supported and involved in the decisions about their care.

When necessary, people were supported to receive additional medical support.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind, caring and compassionate.

Staff ensured people's dignity and privacy was maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support to meet their needs; staff were aware of people's needs.

People knew how to raise a concern about the care and the service they received. Any complaints were responded to and actions recorded.

People's needs were assessed prior to the service providing any support or care.

Is the service well-led?

Good ●

The service was well-led.

People felt the managers listened to them and encouraged them to provide feedback about the services they received.

Regular meetings took place between the staff and the managers, to ensure continuity of the services being provided. Staff felt supported by the managers.

The provider had monitoring systems in place to ensure people were happy with the service they received.

Dales and Hope Valley DCC Home Care Service

Detailed findings

Background to this inspection

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

The inspection took place on the 5 and 6 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed information we held about the service, which included a review of the previous report for this service and a review of notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with nineteen people who used the service, three relatives, seven care staff, three domiciliary managers and the registered manager. We visited three people and a relative. We looked at care plans for thirteen people who used the service and reviewed the provider's recruitment processes. We looked at the training information for all the staff employed by the service, and information on how the service was managed. We also spoke with a health professional.

Is the service safe?

Our findings

Overall, people we spoke with said they felt safe and secure when staff were in their homes and they supported them with their individual care needs. One person said, "I always feel safe with the care staff." Another person told us, "Without their [staff's] help, we couldn't manage." A relative told us, "I am happy with the way they look after my [relative]."

People recognised there were times when staff had been late arriving at their home, but went on to say, "They [staff] sometimes arrive late; once or twice, it's not an issue." They went on to explain, "There are times when they [staff] have to attend to emergencies like when someone needs an ambulance or there is a death." During our inspection visit we heard one of the managers re-arranging a person's support call. Two of the staff members had been delayed at a call due to unforeseen circumstances and they had contacted the manager so the next person on the rota was informed of the delay. The manager quickly contacted people and made them aware of the staff running late. The manager took a decision to contact another member of staff to ensure people had their care calls at the time they needed. This showed the staff communicated with the managers so people were kept informed of any changes to their support.

We saw staff members had received training in safeguarding and how to protect people from the risk of abuse. Staff we spoke with recognised their responsibilities in relation to reporting any safeguarding concerns. One staff member told us, "If there's any question regarding people's safety, I would always ring one of the managers for advice." Another staff member told us they would, "Always report any worries about a person's safety; I would have no hesitation in reporting a safeguarding concern."

There was an effective recruitment process in place to ensure staff who worked in the service were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff confirmed they did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. A review of records showed all the appropriate pre-employment checks had been made.

When required, people were prompted to take their medicines at the correct time. One person told us, "I'm happy the staff do my tablets; it saves me the worry." A relative told us, "I usually deal with [relatives] tablets and the staff apply any creams that are needed."

Records of people's medicines were kept and audited monthly by the registered and domiciliary managers to ensure the staff completed them correctly. We saw staff support and assist people with their medicines; this was done in a safe manner. The staff were mindful of explaining to each person what medicines they were taking and why. One person had been prescribed a new medicine due to a change in their health. The staff member ensured the person was fully informed of what the medicine was and what it was for. This showed the staff recognised the importance of involving the person in their own care and treatment.

Staff told us they had received training in medicines and followed procedures for the safe medicines management. Staff explained to us how they ensured medicine administration record (MAR) charts were

completed after they administered medicines. We looked at records of staff training and MAR charts that confirmed this. Staff told us they had received a copy of the provider's new policy regarding medicines management and administration.

We looked at MAR charts and found them to be correctly completed and signed. The registered manager recognised the need to ensure that MAR charts were correctly filled in. The registered manager told us they thought it was important to ensure the staff had received appropriate training to support them before the administration of medicines. The registered manager understood the importance of ensuring medicines were managed in a safe manner and there were safe systems in place to support this.

We saw risk assessments were in place to reduce and manage risks. For example, we saw risk assessments were in place in relation to falls prevention and associated risks. The risk assessments were in place to steer the staff and highlight how to provide care in manner to meet the person's needs, along with lessening the risk of accident or injury.

We asked about contingency plans due to adverse weather and the remoteness of some people's homes. The registered manager showed us a letter they provided people and relatives with which gave information relating to planning for bad weather. For example, buying and freezing milk, ordering medicines in plenty of time and keeping warm. This showed the registered manager and the staff team were aware of keeping people well informed.

Is the service effective?

Our findings

People and their relatives expressed an overall opinion that the support delivered by the staff was consistent and met their needs. We asked people whether they thought the staff were trained and had the correct skills needed to care for them. One person told us, "The staff seem well trained." Another person said, "Oh yes, they go for training; they are okay with caring for me." A third person said the staff were, "Very experienced." A relative told us, "I know they go for refresher training."

One person told us, "New staff are introduced to me; they come with the regular one." We saw new staff had attended induction training as well as shadowing a more experienced member of the staff team. The induction and period of shadowing took place prior to the new staff member working on their own when providing people with care and support. Managers told us the period of shadowing gave new staff the opportunity to learn and build upon their skills as well as developing confidence.

Staff told us there was, "Good support from managers." Staff we spoke with told us they received regular supervision with a domiciliary manager as well as regular team meetings. Staff told us supervision with their respective managers gave opportunity to discuss any concerns. They also said having supervision gave them the chance to discuss any training needs and their own personal development and progress. Supervision is an act or function of overseeing someone's working practice to ensure it is safe, current and effective. Staff also told us having the regular team meetings gave the team the opportunity to share their knowledge of people they were supporting so they were able to provide a consistent approach to their care. The team meetings also gave staff the chance to discuss any particular worries or concerns about people's care.

People were supported to make decisions about the care they received. The registered and domiciliary managers told us most of the people they provided a support service to, had the capacity to make decisions about their care. People told us and we saw staff asked for consent before they provided any assistance with personal care. One person told us, "They [staff] ask me if I'm alright or do I need any help." Another person said, "They always ask for my consent."

Staff told us and records confirmed, they had been provided with training in the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). They told us they gained consent from people before carrying out any tasks. One staff member said, "I always try to encourage people to be as involved in their care as possible." They went on to say, "It is important we respect people's rights." The 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. One person told us, "They [staff] always ask me first." The staff were able to tell us how they ensured people were included in any decision making particularly around their support needs and the care they required. For example, we saw care records detailed people had been included in decisions relating to their end of life care and whether or

not they wanted or had any specific requests. This showed the staff understood the importance of seeking people's consent and agreement before helping with people's care needs. The provider understood and followed the principles of the MCA.

One person told us, "The staff arrange some of my healthcare appointments and others I do myself." A relative told us the staff were familiar with their family member's health condition and needs. They told us the staff reported any changes to their relative's health so appointments could be made. Staff told us they would have no hesitation in contacting a doctor or the emergency services, should a person's health change or deteriorate. During our inspection visits we saw staff worked together with health professionals to ensure people received the care, help and assistance they required. A healthcare professional told us they had confidence in the staff and the managers. They went on to tell us that the staff were good at passing on any concerns or changes to people's health needs so the appropriate intervention and treatment could commence. This showed staff worked with professionals to ensure people received appropriate support and treatment when their health needs changed. We saw records of appropriate healthcare referrals were in people's care plans.

When required, staff assisted people with their meal preparation. We saw and heard staff offer a choice for their meal. Staff asked each person what they would like to eat and drink; staff were also heard to remind people if they were running low on something, so replacements could be arranged. One person told us, "They [staff] make sure we have what we want to eat and remind us when we're running low." They went on to tell us how they had shopping arranged for them by their relatives. The person told us staff reminded them so things could be added to their shopping list. Staff told us they supported some people with their meals and ensured choice was offered. Staff told us they would refer people for assessment should their needs change. Staff gave the example of referring people for assessment with a dietician or speech and language therapist should people's needs change. We saw records and a health professional confirmed appropriate healthcare referrals had taken place. This showed that the care staff assisted people to have their nutritional needs met.

Is the service caring?

Our findings

Everyone we spoke with told us the staff were kind, compassionate and caring; people said they received the help and support they needed. People felt the staff were patient and provided them with all the care and support they needed. One person told us, "I think we are spoilt by the carers - little things - she says, is there anything you need before I go? Little things but they mean a lot." Another person told us, "The regular staff are first class."

As part of this inspection, we visited some people in their own homes and at their request. During the visits we saw staff took care to ensure people's independence was not undermined. For example staff did not rush to complete the calls and tasks, but allowed each person the time and space to complete as much as they could themselves. Staff told us, "I'm aware of treating the person how they want to be treated; I often put myself in their [the person's] shoes and ask myself how I would feel." Another staff member told us, "I always encourage people to be as involved in their care as much as possible." This showed the staff had an awareness and understanding of promoting people's independence and involving people in their care.

People told us they were involved with the planning of the care they needed. They told us the staff and managers listened to them. One person told us, "Any changes to my care are discussed with me; we work together." A relative told us, "They listened when I said that it's preferable for my mum to be washed by a woman - the male carer can come if they are not washing her - we agreed on that." Another relative told us, "They are interested in [relative] as a person." A third relative said, "I can't fault them; we couldn't ask for more."

We saw and staff told us they treated people with dignity and respect. One person told us, "[Staff] treat me with respect. [Staff] are cheerful." They went on to tell us, "[Staff] say hello and how are you - that sort of thing." Another person told us, "As far as respecting privacy and dignity are concerned, the door is closed and they make sure they wrap towels around me." A relative told us, "They [staff] are cheerful and respectful." Another relative told us, "The carers really go that extra mile to make sure my [relatives] needs are met. I can't fault them; I can't praise them enough." We saw care was delivered in a manner that respected and promoted people's dignity.

A relative told us, "Staff take the time to treat [relative] as an individual." Another relative said, "They [staff] are interested in [relative]." A staff member told us, "That's what we are about, dignity, respect and personalised care." An example given was, "If someone wants to wear lipstick, then we must ensure that happens – it may be small, but it matters."

Since its introduction, The Derbyshire Dignity Award had been awarded twice to the provider and staff. This showed us there was an understanding of the importance and awareness of preserving and respecting people's dignity.

Is the service responsive?

Our findings

All the people and relatives we spoke with told us they felt people's needs were being met. People told us how having the support from staff enabled them to remain in their own home and be as independent as possible. One person told us, "We've lived here for many years; we have lots of memories." They went on to tell us, "Having the help of the carers means we can stay here and that is important to us."

People felt having the support of the staff was essential and gave them a sense of freedom and autonomy. One person told us, "The staff help when I need help, but they don't take over." A relative told us, "The girls [staff] work with us and have [my relatives] best interests at heart." A health professional told us the staff had a positive approach to the people they supported and worked jointly and with each person.

People told us their care packages were tailored to meet their needs. One person told us how the manager worked with the person and their relatives to ensure they received care at a time when they needed it. They went on to tell us, "We had a supervisor [manager] she asked me questions about what I need and when; she was very pleasant." Another relative said, "We have agreed on how we work and we are all very happy."

People told us they were asked what they thought about the service and had completed a survey. One person told us, "Someone comes and reviews my care to make sure I'm happy and things are ok." One person gave the example of the occasional late arrival of staff. They told us they understood there were times when staff were held up on a call, but had asked for someone to get in touch and let them know. They told us this had been highlighted and resolved. The managers told us how they learned from any comments and feedback people gave to improve and develop the service.

People we spoke with told us if they had a complaint, they knew how, where and who to report it to. One person told us, "I have no need to complain, but I know what to do if need be - starting with the manager." Another person told us they had, "Never ever complained but feel confident to complain if I needed to." A relative told us, "We've never to complain, but I know I can." We saw the provider had a complaints policy and procedure and the managers ensured it was readily available for people. We reviewed complaints the service had received and saw they had been responded to appropriately with recorded actions and outcomes.

We saw before people used the service a pre-assessment was conducted to ensure people's needs could be met and in the manner which respected preference and choice. One person told us, "We discussed the way I prefer to be looked after." The staff we spoke with were able to provide us with details about the care they provided to people. Staff also explained how they worked together as a team to support a consistent approach to people's care. An example given was where a period of re-ablement had led to the person requiring regular support. The staff explained they continued providing the person with support to promote continuity.

The providers care plans followed a standard format. People had contributed to their care plans and they were informative and personalised. We saw people's specific requests had been included, to ensure people

were content with the service they received. The level of information contained in each care plan was reflective of people's specific wishes. We saw care plans contained contact information if there was an emergency or if a person had a specific health condition. For example, where someone had diabetes or epilepsy there was reference to how best to support the person should they become unwell.

Staff told us and we saw, care plans and risk assessments were regularly reviewed and amended to reflect people's changing needs. Referrals were made for on-going or increased levels of care. We saw care plans provided staff with clear information to enable them to support people in the manner they wanted. The care plans were regularly reviewed to ensure continuity of care and changes were made as necessary. This meant people's needs were assessed and care was provided in a way which met their needs and preferences.

A relative told us, "They have got a good rota system; I have a copy here." The registered manager told us they aimed to provide people with information about the time of their calls and the member of the staff who they could expect to visit. They told us the rota's served as a reminder to people as well as giving them the opportunity to plan appointments around care visits. The registered manager told us there had been some internal issues regarding the posting of the rotas, however, they were confident the issues had been rectified.

People were aware there may be occasions when staff ran late or call times had to change due to unforeseen circumstances. Examples given were if someone using the service being ill and needed staff to stay with them until a relative or health professional arrived. A relative told us, "They [staff] have never missed a call; they always ring if something has happened and they are going to be late."

Is the service well-led?

Our findings

People and relatives we spoke with were confident about the service they received. One person told us, "I think the management strive for improvement; they try." There was a registered manager in post who provided continuity and leadership. The registered manager was supported by a group of domiciliary service managers who had developed effective links and communicated with the people using the service. One person told us, "The supervisor, I think she is the deputy, came round a few times." Another person told us, "[Manager] listens to us and keeps us informed." A relative told us, "I think the management is good." A staff member told us the registered manager was, "Very committed; she's always available to give us help, advice and support." Another staff member told us, "She's visible and works with the team."

The registered manager promoted a personalised culture within the service and lead by example. Staff confirmed morale was good and they felt well supported by the management team as a whole. Staff told us the managers were fair and would listen to them about any issues they were having. They told us the needs and wishes of the people using the service were central to how the service was managed on a day by day basis.

Staff told us they had no reservations about raising a concern or worry with the registered or domiciliary managers. A staff member told us, "The managers are all ok; they are very approachable." Another member of staff told us, "Managers are there for any help or advice." A third staff member described the registered manager as, "Fair and supportive." The registered manager understood their role and responsibilities. They had sent written notifications when required to tell us about any important changes, events or incidents at the service. They told us they felt supported by the members of the team and their own manager.

The staff we spoke with told us they attended regular 'patch meetings' where they were able to discuss people they supported. The meetings gave staff the opportunity to update others in the team of anything significant relating to people's care. The meeting also gave staff the opportunity to discuss any concerns they may have. We saw the provider kept a record and minutes of the meetings and these were made available. Staff told us they saw the meetings as a positive process which gave them the chance to raise any concerns as well as celebrate any success.

We asked people whether the provider asked for feedback about the service they provided. One person told us, "Yes, the agency asked me for feedback." Another person told us, "Yes, the agency changed and made improvements as a result of feedback." The provider ensured questionnaires were sent out to people using the service. We saw results of the questionnaires were collated and lessons learned were shared amongst the team and used to improve outcomes for people.

The provider had monitoring systems in place to check staff had the correct skills and knowledge to meet people's needs. The monitoring was used to develop and drive improvements in the services provided. For example, staff had their performance and practice in providing people's care reviewed regularly. The information gathered was used to ensure people were happy with the service being provided. It was also used to ensure any staff training needs were identified and fulfilled in a timely manner. We saw there were

effective audits in place; these included audits of care plans, risk assessments and of how people were kept safe in their own homes.