

Central Bedfordshire Council

# Central Bedfordshire Domiciliary Care Services South

## 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

We inspected the service on 28 April 2015. The inspection was unannounced. When we last inspected the service in January 2014 we found that the provider was meeting their legal requirements in the areas that we looked at.

The service provides short term care and support for a maximum period of six weeks during which people are encouraged to regain their independence. The service

# Summary of findings

assesses whether people require ongoing support at the end of this period and if so they are referred on to another provider. At the time of our inspection the service provided support to 40 people.

The service is required to have 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.

During our inspection we found that people who used the service were safe. Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people. There were effective processes in place to administer people's medicines and referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being.

There were enough skilled, qualified staff to provide for people's needs. Recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who used the service. They were trained and supported by way of supervisions, appraisals and regular audits of the way in which they delivered care.

People had been involved in determining their support needs and how they would like to be supported. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were supported to eat and drink enough to maintain their health and well-being.

Staff were kind and considerate. They treated people with dignity and respect. They assisted people to be as independent as possible and to maintain their interests and hobbies.

People and their relatives had been involved in deciding what support they were to receive and how this was to be given. Relatives were involved in the regular review of people's support needs and were kept informed of any changes to a person's health or well-being.

There was an up to date complaints policy in place and a copy of the complaints system was included in the folder kept at people's home, which also included other information about the service.

There was an open culture and staff were supported by the managers. Staff were aware of the visions and values of the provider. People, relatives and staff were able to make suggestions as to how the service was provided and developed.

# 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?

The service was safe.

Staff were aware of the safeguarding process.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled, qualified staff to provide for people's needs.

Good



### Is the service effective?

The service was effective.

Staff were trained and supported by way of supervisions and appraisals.

People's consent was gained for the support provided to them.

The requirements of the Mental Capacity Act 2005 were understood by staff.

Good



### Is the service caring?

The service was caring.

Staff were kind and caring.

Staff promoted people's dignity and treated them with respect.

People were provided with information about the service.

Good



### Is the service responsive?

The service was responsive.

People had been involved in the assessment of their support needs.

The manager had responded to people's concerns.

There was an effective complaints policy in place.

Good



### Is the service well-led?

The service was well-led.

There was an open culture at the service.

There was a registered manager in place who was supported by the provider's Operational Manager.

A best practice review had been completed and the recommendations were being implemented.

Good



# Central Bedfordshire Domiciliary Care Services South

## 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 28 April 2015. The inspection was unannounced.

The inspection team was made up of one inspector and an expert by experience who conducted telephone interviews with people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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 improvements they plan to make. We reviewed the information available to us about the service, such as notifications and the report of the last inspection. A notification is information about important events which the provider is required to send us by law. We also reviewed information about the service that had been provided by staff and members of the public.

During the inspection we spoke with 23 people who used the service, seven relatives of people who used the service, three support workers, the registered manager of the service and a senior manager in the provider's organisation who is responsible for overseeing the service.

We reviewed the care records and risk assessments for five people, checked medicines administration records and reviewed how complaints were managed. We also looked at seven staff records and reviewed information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

People who used the service and their relatives we spoke with told us that they or their relative felt safe with the support workers who visited them. One person told us, “I feel safe with all the carers.” Another person said, “I feel very safe with the girls.”

People were provided with information on safeguarding in the folders kept in their homes together with the telephone numbers that they should contact if they needed to. The staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. One member of staff told us, “I would speak with the manager. I would get as much evidence as I could and it would go to the safeguarding team. I would let them deal with it.”

There were personalised risk assessments in place for each person who used the service which included information on the actions that staff should take to reduce the risk of harm to them. As part of a personal statement people were asked what difficulties they faced and how they thought risks they faced could be prevented or minimised. The identified risks included an assessment of their risk of falling and actions staff should take to manage the risks. In addition home safety checks had been completed along with checks of the equipment available for each person to assist and support them to maintain their independence. Risk assessments had been completed for staff accessing people’s homes in the evening. Staff said that they carried out informal risk assessments at every call they made. One member of staff told us, “We all carry out risk assessments. Every time you go into a house you carry out a risk assessment as soon as you walk through the door.” They went on to say that the risk assessment documentation was entered into the relevant log when they returned to the office. Any immediate concerns were reported to the office via email from the smart phone that they had been issued with and the coordinators entered them onto the main data system.

People told us that they had a number of different support workers calling on them. One person told us, “The girls are

very safe, but there are so many I can’t remember their names. Another relative told us, “It is very difficult to form a relationship with the carer. [Relative] was very confused by the number of carers coming.” The manager told us that the number of people that were supported by the service was limited by the capacity of the staff available. They would not accept more people into the service than they had staff to effectively support them. They said that they had created a new post of 18 hours weekly to cover gaps that had been identified in the cover available by the existing support workers. The manager highlighted that as people moved through the re-ablement process they required less support and the support workers spent less time at each call.

Recruitment files were held centrally by the provider. We found that the recruitment procedures in place were robust. Relevant checks were completed to ensure that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service.

Not all people who used the service required staff to assist them to take their medicines. Some people were able to take their medicines without assistance whilst relatives of other people assisted them. However, staff assisted some people with their medicines. One person told us, “I need 13 tablets in the morning which they count out for me and check that I have taken my insulin. They record it all in my care record.” Another person said, “They give me my medication and record it in the book.” A third person told us, “My [relative] does all my medication.”

Before staff were able to administer medicines their competency to do so was assessed by a senior staff member. We saw that where a support worker had been assessed as not competent in administering medicines they had been given further training and their competence re-assessed. We looked at the medicines administration records (MAR) for three people which had all been completed correctly and they also documented when people had taken their medicines in their daily notes. Staff told us of the checks they made before administering medicines.

# Is the service effective?

## Our findings

People told us that they felt that staff had the right skills and knowledge to support them effectively. One person told us, “The team is brilliant and very helpful.” Another person said, “There are a variety of carers and they are all fantastic.”

Staff informed us of the mandatory training programme in place and said that they had the training they required for their roles. They told us this was provided in a number of ways such as by e-learning and face to face. This was supported by records we checked. One support worker told us of how the training they had received in relation to Parkinson’s disease enabled them to identify the different signs of it and to understand how it affected people. We saw that new support workers were required to complete an induction period which included shadowing existing support workers and the completion of a work book. One support worker told us that following their induction period they were not able to visit people on their own until the coordinator had assessed that they were competent to support people on their own. Staff told us that their role as a support worker was very different to providing care for people as they encouraged people to regain their independence and do things for themselves.

Staff training was monitored and relevant training courses had been arranged when required. We saw that training records showed that very few staff members had training requirements that had not been met.

Staff received support by way of regular formal supervision and appraisal meetings with their managers. Staff told us that they were asked at supervision meetings to identify any training that they would like and to discuss their progression within the organisation. Staff records we looked at confirmed that supervision meetings had taken place regularly. This showed that staff were supported in their roles.

Staff were able to demonstrate that they had received training on the requirements of the Mental Capacity Act 2005 and had understood this. One support worker said, “If

people cannot make decisions for themselves then the team of professionals involved with them meet to make decisions that are in the best interest of the person. Their family are also involved in these.”

People told us that staff always asked for their consent to any support. One person told us “They always ask for consent and I always give it.” Another person said, “They always ask.” Staff told us that they always asked for people’s consent before they provided any support. They said that they used forms of non- verbal communication, such as facial expressions or writing things down, when this was needed. One member of staff said, “We involve them in everything we do. It is all about their decisions and choices.” We saw that people were asked to sign a document to confirm that they had given their consent for the support that was provided to them.

Staff said that they monitored whether people had eaten and drunk sufficient to maintain their well-being. One person, whose last call of the day was at lunchtime, told us, “They make me a flask of tea and make me some sandwiches which I have for my tea.” One member of staff said that they always looked for evidence that people had eaten. They told us, “If we feel that they are unable to make food or a drink we leave them something to eat. If they do not have it we will go to the shops to get them the basics, bread, tea etc.” When the support workers identified concerns that people had not been eating or drinking sufficient they contacted the co-ordinator. Food and fluid charts were introduced and completed at each visit to the person and where necessary their GP was contacted for further advice and support.

Staff within the service had been trained as Trusted Assessors and could access equipment needed to support people without needing reference to another team in the organisation. They were able to access the equipment quickly and show people how to use it. This prevented unnecessary delay in addressing people’s needs.

Staff made referrals to other healthcare professionals when needed to maintain people’s health and well-being. People told us that these had included their GP, an occupational therapist and the rapid response call team. One person told us, “One of my carers picked up on my health change and contacted the doctor. It transpired I had a chest infection.”

# Is the service caring?

## Our findings

People told us that the support workers were kind and compassionate and that they had been involved in deciding the support that they needed. One person said, “They have a caring attitude.” Another person told us, “The care has been very good. I can’t fault it.” A relative said that the support workers were, “Clearly caring.” However one person said, “There is a variable standard of care. Some are keen and some are not so keen.”

As a re-ablement service staff encouraged people to be as independent as possible. People told us that the support workers had supported them and promoted their independence. One person told us, “They got me working again and keep me independent.” Another person said, “I’m very independent and they help me to do that. They always do what I like.”

People told us that staff treated them with dignity and respect. One person told us, “I have had one male carer and he was very nice and helpful.” A relative said, “I like the way they talk to [Relative], they are very patient. They are kind, patient and professional.”

Staff we spoke with told us ways in which they maintained people’s privacy and confidentiality. One support worker said, “Everything we do is confidential to the client”. They went on to say, “We don’t ring the family and discuss things with them unless we are specifically asked to do so.” However, one person told us that not all support workers protected people’s personal information. They said, “They often talk about other users. I’m concerned they don’t maintain confidentiality.” We brought this to the manager’s attention who told us that all staff would be reminded of the need for confidentiality to be maintained.

People and relatives were given information about the service and the support that had been provided which was kept in a folder in their home. We saw that the folders included information about the service and contact numbers for people or their relatives to contact the service or the safeguarding authority. People told us that everything was recorded in this book and they or their relatives could read this when they wished.



# Is the service responsive?

## Our findings

People told us that they had been involved in the initial assessment of the support to be provided but only a few recollected being involved in the reviews carried out during the six weeks in which service was provided. One person said, "People have been in to check." Another person told us, "They have checked the plan this month." However another person told us, "Nobody has contacted us regarding care except on the first visit." Another person also agreed that there had been, "No contact except for the first visit."

The manager told us that service was provided to people for a maximum period of six weeks. As people's independence increased and their need for support decreased over this period so the frequency and length of the visits were reviewed. One support worker told us, "If we feel someone is improving or feel we can reduce the length of a visit or the number of visits we can make we have a discussion with them. As long as there is evidence that they don't need the visit we will discuss it with them and tell them we can always put it back in if they can't cope. We explain we can't visit and just do nothing." This showed that people were involved in the reviews of their support although there may have been no formal review completed.

The manager told us that initially people normally had four visits a day and these were not time limited. Support workers took as much time as people needed. One support worker told us, "I don't look at time. They have as much time as it takes. That's why we don't give times. You don't know how people will be and there is no point in rushing them." This sometimes resulted in the support workers being delayed for other calls. Support workers told us that if they were held up at a call they rang the co-ordinator.

People found the lack of set times for their calls to be inconvenient. One person told us, "The timing is not consistent, could be any time." Another said, "I need to know the time they are coming so I can plan my day." However, because of the type of service that is provided the timings of calls provided to people could only approximate based on the estimated time each call would take to provide for the individual needs of the people to be seen by each support worker. One support worker told us that

people were made aware of this when the service started. They said, "We don't give set times and this is explained at the initial visit. If we are running particularly late we ring through to duty to explain. There are set times if there is a medical need, such as for administering medicines or taking someone out in the community."

At the end of the six weeks period people would either be able to support themselves independently or the service assessed their continuing support needs and another provider took over the responsibility for these. One person told us, "Yes it has been checked. I am moving to [another provider] tomorrow." Another person said, "All changes were done by [name] even when I was transferred to [another provider]."

People said that the support workers knew of their personal preferences. One person told us, "They know what I like and what I don't like." Another said, "They know what to do for me and what not to do."

Staff told us how they supported people to follow their interests and hobbies. People were encouraged to go out into the community. Support workers encouraged people who lived alone to go to a day centre for 'taster sessions' to allow them to interact with other people and follow their hobbies such as dancing and bingo. Support workers accompanied people to these sessions and, where people wished, they arranged for them to attend the day centres on a regular basis.

Although none of the people or relatives we spoke with had made a formal complaint they knew that a copy of the complaint procedure and the contact details were in the folder in their homes.

Although most people commented that there had been no reason to voice any concerns about the service one person had raised an issue with the service. They said that, although they had specified that they wanted support only from staff of the same sex during their initial assessment, a support worker of the opposite sex had visited them. They had discussed this with the co-ordinator and this had not happened again. This showed that the service listened to people and responded to their requests.

People were asked for their opinion of the service at the end of the six weeks period for which it had been provided. The majority of responses for the service were positive.



# Is the service well-led?

## Our findings

People were very positive about the quality of the support that they had received from the service. One person said that it was, “Absolutely the tops, they are ace.”

The registered manager was supported by the care co-ordinators and the provider’s Operational Director who was based within the service. Staff told us that there was a very open culture and they would be supported by the manager if they raised any issues. As part of a local initiative senior managers were shadowing support workers and had given support workers the opportunity to shadow the senior managers of the service. This was to give them a better understanding of each other’s role within the organisation.

Staff told us that there used to be daily briefings which were people focussed but that these had recently ended and had been replaced with monthly team meetings. Minutes of the meeting held in March 2015 showed that staff had been given the opportunity to discuss ways in which the service could be improved, such as quicker replacement of the smart phones that support workers had been provided with when they broke. They had also discussed innovations in the health and welfare system, including the introduction of the latest care act.

Staff were encouraged to put forward suggestions for ways in which the service could be improved. These were discussed during supervisions and by way of a suggestion box provided in the main office. Staff told us that they were

kept informed of changes in practice and procedures via email sent to the smart phones provided to them. They were also able to make suggestions for improvements to practice by the same method.

Staff were able to tell us of the provider’s visions and values and told us that these were discussed at their appraisals. One support worker told us that the vision was, “To make people as independent as possible. For them to stay at home in a safe environment with the care and help they needed.”

We saw that there were a range of activities carried out to check on the quality of the service provided. These included observations by the coordinators of the support provided to people with immediate feedback provided to the support workers. This included all aspects of the support, including medicines administration if this was appropriate.

In addition, the provider had commissioned a best practice review of the service by a re-ablement expert which had been completed in July 2014. The manager showed us the action plan that had been devised to ensure that the service operated in line with current accepted best practice. This plan identified the steps required, the person who was responsible to complete the action and the expected date of completion.. The manager told us that some of the recommendations within the report had been implemented whilst others were ongoing.

We noted that the paper copies of people’s records were stored securely in a locked cabinet and could only be accessed by people who were authorised to do so. Electronic records were protected by password access to the database.