Hampshire County Council

HCC North Hampshire Hub

Inspection report

Vertex, Chineham Court
Lutyens Close
Basingstoke
Hampshire
RG24 8AG

Tel: 01420545619

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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 announced and took place on 11 and 12 October 2016. At the last inspection on 4 and 6 August 2015 we found that the provider had breached Regulation 17 associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA 2014). During that inspection we identified that the provider had ineffective auditing systems which had not identified that staff were not always receiving their refresher training when required. The provider had also not identified that staff were not completing and maintaining accurate records of the care and medicines people received.

We told the provider they needed to take action and we received a report setting out the action they would take to meet the regulations. At this inspection we found that improvements had been made with regard to the breach identified.

The HCC North Hampshire Hub, also known as Community Response Team East, is a County Council run domiciliary care agency which specialises in providing a re-ablement service. This service provides short term personal care once people are discharged from hospital and their needs in the community are assessed. Care is provided for a period of up to six weeks. During this time people were continually assessed for their ability to manage independently once the time period concluded or whether they required longer term care provision and support from other care agencies. People who received this service included those living with a variety of chronic conditions such as Multiple Sclerosis and Parkinson's disease.

At the time of the inspection 37 people were receiving this type of care from the HCC North Hampshire Hub which will be referred to as The HCC Hub throughout this report. The HCC Hub were also supplying care staff to support an additional 15 clients who were 'hand back' clients from local care agencies. Hand back clients were people originally receiving care from Hampshire County Council contracted care agencies however these agencies were not always able to meet people's needs at the time they were required. As a result The HCC Hub were providing care staff to assist with people's care provision until alternative care provision could be sourced.

The HCC Hub had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the HSCA 2014 and associated Regulations about how the service is run.

Quality assurance processes were now effective in supporting the service to deliver high quality care. At our previous inspection in August 2015 auditing systems in place had not identified that care staff were not receiving their refresher training at the time intervals identified as necessary by the provider. During this inspection we saw that the action taken to address these concerns had commenced and staff were completing their refresher training as and when required.

People received their medicines safely. Care staff were trained to administer medicines and their

competence was regularly reviewed. At our previous inspection in August 2015 we identified that People's Record of Medicine Books (RoMBs) had not always been completed fully. As a result it had not always been easily identified whether people had received their medicines at the correct time and as prescribed. During this inspection we could see that positive action had been taken to address the shortfalls and RoMBs were being completed as required.

People were supported by care staff who had completed thorough recruitment processes. At our previous inspection in August 2015 we identified that care staff recruitment files did not always have the necessary information to allow the provider to make safe employment choices. During this inspection we saw that the action taken to address this concern and recruitment processes were robust and thorough. Induction training for new care staff was followed by a period of time working with experienced colleagues. This ensured care staff had the skills and confidence required to support people safely.

People using the service and their relatives told us they felt safe. Care staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm in their own home had been identified and were managed appropriately. People were supported by care staff who encouraged them to regain their independence.

Contingency plans were in place to ensure the safe delivery of care in the event of adverse situations which could affect service delivery and to protect the loss of people's information if a fire or flood affected the main office. These included plans to ensure the continuity of care for people should care staff become unavailable due to an outbreak of sickness. Office based staff, including senior care and managerial staff, were appropriately trained and available to be deployed to deliver people's care if care staff were unavailable due to sudden reported sickness.

People were supported by care staff to make their own decisions. Care staff were knowledgeable about the actions to take to ensure they met the requirements of the Mental Capacity Act 2005. The service worked with people, relatives and social care professionals when required to assess people's capacity to make specific decisions regarding their care. Care staff sought people's consent before delivering care, treatment and support.

Where required, people were supported to eat and drink enough to maintain their nutritional and hydration needs. Care staff assisted people to make choices about their food and drink. People were encouraged to participate in preparing their meals to regain and retain their independence.

People's health needs were met as care staff and the registered manager promptly engaged with other healthcare agencies and professionals. This was to ensure people's identified health care needs were met in order to maintain people's safety and welfare. The agency had immediate access to a range of health care professionals within the County Council such as Occupational Therapists, District Nurses and the Sensory Team who worked with those living with or experiencing a sensory impairment. These healthcare professionals were deployed when care staff identified people's needs had changed and they required additional support.

Care staff demonstrated they knew and understood the needs of the people they were supporting. People told us they were happy with the care provided. Care staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times. People were encouraged and supported by care staff to make choices about their care which included making any changes they required to their

documented care plan at each visit. People and relatives told us they felt listened to and their views were respected.

People had care plans which were personalised to their needs and wishes. These contained detailed information to assist care staff to provide care in a manner that respected each person's individual requirements. Relatives and those with the legal authority to make decisions on people's behalf were encouraged to be involved at the care planning stage, during regular reviews and when their family member's health and care needs changed.

People knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. People and relatives were encouraged to provide feedback on the quality of the service during regular quality monitoring visits with senior care staff.

The registered manager and care staff sought to promote a culture that was open and honest. People were assisted by care staff who were encouraged to raise concerns with the registered manager. Senior care staff were available to speak with people and staff in the office from approximately 07:00 – 22:00. Out of these times appropriate telephone contact details were provided to people and care staff. This meant additional support and guidance was always accessible to people and care staff from an on call registered manager. Care staff told us they felt supported by the registered manager and other senior care staff as a result.

Care staff were able to recognise the provider's values and were able to demonstrate that they understood the values of the registered manager to provide good quality, respectful, safe care which protected people's dignity and promoted people's independence. People told us that these values were evidenced in the way their care was delivered.

The registered manager provided positive leadership which instilled confidence in care staff and people using the service. The registered manager had informed the CQC of notifiable incidents which occurred at the service, allowing the CQC to monitor that appropriate action was taken to keep people safe.

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 were safeguarded from the risk of abuse. Care staff knew how to recognise signs that people were suffering from abuse and knew how to report any concerns.

There was a thorough recruitment process in place. Care staff had undergone relevant pre-employment checks to ensure their suitability to deliver people's care.

Medicines were administered by trained care staff whose competency was regularly assessed by senior care staff. Record of Medicines Books (RoMBs) had been completed fully identifying people had taken the right medicine at the right time and by the right route.

Contingency plans were in place to cover unforeseen events such as a fire or power loss at the office where people's records were kept, or in the event of large scale care staff sickness, to ensure continuity of care for people

Is the service effective?

Good

The service was effective.

People were supported by care staff who completed mandatory training in how best to meet their needs and wishes.

People were supported by care staff who demonstrated they understood the principles of the Mental Capacity Act (MCA) 2005. People were supported to make their own decisions and if people lacked the capacity to do so, care staff were able to demonstrate that they would comply with the legal requirements of the MCA.

Where required, people were supported to eat and drink enough to maintain their nutritional and hydration needs.

People were supported by care staff who were able to demonstrate when they would assist people to seek healthcare advice.

Is the service caring?

Good

The service was caring.

People told us the care staff were caring. Care staff had developed positive and friendly relationships with people.

People, their relatives and those with a legal authority to do so were involved in creating people's care plans. This ensured people's needs and preferences were taken into account and respected.

People received care which was respectful of their right to privacy whilst maintaining their safety and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs had been appropriately assessed by senior care staff prior to care delivery. Care plan reviews were completed regularly and when people's needs changed to ensure they remained current.

People were encouraged to make choices about their care and care staff encouraged people by providing support about a range of activities and support groups available to prevent them from experiencing social isolation.

There were processes in place to enable people to raise any issue or concerns they had about the service. Any issues, when raised, had been responded to in an appropriate and timely manner.

People's views and opinions on how to improve the quality of the care provided was routinely and regularly sought.

Is the service well-led?

Good

The service was well led.

The registered manager and senior care staff promoted a culture which placed the emphasis on care delivery that was respectful. People were actively encouraged to participate in their care in order to regain their independence.

Care staff were aware of the responsibilities of their role and felt supported by the registered manager. Care staff told us they were able to raise concerns with the registered manager. People and care staff told us they felt the registered manager provided

good leadership.

Quality assurance and auditing processes were in place to monitor the quality of the service people received. Action had been taken when necessary to ensure people received a high quality service.

HCC North Hampshire Hub

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 function. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014.

This inspection took place on 11 and 12 October 2016 and was announced. The registered manager was given 48 hours' notice of the inspection as we needed to be sure that the people and care staff would be available to be spoken with. This inspection was conducted by two Adult Social Care Inspectors.

After the inspection an Expert by Experience spoke with people and their relatives on the telephone. An Expert by Experience is a person who has personal experience of using or knowing someone who uses this type of service. The Expert by Experience had knowledge of caring for a family member who uses domiciliary care services.

Before the inspection we looked at the previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We did not request a Provider Information Return (PIR) from this provider prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make. We reviewed this information as part of our inspection.

During the inspection we visited three people in their homes and spoke with three relatives, we spoke with office care staff including two administrators, two senior care staff, two team leaders, six care staff, the registered manager and the County Service Manager. We reviewed a range of records about people's care which included care records for nine people including daily care notes detailing the care provided. We viewed six care staff recruitment files which included supervision and training records. We reviewed computer systems used to document; monitor and record care staff visits as well as other documents involved in managing the service. These included the provider's policies, procedures, complaints and compliments. Following the inspection we spoke with three people and two relatives.

Good

Is the service safe?

Our findings

At our last inspection of the service in August 2015 we found the service was not fully meeting the legal requirements relating to a number of Regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 (HSCA 2014) The provider had not ensured that peoples' Record of Medicine Books (RoMB) were always accurately completed. This meant it was unclear whether or not people were receiving their medicines as prescribed.

During this inspection the RoMBs and associated documentation showed people were receiving their medicines as prescribed. In the event where people had not taken their medicines as prescribed staff ensured that valid reasons had been provided and documented.

As the service provided short term care to those experiencing recent illness or injury most people did not require assistance support with their medicines. However some people we spoke with received this support and were happy with the assistance they were provided. Prior to care delivery a 'Medication Management Assessment' was completed for each person. This identified whether or not people were physically and cognitively able to manage their medication. This meant that people knew what medicines they had, why they were prescribed and could physically open their blister packs and medicines bottles. When no risk had been identified people were able to remain independent to manage their medicines. This was subject to continual review by care staff and when it was felt people were no longer safe managing independently additional support was provided. For example, it was identified one relative had been providing medicines from two differing blister packs provided by the pharmacy. Care staff identified there was a risk of confusion using two of these packs and felt additional action was required to keep the person safe. As a result senior care staff liaised with the pharmacy to request only one blister pack was prepared minimising the risk of over or under dosing. This action was completed on the same day of the request by senior care staff in order to keep the person safe. Care staff continually reviewed people's ability to manage their medicines independently taking action where necessary to keep people safe.

Care staff involved in prompting and administering medicine received the provider's additional training to ensure they did so safely. Care staff were also subject to annual competency assessments to ensure medicines were administered safely. Where it could not be evidenced that care staff competency had been achieved, additional training was provided and care staff's practice was observed until they were deemed to be competent to administer medicines safely. There were up to date policies and procedures in place to support care workers and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that where additional medicines support was provided medicines had been stored, administered and disposed of appropriately.

All the people we spoke with told us they felt safe with the care staff who provided their support, one person told us, "I've seen a few of the care staff over the last few weeks. They're lovely and very trustworthy". Another person said, "Yes I felt safe, they (care staff) were quite good, they would chat and make me feel comfortable". Relatives we spoke with also said they felt their family members were safe, one relative told us, "(family member) Doesn't fall anywhere near as much since the team got involved, I trust them

completely". Another relative said, "Yes my husband feels safe, he has dementia, they (staff) are caring and friendly, will chat to him and make him relaxed".

Care staff were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Care staff were also knowledgeable about their responsibilities when reporting safeguarding concerns. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. The provider's safeguarding policy provided information about preventing abuse, recognising signs of abuse and how to report concerns. We could see that care staff were able to identify and respond appropriately when potential concerns had been identified. For example, care staff raised a concern as they did not feel other healthcare professionals had always responded appropriately when providing one person's care. This had resulted in them suffering from some physical discomfort. Care staff informed the office who reported this to the appropriate social care professional team for their action. People were protected from the risks of abuse because care staff understood the signs of abuse and the actions they should take if they identified these.

People had risk assessments in place which provided suitable guidance to care staff on the actions to take to mitigate the risk of harm during delivery of care. All people's care plans included their assessed areas of risk which included those associated with moving and handling and environmental risks. Environmental risks included information regarding slips, trips or fall risks in their homes. Risk assessments included information about action to be taken by care staff to minimise the possibility of harm occurring to people. For example, one person using the service was at risk of not being able to manage their personal care needs appropriately. This meant they were at risk of unintentional self-neglect and their skin not maintaining its integrity. This placed the person at risk from the development of pressure ulcers. Information was detailed in this person's care plan providing guidance to care staff about how to assist this person to manage their personal care needs appropriately. This was in order to prevent injury and resulting deterioration of the person's physical health and mental wellbeing. Care staff knew the particular risks associated with the people they supported and were able to discuss how they would care for people safely.

Accidents and incidents were documented thoroughly; these were reviewed by the provider and actions taken where appropriate to prevent a reoccurrence. For example, during care delivery care staff noticed a fire at the rear of one person's property. A cause for the fire was identified and actions were taken with environmental health and advice sought from the fire service. An updated risk assessment was completed with an action plan to prevent the incident reoccurring. Accidents and incidents were reviewed and where possible appropriate action taken to minimise the risk of a similar incident occurring again.

Safe care staff recruitment procedures were followed by the provider to ensure people were supported by care staff with appropriate experience and who were of suitable character. Care staff had undergone detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of care staff who may be unsuitable to work with people who use care services. The provider had now ensured that safe and effective recruitment procedures were followed when employing new care staff. People were kept safe as they were supported by care staff who had been assessed as suitable for their roles.

There were contingency plans in place to ensure the continuation of the service in the event of an untoward event such as a fire or power loss in the main office, large scale care staff sickness or extreme weather which would impact on care delivery. These were documented in the provider's 'Service Recovery Plan'. People's

personal records were electronically and securely stored in the office and at an external site. This meant that in the event of an adverse situation affecting the office the registered manager and office staff would be able to access this information remotely. These processes ensured people's information was readily available if required and care staff always had access to the most current information on how to best support people to stay safe. In the event of widespread care staff sickness, office staff and the registered manager were suitably trained in the delivery of people's care and were able to be deployed in order to meet people's needs. This plan allowed for people to continue receiving the care that they required at the time it was needed.

People were supported by sufficient staffing numbers to meet their needs. Records showed that office staff were responsible for creating care staff rotas and matching care staff to care delivery visits. These were created and monitored on a daily basis. Where shortfalls were identified, due to care staffs' annual leave, training or sickness, other care staff were able to provide cover to make sure people received their care. The office staff and registered manager were also in a position to provide personal care if required. The provider used a computer system which was monitored throughout care delivery hours from 06:45 to 22:45 hours to ensure that care staff were meeting people's needs in a timely manner.

This computer system also allowed office care staff to create and remove additional care appointments immediately to ensure people's needs were met at the time required. For example, one person receiving the service had suffered a fall. As a result care staff set up an additional visit that day to ensure their physical and mental wellbeing needs were being met. When people required earlier or time specific appointments due to hospital or medical appointments these were easily accommodated and care staff updated by mobile phone to ensure a calls were completed. The provider ensured people received their care at the times required by providing care staff with the ability to log in and out of people's homes independently. This meant care staff did not have to use people's telephones in order to call the office. Upon arrival at locations care staff, using their business mobile phones, would scan a person unique code. This would inform office staff when care staff had arrived and again when they had left. Any discrepancies in timings of the visits, such as shorter or longer than anticipated visits were followed up by office staff so reasons for these could be obtained. Systems were in place to support people to receive their care delivery at the time they needed.

Good

Is the service effective?

Our findings

People and relatives we spoke with were positive about the care staff and their ability to meet people's needs. They said they felt care staff promoted their independence wherever possible. One person told us, "They (care staff) help me have a bath…they do what I need and I am happy as I need this help". Another relative said, "They (care staff) wash him (family member), change him, give him a shave, they are very good. They encourage him to walk, they know him and are keen to help him in anyway. They are always willing to do extra and ask if we need anything."

New care staff received an effective induction into their role with The HCC Hub. This induction included a period of shadowing to ensure they were competent and confident before supporting people. Shadowing is where new care staff are partnered with an experienced member of care staff as they perform their role. This allows new care staff to see what is expected of them. Care staff were able to request additional care staff shadowing until they were confident to perform their role effectively.

New care staff were also required to complete the provider's workbook during their induction period which supported care staff's induction called, 'Stepping forward, Stepping back'. This was based on the agency's re-ablement programme to promote people's independence. It provided a detailed training guide for care staff which focused on key subjects such as values and wellbeing, food hygiene, safeguarding, emergency first aid and moving and positioning. These workbooks supported care staff during their induction and provided opportunities for the provider to test care staffs knowledge. The provider also supported all care staff in participating and completing National Vocation Qualification's in Health and Social Care as well identifying and supporting care staff to complete additional diplomas in Health and Social Care. NVQs are work based qualifications which recognise the skills and knowledge a person needs to do their role.

All care staff were subject to observation in their roles by senior care staff to ensure they remained competent to deliver effective care. This involved covering a number of key aspects of care delivery including moving and handling, respect and dignity and risk assessing. Where more specific training was required this was sought and made available by the provider. This including participating in a trial with an educational organisation who provided training in malnutrition and the risks particularly associated with older people. This enabled staff to recognise the signs and symptoms of those people suffering from malnutrition. Whilst a lot of people using the service were independent with meeting their nutrition and hydration needs the training had provided care staff with the knowledge to identify when people were at risk. This would allow for appropriate health and social care professional advice to be sought to meet people's needs. The provider sought opportunities and supported staff to obtain additional qualifications enabling them to better understand that care people required.

People were assisted by care staff who received support in their role. There were documented processes in place to supervise and appraise care staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help care staff develop in their role. These supervisions took place through a variety of methods including observations of people's work and face to face meetings. Care staff told us they were able to speak to senior care staff, office

staff and the registered manager at any time if they required additional support. One member of care staff told us, "I did ask for a supervision a while back, I did find it useful, I do find the team leaders supportive". Formal and informal supervisions were in place so that care staff received the most relevant and current guidance and support to enable them to conduct their role effectively.

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.

We checked whether the service was working within the principles of the MCA. The registered manager told us that if concerns were raised regarding the ability of people to make specific decisions about their care they would seek external healthcare professional advice. Care staff we spoke with were able to demonstrate that they would comply with the MCA 2005 where required and we could see that action had been taken where appropriate. For example, care staff identified that a person using the service was experiencing confusion and they were unsure whether or not this was a permanent or temporary impairment. As a result they had liaised with social care professionals who were due to complete an MCA assessment with the person to see if they required additional support with their decision making processes.

Consent to care and care plans were agreed with the person prior to care delivery. These detailed the length of the service to be provided and that they had been involved in setting their goals for reablement. People told us consent was always requested prior to care delivery. One person said, "They (care staff) always ask me before they do anything". Relatives confirmed that the care delivered matched what they had requested. One relative told us, "They (care staff) take their time, they do everything for him in the mornings. It's what we asked for and they do it."

People we spoke with were able to provide their own meals or received minimal assistance with food preparation from care staff. However, care staff were aware of the importance of encouraging people to meet their hydration and nutritional needs and took steps to ensure food and drinks were readily available. We could see where care staff had identified people were not eating or drinking enough to sustain their wellbeing that proactive steps were made to encourage them to do so. For example, in one person's daily care notes care staff documented they had identified the person and their relative were not eating or drinking enough during the day. This had resulted in the person feeling quite tired. As a result care staff on the subsequent care visits over a number of days continually prompted and encouraged both the person and their relative to eat and drink more in order to meet their nutritional and hydration needs. Care staff identified when people were at risk of deteriorating health and wellbeing from not eating and drinking enough and took appropriate action to manage effectively.

Care staff were available to identify and assist in arranging access to healthcare professionals for people when required. Most people receiving care from the service were able to manage their own healthcare needs with the help of friends and family. Care staff however were able to identify when people needed additional assistance and acted proactively to ensure this need was met. For example, during one care delivery visit care staff identified that a person's catheter bag was not connected properly. Care staff immediately sought guidance and support from the local District Nurse. When advice and guidance had been provided by health and social care professionals we could see this was documented and followed by care staff. People were supported to seek healthcare advice and support whenever required.

Good

Is the service caring?

Our findings

All the people we spoke with said they felt that the care staff were caring in their approach. One person told us, "The care staff are very kind, yes. I don't feel uncomfortable at all". Another person said "They do care, all of them. They're a lovely bunch". Relatives confirmed that care staff approached people in a caring and compassionate way during care delivery. One relative told us, "They (care staff) are very good. He gets on well with them (family member), they are caring and respectful. They will talk to him and are very friendly".

Positive and caring relationships had been developed by care staff with people. People were provided with care staff to support them in line with their personal preferences which included male or female care staff. People were able to change the care staff who delivered their care when required without delay. This was supported by the use of the provider's computer system which allowed office staff to note when people had not been able to build a rapport with members of care staff. This would be noted on the system which would then automatically not allow the rostering of care visits between people and care staff they did not wish to see.

People's care plans were written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. People's care plans included brief information about what was important to them such as their previous employment, how people wished to be addressed and what help they required to support them. Care staff and the registered manager showed a detailed knowledge of people's interests, preferences and hobbies. People were supported by care staff who were caring in their approach and had taken time to get to know them as an individual.

People who were distressed or upset were supported by care staff who could recognise and respond appropriately to their needs. Care staff knew how to comfort people who were in distress. A member of care staff described how one relative had become upset during a care delivery visit and how they had reacted to this person's distress appropriately. This involved offering reassurance by allowing the relative a period of time talking about their concerns and offering a hug which the relative participated in gratefully. The member of care staff had not left the relative whilst they were distressed and ensured their mental wellbeing prior to leaving their home.

People were supported to express their views and to be involved in making decisions about their care and support. Records showed people and their relatives were regularly asked if the care they were receiving was meeting their needs or if changes were required. Care staff were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what they would like to eat or the support they required during that visit.

People were treated with respect and had their privacy and dignity maintained at all times. Records detailed the actions to be taken by care staff when assisting people with their personal care and dressing needs in order to maintain people's dignity. These were known by care staff and people told us this guidance was being followed as they were offered privacy during personal care visits. People and relatives told us that they and their family members were treated with respect by care staff. Care staff offered examples where they

would assist people with bathing but ensure that they were not left exposed, therefore providing care in a dignified fashion. One person told us, "Yes of course (treated with dignity and respect) They (care staff) are very respectful, they don't rush me and they're never rude". Another person said, "Yes, they (care staff) always treat me with respect, I wouldn't have it any other way". This was confirmed by relatives we spoke with, one told us, "They (care staff) asked my dad what he wanted to be called. I liked that and I know he appreciated it. They do some pretty intimate stuff and they're always tactful".

Good

Is the service responsive?

Our findings

People we spoke with told us the care staff took time to get to know them and treated them as individuals. People were also involved in creating their care plans and relatives were able to contribute to the assessment and planning of the care provided. One relative told us, "There is a care plan, care staff from the office came to look at it a few weeks ago to discuss what was needed".

People's care needs had been fully assessed and documented by senior members of care staff before they started receiving care. These assessments were undertaken in people's homes to identify their support needs and care plans were then developed outlining how those needs were to be met.

People's individual needs were routinely reviewed every couple of weeks or as and when people were found to be achieving or struggling to achieve their personal independence objectives. As a result care plans provided the most current information for care workers to follow. People, care workers and relatives were encouraged to be involved in these reviews to ensure people received personalised care. People, relatives and those with a Power of Attorney to assist in the decision making process were involved in regular care plan reviews. One relative told us, "There is a care plan, it has been reviewed and we are both involved with it, we are always asked what we think".

People's independence was supported wherever possible. This included allowing extra time for people to complete their tasks without assistance. Care staff told us they understood the aims of the service and the reablement care which was provided. One member of care staff told us, "We are here to help people improve and become independent if we can." Relatives also confirmed that they understood the objectives of the service and care staffs willingness to support these objectives. One relative told us, "It's clear they (care staff) are here for a reason. They're only around for a few weeks so they have to make it count. It's all about getting people back on their feet".

Care staff realised the importance of encouraging people to participate in activities to remain active and independent. Care plans did not always contain detailed information regarding people's previous hobbies, likes and dislikes however care staff had taken the time to obtain this information from the people they supported. Where care staff felt people were at risk of social isolation proactive steps were taken to minimise this risk. This included providing people with information on social activities, support groups and charities who would support people to become involved in their local community and regular activities. People were supported to seek opportunities to participate in social activities to encourage their ongoing independence and meet their social needs.

People were actively encouraged to give their views and raise any concerns or complaints. People and relatives told us they knew how to make a complaint and felt able to do so if required. People were confident they could speak to any member of care staff or the registered manager to address any concerns and felt confident issues would be resolved as a result.

The provider's complaints procedure had been made available in people's care plans and listed how people

could complain. It included contact information for the provider and the Local Government Ombudsman (LGO). The LGO is an independent body of commissioners established to investigate complaints about councils and certain other bodies in England. Time scales for a response to complaints were also specified.

People told us they knew were to complain if required and that the registered manager would deal with their concerns effectively. One relative told us, "Not that we have any complaints but if we did I know they would listen. They seem very keen on that". Another relative said, "No I have no complaints, they (care staff) are doing a fantastic job".

The provider documented complaints in a complaints folder which was kept in the office and also recorded these electronically. This allowed the provider to review the complaints received identifying if further action was required to resolve. Only one complaint had been raised since the last inspection. This had been made as a result of a relative feeling they had not received effective communication from all parties involved in their family members care. We saw the complaint had been made, investigated and responded to within the provider's timescales and provided the complainant with additional information and contact details should they have wished to take their complaint further.

Good

Is the service well-led?

Our findings

At our last inspection of the service in August 2015 we found the service was not fully meeting the legal requirements relating to a number of Regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 (HSCA 2014) The provider had not ensured that quality assurance and auditing processes were in place to support the delivery of care. This meant the provider had not identified the service's training plan for care staff was not complete and that care staff had not been completing their refresher training when required.

The provider sent us an action plan stating they would implement a revised monitoring and recording process that would provide a monthly management report to all registered managers identifying care staff refresher date requirements. This was to be completed by 31 October 2015. During this inspection we could see that action had been taken to ensure the service was meeting the requirements of the regulations. At the time of the inspection effective auditing processes were being put into place to identify when care staff training had not been completed as required.

Following the last inspection in August 2015 the registered manager took immediate action to ensure all The HCC Hub's care staff training dates and information were held locally in their office and not by an external department. This allowed The HCC Hubs office staff to immediately monitor and review care staff training requirements and to identify when refresher training was necessary. This was an interim action whilst office staff were in the process of transferring all staff training information onto the same computer system which managed care delivery visits. This system would then automatically generate a report when care staff training was required. This was a continuing piece of work however we could see that 18 out of 57 members of staffs training details had been transferred to this computer system and their training remained up to date. The training spreadsheet identified that 25 members of care staff had not completed safeguarding training within the three year refresher period. However the registered manager took immediate action to rectify this and booked refresher training for those care staff immediately following the inspection. Systems were in place to ensure accurate monitoring and auditing would be completed for all staff training records.

The quality of the service people experienced was monitored through care plan reviews and observations of care staff in their roles by the registered manager and senior care staff. A range of different monitoring and auditing processes were also completed in key areas including accidents/incidents, people's care plans and RoMBs. The results of these quality assurance audits were used to identify where improvements could be made to the service provided.

Following the last inspection in August 2015 the registered manager had implemented regular care plan and RoMB auditing to ensure they were being completed effectively. Where it was identified that documentation had not being completed fully the registered manager took steps to address with the members of care staff identified. As a result we could see a significant improvement in the completion of these documents which clearly documented the care people had been receiving.
At the last inspection in August 2015 it was identified that the provider completed audits of the quality of the service provided by all four Community Reponses Teams and produced one overall report. This meant the

registered manager was not able to identify themes or trends in these audits which related specifically to The HCC Hub. During this inspection action had been taken to ensure that the registered manager could easily identify when actions were specifically identified for The HCC Hub. We could see that there were yearly audits of all incidents and accidents to identify if further action was needed or changes in processes required to ensure people were kept safe. These audits also included completing annual medicines audits. These were completed to identify whether the service was operating effectively and managing people's medicines safely. We could see that the last completed medicines audit in 2016 included reviewing all incidents where people had not taken their medicines as prescribed. For example, it had been identified by staff that one person, who was independent with medicine, had taken their medicine at the wrong time. This was appropriately recorded when identified and documented in the provider's medicines audit. Before the audit had been published staff had already taken the necessary steps to ensure that the person's medicines were managed safely. This included completing time specific visits. This meant the person was supported to take their medicines at the time they required minimising the risk of the incident recurring. Audits were effective in identifying where further action could be taken to increase the quality of the service provided and all staff worked proactively to ensure this action was taken.

People we spoke with were confident in the registered manager's ability to manage the service and address concerns. People and relatives told us that they were happy with the quality of the service provided and were able to contact the office and speak with care staff or the registered manager whenever required. One person told us, "Yes I could contact the office but I didn't have to." Another person said, "It was easy to contact the office, they were always quite helpful, in the first few weeks they would come out to see if everything is okay." Relatives confirmed communication with staff was unhindered, one relative said, "Yes I can ring the office, they are easy to get hold off, I would call them if there was a problem". The registered manager told us that she and office staff were always available to be spoken to by care staff, people and relatives. People had a service user guide in their homes which provided them with all the contact details of the office care staff and managerial care staff as well as the CQC's contact details should people wish to seek further advice or guidance. People confirmed that communication with the office was easy and action was taken when they requested a change to any aspect of their care. One relative told us, "We have numbers to contact the office, we can access the office. On one occasion we had to call as we needed an earlier call as we had an appointment, the carer came earlier and it all happened without any hiccups".

The provider and registered manager aimed to achieve a positive and open culture within the service and actively sought feedback from people receiving care, their friends and family. Care staff felt that they were able to communicate openly with their colleagues and felt supported as a result. One member of care staff told us, "Yes, definitely, (open service) I'd say we're quite a vocal team which is good and we're all really passionate and we all know each other's strengths it's definitely an open and honest team". The provider's aims of the service were to provide the highest possible standard of care and support whilst promoting service users independence, dignity and choice within the community. These aims were understood by care staff who were able to clearly identify the purpose of their role and their responsibilities to deliver this particular type of care. One member of care staff told us, "The Community Response Team's (another name for the HCC Hub) aim is to enable people to regain their independence and confidence in their own homes, reduce the need for domiciliary care agencies and other paid for care… working with service users within their own homes to regain their independence and confidence to live fully and meaningful lives". People and relatives told us care staff were displaying these values when delivering their care and were happy with the care provided, one relative said, "They (care staff) are very good, they have a smooth approach, it's so much better than the previous service, I don't feel stressed as I know what is happening". Another relative told us, "I am very happy with the service overall". People were supported by care staff who were aware of their role and demonstrated the providers and registered manager's values in the care they delivered.

The registered manager was able to evidence that they knew what was required of their role. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance and regulations. All care staff spoke positively of the registered manager's ability to do their role and felt they provided strong leadership. One member of care staff told us, "I think it's very good (leadership of the service)… we all feel very supported the manager understand the sort of pressure we're under and yeah really supports us I think both professional and personally and she's supported me and I feel really confident in my role …she encourages people to progress within their careers which is really good, some are happy for you to stay where you are, feel, very, very supported. Knows what she's talking about".