

## Nottinghamshire County Council

# Start Service - Newark and Bassetlaw Locality

### Inspection report

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07 June 2016

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

We carried out an announced inspection of the service on 31 May 2016 and 7 June 2016. Start Service Newark and Bassetlaw Locality is registered to provide short term reablement services and personal care to people in their own homes. Reablement is about helping people regain the ability to look after themselves following illness or injury. At the time of our inspection the service was providing the regulatory activity of personal care to 54 people.

On the day of our inspection there was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A new manager was in place and was in the process of applying to the CQC to become registered. We will monitor this application to ensure it is completed in a timely manner.

Risks to people's safety were assessed and reviewed. However, where a risk had been identified, a risk assessment and subsequent support plan was not always in place to manage that risk. People required minimal support from staff with managing their medicines. However, assessments of staff competency in supporting people with their medicines were limited in detail and the processes were not sufficient to ensure staff supported people in a consistent and safe way.

Staff could identify the potential signs of abuse and knew who to report any concerns to. No unnecessary restrictions were placed on people's freedom. There were enough staff in place to provide people with the support they needed to be safe.

People were supported by staff who completed an induction prior to commencing their role and had skills and training in place and their performance regularly reviewed to enable them to support people effectively. The manager was aware of how to implement principles of the Mental Capacity Act (2005) into people's care and support where needed. Guidance was in place for staff to support people with their meals. People's day to day health needs were met by staff and healthcare professionals.

People told us staff were kind, caring and compassionate. Staff understood people's needs and listened to and acted upon their views. People's privacy and dignity were maintained and staff spoke with them in a respectful way. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates.

People's support records were person centred and focused on providing them with care and support in the way in which they wanted. People were provided with the information they needed if they wished to make a complaint. No formal complaints had been received in the past 12 months.

Some people told us they had been asked to give formal feedback of their experience of the support

provided. However, others told us they had not. People felt staff responded to any concerns they raised, however people and relatives were unaware who the manager of the service was. Staff spoke highly of the manager and the manager understood their roles and responsibilities. They ensured the CQC were notified of incidents that had occurred. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the reablement support provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risks to people's safety were assessed and reviewed. However, where a risk had been identified, a risk assessment and subsequent support plan was not always in place to manage that risk.

Assessments of staff competency in supporting people with their medicines were limited in detail.

Staff could identify the potential signs of abuse and knew who to report any concerns to. No unnecessary restrictions were place on people's freedom.

There were enough staff in place to provide people with the support they needed to be safe.

### Is the service effective?

**Good** ●

The service was effective.

People were supported by staff who completed an induction prior to commencing their role and received regular training review of the quality of their work.

The manager was aware of how to implement principles of the Mental Capacity Act (2005) into people's care and support where needed.

Guidance was in place for staff to support people with their meals.

People's day to day health needs were met by staff and healthcare professionals.

### Is the service caring?

**Good** ●

The service was caring.

People told us staff were kind, caring and compassionate.

Staff understood people's needs and listened to and acted upon their views. People's privacy and dignity were maintained and staff spoke with them in a respectful way.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's support records were person centred and focused on providing people with care and support in the way in which they wanted.

People were provided with the information they needed if they wished to make a complaint. No formal complaints had been received in the past 12 months.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Some people had been asked to give formal feedback of their experience of the support provided, however, others told us they had not.

People felt staff responded to any concerns they raised, however people and relatives were unaware who the manager of the service was.

Staff spoke highly of the manager and the manager understood their roles and responsibilities. They ensured the CQC were notified of incidents that had occurred.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the reablement support provided.

# Start Service - Newark and Bassetlaw Locality

## **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.

This inspection took place on 31 May and 7 June 2016 was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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 information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also spoke with health and social care professionals and asked for their views.

At the provider's office we reviewed the support records for five people who used the service. We also looked at a range of other records relating to the running of the service such as quality audits and policies and procedures. We spoke with four members of the support staff, a support coordinator, an office based reablement manager and the manager.

After the inspection we carried out telephone interviews with eight people who used the service and six relatives and asked them for their views on the quality of the service provided.

# Is the service safe?

## Our findings

People told us they felt safe when staff supported them in their home. One person told us staff always showed their ID cards. They told us they felt safe and comfortable when care workers were in their house. Another person told us they had no concerns about their personal safety and security. They said that their key was in a key safe so that staff could let themselves into their home. They confirmed staff ensured the house was locked when they left. A relative who lived with a person who received support from staff said, "We feel perfectly safe, they're all very nice, we definitely feel secure. I don't think any of them would do anything wrong, I trust them."

The risk of people experiencing abuse was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they had any concerns. Staff attended safeguarding adults training and were aware of who they could speak with both internally and externally if they had concerns. This included reporting concerns to the CQC, the local multi-agency safeguarding hub (MASH) or the police. People were also provided with information about who they could contact if they felt their or other people's safety was at risk.

A staff member said, "If I thought someone was being abused, I'd tell my manager, then report it to safeguarding if I thought I needed to."

Assessments of the risks to people's safety were conducted on their initial assessment before they commenced using the service. The manager told us support plans were then put in place to provide staff with the information they needed to support people safely. We saw risk assessments were in place for some identified risks such as medication and the environment which people lived. However, in some of the support records we looked at we found risk assessments had not always been completed when required and where they had, a support plan was not always in place to address the identified risk. For example, we saw a person had been assessed as needing to be 'reminded and observed' when taking their medicines, but there was no guidance in place for staff to follow when supporting this person. Another person had been assessed as requiring support with a restricted diet due to a previous health condition, but no support plan was in place to ensure staff knew how to support this person safely with their meals.

The manager acknowledged that more needed to be done to ensure that risk assessments and support plan records were completed appropriately and failure to do so could increase the risk to people's health and safety.

The aim of the service provided was to support people to regain their independence as quickly and safely as possible. All of the people we spoke with told us they were satisfied that staff did not restrict their freedom and encouraged them to do as much for themselves as possible.

Processes were in place to support people if they had an accident when being supported by staff within their home. The manager told us accidents were rare, but if they did occur, they ensured measures were put in place to support the person. Records viewed showed the accidents and incidents that had occurred were

investigated appropriately.

People were supported by an appropriate number of staff to keep them safe but also to ensure they were provided with the appropriate amount of support required to assist them with their reablement. The manager told us before a person was permitted to start using the reablement service; they ensured they had the appropriate number of staff in place to support them. The support coordinators carried out daily reviews of the number of people using the service, their individual needs and the number of staff available to support them. They told us if they did not have the appropriate number of staff with the skills to meet a person's specific support needs, then they would not permit that person to commence using the service. This also ensured the care for people who were currently using the service was not affected by thinly stretched staff resources.

Safe recruitment processes were in place to ensure people were protected from the risk of receiving support from unsuitable staff. We looked at three staff files. Each record showed that before all staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the provider in making safer recruitment decisions.

The staff we spoke with told us they felt they had enough time to do what they needed to do to support people safely. One staff member said, "We have plenty of staff. It can be a little rushed sometimes, but it's ok. We get to do what needs doing."

We asked people if staff supported them with their medicines. All of the people we spoke with told us they managed their own medicines.

The staff we spoke with had a good understanding of the risks associated with medicines. Staff had received the appropriate training to enable them to have the skills to support people safely with their medicines if needed.

The manager told us that due to the type of service provided it was rare that people were unable to manage their medicines. This was because people received short term support from staff with the aim of achieving independent living within a matter of weeks. However, they told us on occasions people did need some support from staff. This could include prompting or supervising a person with taking their medicines. The manager told us they ensured that all staff had their competency to administer medicines regularly assessed. However when we looked at the records used to carry out these assessments, the guidance used by the assessor was very limited in its detail. This could lead to an inconsistent approach to the assessments being carried out. The manager acknowledged that a more detailed form of assessment was required and they would ensure the documentation was updated to reflect this.



## Is the service effective?

### Our findings

People and their relatives spoke highly of the staff and felt they had the appropriate skills and knowledge to support them or their relative effectively. One person said, "They [staff] know what they're doing." Another person said, "All the ladies that have been with me, and this is the second time I've had them, I've no complaints about them at all." A relative said, "They [staff] just get on with what they're doing, they're brilliant. They do what they're supposed to do and don't interfere with anything else. We're very satisfied with them."

Staff received an induction to provide them with the skills needed to support people in an effective way. A member of staff said, "The induction was great, really helped to give me the skills I needed."

The manager told us staff completed their induction along with key areas of training before they commenced their role. They also told us all new staff were expected to complete the 'Care Certificate' training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they felt well trained. One staff member said, "I've had lots of training, classroom and computer training." Records showed an on-going and comprehensive training programme was in place for staff. Training had been completed in many areas such as, safeguarding of adults, moving and handling and dignity awareness. Records showed, at the time of the inspection, that staff training was up to date and refresher training had been booked for staff where needed.

Records showed staff were offered the opportunity to complete external qualifications such as diplomas (formerly known as NVQs) in adult social care to help to develop their skills and to continually improve the quality of the care people received.

Staff told us they felt supported by the registered manager and received regular supervision and an annual appraisal of their work. Records viewed supported this. Regular supervision enables managers to be confident that staff provide people with consistent and effective care and support.

The people we spoke with did not raise any concerns with us regarding how staff supported them with them and not respecting their choices.

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.

Records showed all staff had completed MCA training. The staff we spoke with had a good understanding of the MCA and could explain how they used the principles of it in their role.

The manager told us that due to the type of service provided, people had the capacity to make their own decisions. However, if people were identified as being unable to make a decision for themselves then MCA assessments would be carried out and appropriate support would be put in place for them.

The majority of people we spoke with told us they did not require support from staff with preparing or eating their meals. However one person said, "In the early days, they'd [staff] do me a bit of breakfast, only toast and marmalade, when they came in at lunchtime they'd make me a sandwich; they would ask me what I wanted."

People's support records gave staff guidance on the foods that people liked and disliked and any allergies they may have. Some guidance was included for staff to follow if people needed support with their meals; however the manager acknowledged that this lacked detail in places. They told us they would ensure people's records were reviewed to enable staff to have the information needed to support people effectively with their meals.

Due to the type of service provided people had alternative arrangements in place to support them with their healthcare. The staff we spoke with had a good understanding of people's day to day health needs and were able to explain how they would support people in case of an emergency. A variety of other healthcare professionals supported people with their day to day health needs. These included occupational therapists and physiotherapists.

All of the people we spoke with confirmed that their healthcare needs were met by other agencies and healthcare professionals.

## Is the service caring?

### Our findings

People and their relatives told us the staff who supported them or their family member with their reablement were kind and caring. One person said, "[The staff] are kind, they're very nice." Another person said, "They're very good. They chat and talk to me while they're doing their paper work; they always ask if I need anything else done." A relative said, "They go out of their way to help, they're brilliant, they are all very obliging, they are definitely very kind and caring, they are all very nice."

Staff spoken with could explain how they provided compassionate care and support for people. Each staff member told us they were eager to support people with achieving independence. One staff member said, "I love my job, we make a difference to people's lives. If you can go home knowing you have made a difference, that is the most pleasing thing."

When people first started to use the service, they were given a 'welcome pack' which explained clearly the type of service provided, how long they would get support for, who they could contact in an emergency and who they could contact if they were not happy with the service provided.

People's support records showed that their religious and cultural needs had been discussed with them and support was in place from staff if people wished to incorporate this into their life. People's support records contained information about their life history and personal preferences. The manager told us this enabled staff to have information available to them to assist them in building positive relationships with people.

People told us they were involved with decisions about their care and support needs and felt staff supported them to improve their ability to live independently. Staff met with people prior to the commencement of their support and discussed with them what they wanted to achieve. One person described the positive experience they had had with this process. They told us they had discussed their needs with staff and agreed the support they would receive. They told us when they felt they no longer needed that support; they held a discussion with their occupational therapist and staff to agree when the support would end. Another person said, "They [staff] have been coming in three times a day, now it's two. I try to do it [personal care] myself; I'm moving on to be more independent."

Information was provided for people about how they could access and receive support from an independent advocate to help them make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People told us staff treated them with respect and dignity when they supported them with personal care. One person told us they felt, "comfortable and not embarrassed", when receiving personal care from staff. Another person said, "I was embarrassed at first but it has to be done and they [staff] are very, very good, they don't intrude." A relative said, "I think [family member] does now [feel comfortable during personal care] they are a very private person, they like their privacy but they're [staff] very good with [family member]."

The provider's PIR stated that all staff had undertaken a training exercise to assess and improve their knowledge of dignity awareness. It stated the aim for all staff was to become a 'Dignity Champion'. Dignity Champions challenge poor care and act as role models to others, ensuring that they and others treat people with the respect they deserve. The PIR also stated, 'All staff have been trained to understand disability, gender, gender identity, race, religion and belief and to treat all individuals in a caring and supportive way.' The staff we spoke with were aware of the responsibility to treat people equally and to ensure people's human rights were understood and respected.

## Is the service responsive?

### Our findings

People's support records were written in a person centred way. Before each person started to use the service discussions were held with each person and where appropriate their relatives, to agree the care and support that was to be provided. Support plans were then put in place to provide staff with guidance to enable them to support people in the way in which they wanted to be. A person who used the service told us they had a discussion with a member of staff to agree their support needs and said, "The service provided the support I needed." A relative told us they and their family member had met with staff to agree the help that was needed, and they described the care staff and the manager as, "very helpful."

The provider's PIR stated how they planned people's support when they first started to use the service. It said, 'Within the first few days of entering the service, an occupational therapist will visit to build on the support plan with the individual to write reablement goals towards independence. The plans reflect a person's strengths and what they can do, their needs, choices and preferences and how they prefer to manage their health.'

People's support needs were regularly reviewed with them and where needed, external health and social care professionals. These reviews ensured that the support people received changed in line with people's improving health. Where people's health had not improved as quickly as they would have liked, further support was then put in place. This could be an increase in the number of times a support worker attended their home, providing them with assistive technology or further use of occupational therapists. The manager told us it was important to continually review people's support needs to ensure they were given the opportunity to return to independent living as quickly as possible.

Staff had a good understanding of how to support people and were able to respond to people's changing needs. A relative told us they were, "grateful that Start could arrange a prompt care package to allow [family member] to leave hospital." They also told us the staff responded positively when they had asked them to change the times when their family received their visits from the staff. One staff member said, "If things aren't going to plan for someone, I will make sure improvements are made."

People and their relatives were provided with the information they needed if they wished to make a complaint. The majority of people knew who to make a complaint to; however a small number of people told us they were unsure. A relative said if they or their relative had any concerns they would ring the office.

The provider's PIR stated they had not received any formal complaints in the last 12 months. The manager and the records we looked at confirmed this. We looked at the service's complaints procedure and saw the appropriate process was in place to respond to people's concerns in a timely manner.

## Is the service well-led?

### Our findings

The manager told us people were asked to give their feedback on the quality of the service provided during their time with the service. They told us people were provided with a questionnaire when their support ended and the results were used to improve the quality of the service provided. A person told us they had completed a questionnaire. They said, "The service was, absolutely brilliant, I couldn't complain." Another person told us a staff member had left them a questionnaire to complete. They said they were, "generally satisfied" with the help they had received. However some people and their relatives told us they had not received a questionnaire.

People felt able to raise any concerns they had and felt the staff responded to these concerns. However, the majority of the people using the service and their relatives did not know who the manager of the service was. However, it was likely this was due to the limited time people used the service and the fact that there has been a recent change of manager at the service.

Staff felt able to discuss their roles with the manager. All of the staff spoke highly of the manager. One staff member said, "She is very good, very approachable and understanding." Another said, "She gave a lot of guidance. I feel like I can go to her with anything."

Staff were provided with regular team meetings where they were able to raise any concerns they may have. They were also provided with information about risks to people who use the service, changes in policy or legislation or expectations of their role. Staff told us they felt able to contribute to these meetings and their views were welcomed.

Staff told us they enjoyed their job. They had a good understanding of the provider's values and aims for the service. One staff member said, "It's about supporting people to be as independent as they can be and respecting their choices and wishes."

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. 'Whistleblowers' can be employees who become aware of illegal activities taking place in a business either through witnessing the behaviour or being told about it.

Processes were in place to ensure the continual development and improvement of the quality of the performance of the staff and the manager at the service. These processes ensured both the staff and manager were held accountable for the quality of their work. The provider's PIR stated, 'There is a strong emphasis on constantly trying to improve. Nottinghamshire County Council (NCC) has robust policies and processes in place for managers to adhere to and to provide a consistent style of management for staff in relation to their actions behaviours and performance.' The PIR also stated that staff received regular supervision of their work along with, appraisals, 'weekly drop-ins' and observations to ensure they were carrying out their role in line with NCC policies and procedures.

Registered persons are required to notify the CQC of certain changes, events or incidents at the service. We

reviewed the provider's records and found statutory notifications had been sent to us when required. The submission of these notifications is important as it enables the CQC to assess whether a service is taking, or has taken, appropriate action when there is an allegation of abuse or if a person has been seriously injured.

The service had quality assurance systems in place that monitored the quality of the service people received to ensure people received the care they wanted in a safe way. Regular reviews of care plans and staff performance were some of the ways the manager monitored the service. A 'quality assurance and performance improvement plan' was in place. This plan assessed the quality of the service provided and where improvements or changes were needed; agreed plans of action were put in place and regularly reviewed to ensure they were completed.