Sheffield City Council

Home Support Service

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

Summary of findings

Overall summary

This inspection took place on the 14 and 29 September 2016 and was unannounced. The agency was previously inspected in October 2013, and at the time was meeting all regulations assessed during the inspection.

The service had a registered manager who managed the day to day operations of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Home Support Service is an agency providing personal care to people in their own homes. The service provided is a re-enablement service and provided care and support to people when they came out of hospital for a period up to six weeks. During this time people were assessed to determine if they could manage on their own or required a permanent care package, which would then be provide by a different provider. The service was provided throughout Sheffield. The service supported between 300 and 500 people, this changed weekly as on average 80 new packages were taken each week and others discharged. At the time of our inspection 389 people were receiving a package of care. Length of visits depended on people and the frequency of visits ranged from one visit per week to four visits per day depending on people individual needs. Visits would be reduced as people improved and their needs decreased.

We received positive feedback from people we spoke with. They told us that, "They are willing, kind and very courteous; really happy with them." Another person said, "Nothing is too much trouble, I can't complain about anything."

People told us they felt safe when staff visited and staff did their best to enable them to maintain their independence. We saw there were robust systems in place to manage risks to people. For example, we saw staff had made referrals to the falls team and referrals for equipment to keep people safe. This demonstrated that they had acted on the information gained at the assessment which ensured people were safe.

The service actively involved people in their assessment. This was carried out on the day they were discharged form hospital. Assessment officers met the people at their home with family members to go through the support required. This meant peoples choices, likes, dislikes and decisions were incorporated into the plan of care and support.

The registered manager told us that all staff were trained to undertake risk assessments which meant they could identify any issues both in the home environment or risks to people's safety while in the community. The service also had clear lone worker policies which protected staff when working alone in the community.

People were supported to take their medication safely and the care records identified the level of support needed for each person. The service ensured that priority for visits were given to support medication calls to ensure that people's medication needs was given at the time prescribed. For example, pain relief medication which may be needed to ensure people were pain free to mobilise and be able to support themselves. However, we identified that medication procedures and systems required some improvements.

People and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. The provider listened to all complaints and made sure people were confident their complaints would be taken seriously. There were also surveys in place to allow people and their relatives the opportunity to feedback about the care and treatment they received.

The service promoted an open and honest culture and the managers and care co-ordinators were transparent in their discussions with us. Staff spoke highly of their teams and felt well supported by their care co-ordinators. The service was at the time of our inspection in the process of a reorganisation and some staff had left or were in the process of leaving. Staff told us this had been a difficult time but the provider had kept them informed and communication during the transition had been very open. Staff were confident they could raise any concerns or issues, knowing they would be listened to and acted on. Staff said, "I love my job I get a lot of satisfaction form it." Another said, "We are well supported and we all work well as a team."

People told us that staff were very professional and always respected their dignity when undertaking personal care tasks. Staff we spoke with were highly motivated to provide a good service to people they supported. One staff member said, "If we find a problem we ensure the person is ok and inform the office, we would not leave a person until we knew they were alright."

Staff working at the service were recruited safely and were able to complete training to meet the support people needed. The service also enabled staff to undertake nationally recognised training to help them progress in their work.

The registered manager was committed to continuous improvement and feedback from people, whether positive or negative, was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

There were safe and robust recruitment procedures so helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications safely. However these were being improved at the time of our inspection as shortfalls had been identified.

Is the service effective?

Good

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received and gave us positive feedback about their care and support.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

Staff were trained to be able to undertake their roles and responsibilities and also received service specific training which enabled them to meet the needs of people they supported.

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Is the service caring?

Good

The service was caring.

The registered managers and staff were committed to a strong

person centred culture.

People told us they were happy with the care and support they received to help them regain their independence.

People were involved in making decisions about their care and staff took account of their individual needs and preferences. The staff worked closely with people to ensure they were treated with respect at all times.

Is the service responsive?

Good

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's support plans had been updated regularly and were written in a format that was suitable for them to understand. This was being improved further at the time of our visit.

The service was responsive to peoples changing needs by adjusting visit times as they became more independent.

People had access to the services complaints procedure. People that had raised concerns told us that they were dealt with swiftly and fairly.

Is the service well-led?

Good

The service was well led.

Systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement. People views were continuously gained both while they are receiving support and again when they were discharged by the provider. This helps to shape the service for the future.

Home Support Service

Detailed findings

Background to this inspection

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

This inspection took place on 14 and 29 September 2016 and was unannounced on the first day. The inspection team consisted of an adult social care inspector. We telephoned and spoke with twenty seven people who used service and three relatives to gain their views and experiences of the service. At the time of this inspection the service supported 389 people.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered managers. We had also received a provider information return (PIR) from the provider which helped us to prepare for the inspection. 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.

At the office we spoke with the registered managers, the service manager, assessors, support workers, quality officers and the head of service. We also spoke with staff via telephone following the visit.

We contacted two health care professions to seek their views on the service provision. These were from the discharge planning team and the social work team at the Northern General.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for seven people, and other records relating to the management of the domiciliary care agency. This included five staff training, support and employment records, quality assurance audits, and minutes of meetings with staff. We also looked at the findings from questionnaires and incident and accident reports.

Good

Is the service safe?

Our findings

People we spoke with felt the provider offered safe care which took in to account the risks associated with their care.

People we spoke with also said they felt the service supported them safely. Where staff were responsible for locking and unlocking doors using a key safe people said they always did this appropriately.

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the acting manager. We saw staff had received training in this subject.

Staff we spoke with told us that there were sufficient staff on duty to make sure people were safe and that their needs were met and the service operated in a flexible way. We were told by staff that if they needed additional help then this was available. All the people we spoke with said staff did not miss any calls and that all staff were very good and they usually received care from the same team of staff. One person said they enjoyed having different care workers as it varied their day.
However, some people said calls were inconsistent. For example, one person told us the service could only provide an evening call at around 3.30pm which they said was much too early for an evening call so they managed with just a call in the morning. They added that staff did not come at a set time adding, they just come when they finish their last call. "Today it was after 11.30am for my breakfast call, yet when they arranged the visit they l said l preferred 9am." They said it was not unusual for their morning call to be mid-morning.

Another person said they regularly had different cares attending the call so it was difficult to establish a relationship and to get used to the carers. One person said, "I can't get used to any of the carers as they send different ones all the time." Another person said, "I get different carers and some come far too early at 7am."

Another person told us as they become more independent their visits had become more inconsistent. They commented, "Times vary, there is no set time."

Another person said it would be nice if all the care workers knew what to do when they visited them. They said they majority of care workers were very good and "Just got on with it," while others "Asked them what to do and if they are alright, and were in and out." They added that their visit time varied from 5 – 10 minutes to 30minutes.

We discussed this with the head of service who explained there was a major reorganisation on-going at the time of our visit and this had affected staff teams. This meant some people did not always receive care and support from the same staff team. The registered manager told us that they were aware it had been a difficult period for staff, but the reorganisation would give a clear structure and responsibilities for staff, to ensure a better service was provided. They told us the new structure would be in pace on 1 October 2016

and the new systems would then be embedded into practice.

Risk assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. For example, people's care plans contained a risk assessment which considered a range of environmental risks. The risk assessments included information such as the safety of electrical equipment and whether the temperature of water was within safe limits for assisting people to have baths or showers. The risk assessment recorded whether there were any risks to people associated with their need for administration or assistance with medicines or any infection control concerns. People had moving and handling risk assessments which contained information about how care workers should support the person when helping them to transfer in and out of chairs and their bed. Risk assessments were proportionate and centred around the needs of the person. The service regularly reviewed the assessments and made necessary adjustments where required.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. We checked five staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had a medicines management policy which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff received medicines management training and a competency check was carried out annually. However, we found the systems could be improved. This had been identified by the provider and they were in the process of developing a more robust assessment system, which included medicine management. For example the new system would detail all prescribed medicines even if the staff were not administering all medicines, improving the coding system for staff if medicines were not administered to be able to determine reasons and implementing a body map chart to detail placement of medication patches. Staff we spoke with felt the new systems would improve medication management for people and would reduce errors.

We saw that staff managed supporting people to take their medication consistently and safely. We saw care records reflected the degree of support each person needed, and it was clearly recorded if the person could manage their medicines themselves. People we spoke with who were being supported to take their medication raised no issues with how staff supported them. One person we spoke with told us the carers provided them with support with their medicines. One person said, "They [the staff] are very good. I needed medicine at certain times and they managed this well. There were a couple of times this was later and it worried me a bit but I was alright." They went on to say, "The staff always signed the medication administration record after giving me my tablets."

Good

Is the service effective?

Our findings

All people we spoke with told us they felt the staff were well trained and knew their roles and responsibilities. One person said, "The staff know exactly what they are doing and they are very good at their job."

One person we spoke with had meals prepared for them and told us, "The staff always ask me what I would like and they get it ready for me. Nothing is too much trouble."

People told us staff delivered appropriate care and support and the majority were good at their job. They said some staff were better than others, but the majority were good. One person described staff as, "Sociable and friendly" adding, "I have nothing bad to say about them."

We spoke with the registered manager about gaining consent to care and treatment. They told us that staff had received training in the Mental Capacity Act 2005. However, they said as they provided a re-enablement service that people that they supported had capacity to say how they wanted their care delivered in their own homes. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The staff we spoke with had a good working knowledge of the Mental Capacity Act 2005, in protecting people and the importance of involving people in making decisions. They told us they had received training in the principles of the Act. The training records we saw confirmed this.

We looked at support plans in the office which we were told were the same as the records kept in people's homes. We found the assessments and care plans were detailed to ensure staff were able to deliver the support people needed.

People we spoke with told us that they had been part of the assessment undertaken and had agreed to share the information with the appropriate people, such as health care professionals. People told us that when staff were supporting them with personal care they would always ask for their consent before commencing the support.

Assessors we spoke with told us that the assessment of each individual usually took at least two hours to complete and people were encouraged to be part of the process. They told us they asked people's preferences about what support they required and times they would like their visit. Where the service was unable to meet a preference this was communicated to the person at the start of service. It was explained to people that calls were between set times. For example morning calls would be between 7 am – 11 am; however, priorityy would be given to medication administration to ensure this was given on time.

People we spoke with told us there were suitable arrangements to ensure they had sufficient food and drink to meet their nutritional needs. This ranged from support from staff to reheat meals in the microwave, or to

reheat meals provided by family and friends. Some people told us they were able to manage meal preparation themselves. People we spoke with who required assistance with meals told us staff always asked what they wanted and raised no concerns with how staff prepared or served their meals.

The head of service told us they were involved in a pilot study; Novel Assessment of Nutrition and Ageing (NANA) run by the University of Sheffield. This was an application developed in partnership with older adults to collect information on nutritional intake, cognitive function, mood and physical activity of older adults in their own homes to determine people received adequate nutrition.

Records we looked at confirmed staff were trained to a high standard. Managers, assessors, support managers and care support workers had obtained nationally recognised certificates and other service specific qualifications. Staff we spoke with told us the training was very good, one staff member told us, "We are always doing training to ensure we have the correct skills, training is very good." Staff said the training gave them a better understanding of people's needs and ensured the care they delivered was person centred.

The registered managers told us all staff completed a comprehensive induction which included, care principles, service specific training such as mental health, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were then expected to work alongside more experienced staff until they were deemed to be competent. Staff we spoke with confirmed when they commenced employment they received a good induction to prepare them for their role and responsibilities.

The registered manager told us that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. Care co-ordinators had been validated so that they could assess staff's competencies throughout their induction into the service.

We looked at formal supervisions and appraisals which were undertaken at the office. They were completed to a good standard. Observations of work practice also take place in people's own homes. We looked at a number of observations undertaken on staff and found they were very detailed and confirmed staff were working to expected standards.

Good

Is the service caring?

Our findings

All people we spoke with felt the carers provided a very caring service. They told us that all staff were very polite, caring and considerate to their needs. One person said, "I can't fault them, they are lovely." Another person said, "The carers are marvellous and very friendly." Another person said, "The carers are excellent."

People told us staff varied but on the whole they were happy with how they met their needs. They said care workers respected their dignity and offered choice. One person commented, "They [care workers] are always respectful and I enjoy having a chat with them." Another person said, "I cannot fault the workers they are lovely and certainly respected my dignity."

Staff working with people in their own homes ensured that they encouraged people to become independent and regain their confidence. People told us staff gave them time to do things ensuring their independence. One person told us, "Staff give me support to be able to do things on my own, in my own time. They have given me confidence so I know I can manage on my own when the support stops. It wouldn't have been possible to cope on my own immediately when I was discharged form hospital."

Another person who used the service said, "The staff are very respectful when assisting me with my personal care. They make sure my dignity is always maintained."

People and their relatives who we spoke with told us they were involved in developing their support plans which were written in a way they could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do.

We saw the service had an open and honest approach to ensure they valued the views of people who used the service to make continual improvements. Questionnaires were used to capture people's view and they also undertake an end of service survey to try to capture the views of people and their informal carers when the support was finished. We saw the satisfaction levels were mostly positive.

The registered manager told us how they ensured people's wishes were respected. For example at the initial visit, people were asked their preferred gender of care support worker and this was recorded in a specific area which then prevented mistakes happening when covering work.

Staff were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people to ensure they respected the person's wishes. They said they always asked for people's permission before undertaking any personal care, and maintained the person's dignity.

Support staff and managers liaise with health and social care professionals to ensure that people received the best health and care they deserved. The service understands that when a request for support was received it was important that they responded to this request swiftly to ensure that the person's safety and wellbeing was not compromised.

Mangers carried out observations of staff working with people in their own homes. Some were unannounced and focused on the person's experience. They judged how staff maintained people's dignity and respected people's wishes. Staff received feedback from there line manager which identified any areas for development.

Home support services did not routinely provide end of life care as they were predominantly a re-enablement service. Providing care and support to people on discharge form hospital. However, some staff had still received palliative care training and kept this up to date to be able to meet the needs of people at end of life if required.

Good

Is the service responsive?

Our findings

People we spoke with told us they were involved in their care and told us they had a care plan file in their home. One person said, "I have been involved right from the beginning and the staff took my rights and choices in to consideration." Another said, "I read the visit notes most of the time and these reflected the care and support provided."

We asked people if they knew the process if they wanted to raise a concern. All the people we spoke with told us they had a list of contact details in their file and could call the managers at any time. People were confident that issues would be resolved without delay.

People's care and support was planned proactively in partnership with them. Everyone that we spoke with said that when their care was being planned at the start of the service the member of staff spent a lot of time with them finding out about their preferences, the support needed and how they wanted their care to be delivered.

The support plans we saw at the office were person centred and reviewed as the support needs changed. We were also shown new paperwork that was being introduced this would give more detail and be more person centred. This had been developed as shortfalls had been identified in the current paperwork. The registered manager told us this was being introduced when the reorganisation was completed.

We spoke with the care staff involved in dealing with referrals for people they told us that they reviewed the care package after a week and then depending on what their needs were would plan the next review. We accompanied one worker to a review and they assessed the person as still needing the same support so agreed to return and review the following week. This showed care and support was reviewed appropriately ensuring people's needs were responded to in a timely way.

The service worked proactively in partnership with other services to ensure good transition of care for people who used the service. We spoke with the discharge planning team at the hospital and they told us, "A lot of work has gone into ensuring that the service is fit for purpose going forward and engaging with staff to find out how they feel the service can develop into ensuring everyone has an opportunity to regain health and independence at home." They also added, "There is a lot of pressure from NHS colleagues but they still manage to work in what can be a hostile environment. Like any service it is only as good as its staff and although they have seen reductions in numbers I have confidence in their senior manager to continue developing the service to ensure it will be fit for purpose in the future." We also spoke with the intermediate care team who said, "We have developed a very close working relationship with the service to ensure improvements are made and service provision is responsive and fit for purpose."

The registered managers told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw the complaints leaflets in the support plans that we looked at in people's home. The registered manager told us they had received three formal complaints in the last 12 months, and we saw evidence to confirm actions had been

taken to resolve the complaints. One complaint was still on-going and we saw evidence of a thorough investigation taking place. Staff told us some issues occurred when the complaints were delayed in reaching the correct person for investigation. This had happened to the complaint being investigated at the time of our visit. As part of the local authority the service has a complaints team and this is where all complaints are sent. However, on occasions this can then take considerable time to reach the appropriate department to investigate.

The registered manager told us that minor issues were dealt with by the appropriate staff straight away. Staff within the teams met regularly to learn from any concerns raised to ensure they delivered a good quality service.

The quality manager gave us an example of learning from concerns raised. We saw concern regarding medication administration had been investigated and new systems implemented to ensure the error did not happen again. This was cascaded to all managers to ensure lessons were learnt.

All the people we spoke with were aware of the complaint procedure, which we were told as part of the pack they reviewed at the beginning of the care package. Most people we spoke with did not raise any complaints or concerns about the care and support they received. One person told us how they had raised a concern but explained this had been dealt with immediately and resolved. However, when discussing things like late calls people seemed reluctant to raise these as concerns as they seemed worried that it would affect their care package. This was discussed with the registered manager who agreed to include this in the review process to ensure these concerns were captured.

Staff told us if they received any concerns about the services they would share the information with their line managers. They told us they had regular contact with their manager both formally at staff meeting and informally when their manager carried out observations of practice in people's homes.

Good

Is the service well-led?

Our findings

People told us that overall they were happy with the service provided. One person confirmed that over the month they had received support someone from the office had called them at least twice to ask if they were happy with the care provision.

When asked if there was anything they would like to see change to improve the service provided most people could not think of anything. However, a relative said the odd staff member could word things better when talking to people.

People told us they could get in touch with the office and that staff were easy to get on with. People could recall their reviews and told us these were face to face meetings. We spoke with people who used the service and they told us the care and support provided was very good. Most comments received were very complimentary. One person told us, "Everyone's been really nice; I can't complain." Another person said, "They are willing, kind and very courteous; really happy with them."

People who used the service were actively encouraged to give feedback about the quality of the service. Questionnaires were regularly sent out to gain peoples feedback both while they are receiving support and again when they were discharged by the provider. This helps to shape the service for the future. The quality manager had identified that the questionnaires could be improved to be more effective. For example for each question asked there two choices of answer meant it was not always possible to determine quality of service. The answers were 'I don't know' or 'no comment'. Therefore it was not clear if they did not want to comment or genuinely did not know an answer. These were being changed at the time of our visit.

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Staff told us that they felt part of a team which encouraged involvement in developing a good service. Team meeting were held with all staff to look at what developments within the service and also gave staff an opportunity to talk about concerns and training. We saw minutes of several of these meetings.

Staff told us that they felt managers listened to them about their training needs. They said the managers listened to their concerns and ensured additional time and support was offered so that staff had the right skills and competencies to complete the required training and to deliver good care.

We found the managers had listened to the workforce when restructuring roles and responsibilities. Staff we spoke with felt involved in the reorganisation process and had been kept informed of timescales for implementation. Staff felt the provider had been open transparent and inclusive in the process. This meant staff were well informed and not anxious.

There were effective and robust systems in place to monitor and improve the quality of the service provided. The registered manager showed us records of attendance at visits and also spot checks undertaken by care managers. The records demonstrated that managers were able to confirm people received their calls to meet their assessed needs.

We saw that incidents and accidents were audited each month. The incidents were grouped into themes to determine if there were any triggers or lessons to be learnt to reduce incidents. The providers' quality officers also looked at the number of minor incidents to determine these were not related to prevent a major incident occurring. This meant risk was identified and measures put in place to reduce the risk and ensure peoples safety.