

Derbyshire County Council

DCC High Peak Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

DCC High Peak Home Care is a domiciliary care agency. It provides care to people living in their own houses and flats and within two extra care facilities in the High Peak area of Derbyshire. The service supports younger adults, older people, people living with dementia and people with physical disabilities living in their own homes. Some people received a short-term service following a period of hospitalisation. At the time of this inspection there were 118 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Roles, responsibility and accountability arrangements were not clear. Systems for identifying, capturing and managing risk were ineffective, for example, medicine records and care plans were not routinely reviewed. People and staff told us the service was not well-led and they were not clear on who held managerial responsibility. People told us they were happy with their care and felt involved and included in care planning and delivery. However, staff consistently told us they did not feel listened to, valued or involved in the running of the organisation.

Assessment of risks to people's safety were not always available or effective. There was a lack of up to date available guidance for staff to follow. People told us they received their calls on time and were supported by staff who they felt were suitably qualified. Accidents and incidents were reviewed, and outcomes recorded.

Care planning and reviews were inconsistent. Care plans contained person-centred information and people told us they felt involved in developing their own care, but some information in care plans was not up to date. People told us they knew how to make a complaint if they needed to and complaints we reviewed had been handled as per the provider's policy.

The provider understood that staff required training, and this was readily available to staff. However, staff training was not always up to date or in line with best practice. Staff training records did not demonstrate that staff had completed mandatory training. However, people told us they felt staff were well trained and staff told us there was an abundance of training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider was working in line with the Mental Capacity Act (MCA). People's ability to make their own choices was assessed and respected. People told us staff always gained their consent before supporting them.

People consistently spoke highly of staff and told us they were kind and caring. People and their relatives said they were treated with respect and kindness by staff who were patient and respected their dignity. People said they formed close relationships with staff.

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 12 May 2020). At the last two inspections, breaches of Regulations were found. At this inspection we have found the provider has not implemented enough improvement and remains in breach of Regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

DCC High Peak Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager or senior staff member would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held about the service and had received since the last inspection. We sought feedback from commissioners and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 16 people who used the service and six relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, Domiciliary Service Organiser (DSO) and care staff.

We reviewed a range of records. This included 10 people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Information about risks to people's safety was not always available or up to date. This meant people were at risk of not always receiving care safely and could be exposed to the risk of avoidable harm.
- We reviewed two people's care plans that did not contain any assessment of risks to their safety despite there being entries to note these people had challenges with their mobility that could lead them to being at risk of falls.
- Another person's care plan contained a general risk assessment that had not been updated since 2017. Their falls risk assessment had not been updated since October 2018 despite a reduction in their mobility noted by a health care professional since then.
- One person experienced sore skin and there was no assessment or guidance for staff about the safest way to manage this.
- Staff told us they did not always have access to information about people's risks before going to their home to support them. Staff told us the mobile phone application they used to review people's information before they met them for the first time contained little or no information about how to support people safely. Staff told us there were care plans in people's homes, but they were so large there was not always time to read them and work out what information they needed in the allocated call time.
- People told us they felt they received safe care and trusted the staff. One person said, "I definitely feel safe, I can't praise the staff enough." A different person said, "The staff keep me safe; they can lift me, and I've had no falls, they are always gentle."

Learning lessons when things go wrong

- When things went wrong, or if people experienced accidents or incidents, there was an investigation that explored how to prevent the same thing happening again. The investigations were completed in an open and transparent way that included people, staff and appropriate professionals. However, the system relied on staff verbally informing the team of office based 'schedulers'. There was no process to review the quality of care people received or identify any potential incidents that staff may have forgotten to report. Staff told us it was often difficult for them to contact schedulers when they needed their support.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place and staff told us they would feel confident to raise concerns if they suspected any abuse had occurred. However, not all staff were documented to be up to date with safeguarding training.
- Safeguarding referrals were made appropriately. When this happened there were investigations

completed and outcomes to prevent recurrence recorded.

Staffing and recruitment

- People told us they received their calls on time and were supported by staff who they felt were suitably qualified.
- However, staff told us there was an issue with scheduling and there were not always enough staff to meet people's needs. For example, one staff member told us there was only one staff on nights at one of the extra care facilities to cover 45 homes, and it was not always safe to assist a person alone.
- All staff told us they struggle to get hold of the schedulers if they needed support and they did not know who else to go to.
- Staff were safely recruited in that pre-employment checks such as criminal records and references were sought. However, the provider had failed to always explore reasons for gaps in people's employment history, this is a requirement of Regulations.

Using medicines safely

- National guidance was not always followed in the management of medicines. People told us they received the support required to take their medicines safely. However, there was no process to review people's medicine administration records (MAR). Therefore, the provider could not demonstrate they reviewed and monitored people's needs in relation to their medicines. This meant it was not clear if medicines were managed safely.

Preventing and controlling infection

- Staff had access to and followed clear, up to date policies in relation to preventing and controlling infection.
- Staff were up to date with training in this area. People and staff told us there was a regular supply of Personal Protective Equipment (PPE) and staff wore this appropriately when supporting people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider understood that staff required training, and this was readily available to staff, however, this was not always up to date or in line with best practice.
- We reviewed staff training records. Of the 78 staff reviewed, only two were documented as having completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected in health and social care roles. The provider's policy was that staff should complete this before working independently. Many staff were not documented as having completed safeguarding, dementia, first aid or nutrition training.
- The majority of people being supported were on short term reablement packages. Only four of the 78 staff were documented as having completed reablement training. After the inspection the provider told us this training was no longer being offered to care staff.
- The service did support people at the end of their lives but only 10 staff had completed training in supporting people who were approaching the end of their life.
- There was no system in place whereby staff competency was regularly assessed. The registered manager told us staff completed training in line with the Care Certificate. Part of the Care Certificate requires staff to be observed using safe moving and handling procedure. Only four of the staff were recorded as having completed this. There had not been any method by which staff supervisions could take place during the pandemic.
- People told us they felt staff were well trained. One person said, "My carers have a lot of skills and experience." A different person said, "My carer is hugely trained and able to train others, I'm very confident in them."
- However, feedback from staff about training was mixed, one staff member said, "My main concern is for some of the clients, we're not appropriately trained to help some of them." A different staff member said, "We do loads of training, we're always doing different courses."
- After the inspection the registered manager told us they felt the lack of documented training was a recording error and the provider was in the process of implementing new systems for recording and maintaining oversight of staff training.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff supported them to eat and drink the things they enjoyed.
- However, one person required staff to supervise them to eat and drink as they often refused this. There was no guidance about how staff should do this, and the person's care records did not demonstrate there

was an effective system for this to be monitored.

- After the inspection the registered manager contacted us to say they had implemented food and fluid monitoring for all people who would benefit from this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider regularly monitored the healthcare needs of people on short-term packages, pro-active referrals to health care professionals were made. For people on long-term packages, health care referrals were made. However, as with other findings, this relied on care staff verbally informing office-based staff this was required and at times, staff struggled to get hold of office-based staff.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was working in line with the MCA. People's ability to make their own choices was assessed and respected. People told us staff always gained their consent before supporting them.
- People's needs and choices were assessed and recorded. But for the long-term placements the records were not always up to date.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People on long-term placements did not always have their independence promoted. People told us the staff respected their privacy and dignity but there was little assessment of how to support people to be as independent as possible.
- People on short-term placements had 'goal-tracker' applications where staff could record when people met their goals. This was not in place for people on long-term placements.
- After the inspection the registered manager told us she would look into introducing this for people on long-term placements as well. However, staff told us there was little engagement with this application and they did not believe it was being used effectively yet.
- People consistently spoke highly of staff and told us they were kind and caring. One person said, "The carers do a really good job, the care they give is first rate, they are so polite and always take time for a chat." One relative said, "The care my relative gets is excellent, it is everything we hoped for and we can't fault it."

Ensuring people are well treated and supported, respecting equality and diversity

- People and their relatives told us they were always supported with dignity, kindness, respect and patience by staff they knew well. One person told us, "They are always polite and respectful, they take time to talk which is appreciated." Another person said, "The staff are very caring, nothing is too much trouble."
- People were consistently positive about all their interactions with staff. Staff told us they enjoyed the company of the people they supported and spent time engaging with them as much as possible. One staff member said, "We're a good team, we genuinely care about people and enjoy their company."
- Care plans were written in a person-centred way and included details about people's personal life choices, religion, relationships, preferences and life history.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were encouraged to be actively involved in making decisions about their care.
- Where people would benefit from the use of an independent advocate this had been arranged for them. An independent advocate is someone who helps people express their opinions and represent them in an unbiased way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning and reviews were inconsistent. The information kept in people's care plan records was person-centred and demonstrated people were involved in developing these. However, care was not always responsive to people's changing needs as many had not been reviewed for an extended period of time. There was not always a review after incidents such as falls, or hospital admissions occurred where people's needs may have changed.
- Records relating to the quality of care people received during the pandemic had not been reviewed, therefore the provider was unable to demonstrate that people had always received care that was responsive to their needs.

End of life care and support

- People were supported to make decisions about how they would like to be cared for if they were to approach the end of their lives.
- There was one person being supported at the end of their life at this inspection, the registered manager told us their care was supervised by community nurses. However, staff who supported this person were not recorded as having completed training in end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us they received information in a format they could understand. Care plans we reviewed contained information about how people needed information to be presented to them and to meet people's communication needs.

Improving care quality in response to complaints or concerns

- People told us they knew how to give feedback or make complaints about their care and the methods for this were accessible to them.
- We reviewed the complaints that had been received and saw these were handled as per the guidance in the provider's complaints policy.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last two inspections the provider had failed to embed suitable systems to ensure the service was reviewed and identify where improvements could be made. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management roles, responsibility and accountability arrangements were not clear. Systems for identifying, capturing and managing risk were ineffective.
- There was no system in place to assess the quality of care for people on long term packages. Their care notes and MAR charts were not reviewed or audited. There was a system to review the care people on short term packages received, but this relied on staff verbally feeding back concerns to schedulers. There was no routine review of their care notes or MAR charts. This meant there was no system to analyse the care people received and identify if any improvements might be required.
- The lack of up to date care records and risk assessments noted in the Safe section of this report had not been identified by the provider's governance systems.
- The lack of records demonstrating staff had completed mandatory training noted in the Effective section of this report had not been identified by the provider's governance systems.
- There was no analysis of call times. People told us staff arrived on time, however, there was no system in place for the provider to review this. There was a live system that was monitored by schedulers but there was no analysis or review at a later date.
- The registered manager told us there were plans to ensure that incident records were created in future for missed calls, and this would mean they would review every missed or late call. However, there was no analysis or audit of accident and incident records to identify themes and trends and maintain managerial oversight.
- Staff told us there was a lack of information given to them before they went into people's homes. One staff member said, "Sometimes we don't know what we're going into." The registered manager told us staff used a mobile phone app to review information about people before going into their home. However, neither the registered manager or schedulers had installed this app, and were therefore not able to review the

information staff received to check for quality and effectiveness.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff told us the service was not well-led and they were not clear on who held managerial responsibility. One person said, "It's the office staff that don't know what they are doing, the office are making a mess". A different person said, "Sometimes the office gets things a bit wrong, they may not understand that carers have to travel a long way to visits."
- Staff consistently told us that communication within the organisation was difficult and not always effective. Many staff told us there were regular occasions when they could not contact office-based staff for support and did not know who else they could go to. One staff member said, "Communication is very poor, it's not good enough, I once needed immediate support and it wasn't there." This meant people were at risk of not always receiving the most effective care.
- There were low levels of staff satisfaction. Staff told us morale was low and many felt unsupported in their role. Staff told us they were not sure who they should report to. The registered manager told us that staff were line managed by DSO's, but staff told us it was often difficult to get hold of DSO's and schedulers, especially when they needed support in people's homes, and schedulers were not aware of the long distances staff would need to travel to get to someone's home.
- One staff member said, "It's the lack of communication that gets to us the most, we feel we are being pushed out, we don't get any support, there is no contact between us and the registered manager." A different staff member said, "It's the organisation, it's down to the scheduling team, they don't know the areas and don't know the clients." Another staff member said, "Staff morale is not great, there is a terrible relationship with schedulers, they don't know the areas."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the registered manager contacted us to tell us that bi-monthly care plan audits had been implemented, care notes and MAR charts were now reviewed weekly and there was a root cause analysis being conducted into the low levels of staff morale and reasons for staff leaving. This was with a view to improving staff morale and staff retention.

Continuous learning and improving care

- Since the last inspection, some new systems had been implemented, such as the new live scheduling system. However, not all systems were yet being used effectively. Staff told us the new system did not enable schedulers to know which would be the most appropriate member of staff to attend a person's call. Staff told us there were regular occurrences when they would travel long distances to get to a person's home only to find there were other staff much closer who would have been able to get to the person's home with ease.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were happy with their care and felt involved and included in care planning and delivery.
- However, staff consistently told us they did not feel listened to, valued or involved in the running of the organisation. Many staff told us they were worried they would not be able to continue working there due to

the lack of communication and lack of support they received from the scheduling team.

- One staff member said, "The scheduling team act like unapproachable managers, it would be nice if they answered the phone when we need them." Another staff member said, "Morale is very low, we are kept in the dark, messed about, they have changed all our rotas and work patterns and they haven't told us why. We are not supported, and we feel unloved."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured they worked in line with the duty of candour. Where accidents and incidents were reported by staff, the registered manager ensured investigations included people, their relatives and relevant health care professionals.
- The provider is legally required to notify CQC when certain incidents occur. The registered manager had done this, they ensured statutory notifications were submitted in a timely manner where required.

Working in partnership with others

- The registered manager ensured there was open, collaborative and transparent communication with relevant external professionals.
- Staff told us they worked closely with other professionals such as community nurses and occupational therapists.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.</p>

The enforcement action we took:

NOP to impose positive monthly reporting condition