

Hampshire County Council

# Community Response Team West, New Forest @ HCC Totton Hub

## 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

Community Response Team West New Forest @ HCC Totton Hub is owned by Hampshire County Council. The agency is primarily a short term assessment and re-ablement service for people coming out of hospital. Seventy four people were receiving personal care at the time of this inspection.

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

We received positive feedback about the service, the managers and the staff. People and their relatives felt the agency supported them in a kind and caring manner to meet their needs.

People and their relatives were involved in the care they received, which was personalised to their individual needs.

Staff understood how to identify, report and manage any concerns related to people's safety and welfare. There were systems and processes in place to protect people from harm, including how medicines were managed.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to provide care for people. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained and supervised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

Staff assisted people to obtain advice and support from other health professionals to maintain and improve their health or when their needs changed.

The service was responsive to people's needs and staff listened to what they said. Systems were in place to help ensure any concerns or complaints were responded to appropriately.

There was an open and inclusive culture within the service and the registered manager provided leadership to the staff team.

## 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.

Care workers had a clear understanding of what constituted potential abuse and of their responsibilities for reporting suspected abuse.

Risks associated with the provision of care were assessed and care workers were aware of the procedures to follow in the event of an emergency.

Staffing levels were sufficient and organised to take account of people's needs and where they lived.

Care workers were aware of their responsibilities in relation to assisting people with medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to deliver effective care to people.

Staff had a good awareness of legislation to protect people's rights.

People were supported to access healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People received support from compassionate and caring staff.

People and their relatives were involved in decisions about their care and their privacy, dignity and confidentiality was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received a personal care service that was responsive to their needs.

People and their relatives were involved in reviews of their care and changes were clearly communicated.

People and their relatives were confident to share any concerns and these would be acted on.

### Is the service well-led?

Good ●

The service was well led.

There was an open and positive culture and staff felt well supported.

The provider and registered manager played active roles in quality assurance and ensured the service continuously developed and improved.

# Community Response Team West, New Forest @ HCC Totton Hub

## **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory 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 visits took place on 29 December 2016, 4 and 16 January 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

In surveys we sent since the last inspection, twenty-two people who used the service, two relatives and one community professional responded.

During the inspection we met and spoke with two people who used the service in their own homes. We spoke with six other people and/or their relatives by telephone. We spoke with the registered manager and two other members of the management team, two senior care workers and three care workers. We looked at care records for eight people. We also reviewed records about how the service was managed, including staff training and recruitment records, complaints and quality assurance.

During the inspection we contacted five community care professionals and asked for their views about the service. We received one response and their feedback is reflected in this report.

# Is the service safe?

## Our findings

People who responded to our survey questionnaire or spoke with us during the inspection confirmed they felt safe from abuse or harm from their care workers. They told us the care workers promoted their safety, confidence and independence. One A person said "They walk behind me with my walking frame, in case I wobble".

Staff knew and followed procedures to help keep people safe. These included procedures for making sure that access arrangements to people's homes and other personal information remained confidential and protected people. People confirmed that care workers wore identity badges when visiting people in their homes. Staff had the knowledge and confidence to identify safeguarding concerns and to act on these. They were aware of guidance in relation to safeguarding and whistleblowing procedures. Staff were able to speak clearly about the possible signs of abuse to look for as well as who to report to. Staff were confident any concerns they raised to the registered manager or provider would be addressed.

Risk assessment and management plans were in place in relation to each person receiving care in their own home. There were also individual risk assessments for each member of staff and these were reviewed at least annually. Staff told us how they were continually assessing risk when providing care in people's homes. For example, "Rugs, wires, fires" and also "recognising dementia" and alerting relevant others. They told us they worked closely with community care professionals including occupational therapists. They told us about a person whose condition had deteriorated to the point that doing certain tasks independently became unsafe. The care worker reported this to the service and the care and support plan was changed and relevant community care professionals were made aware.

There was a service recovery plan to inform decision making in the event of disruption to normal business operations, for example through fire, flooding or severe weather. This included the names and telephone numbers of people to contact.

Care workers told us there were enough staff working each shift to meet people's needs, for example when two staff were required to support a person. One care worker said the managers "Never ask you to do extra but will ask you to change shift". Another care worker told us staff "Don't have to rush around to do the work". The care workers told us care visits were rarely missed, particularly since the provider had invested in a new computer system for coordinating visits. The service used an electronic rostering & scheduling system to help ensure effective care visit monitoring and safer lone working arrangements for staff. The system flagged any unallocated or un-rostered visits and also recorded when visits took place. Information was sent securely to and from care workers mobile phones.

The provider followed safe staff recruitment practices. We looked at recruitment records for three staff and these showed that relevant checks had been completed. The records included evidence of Disclosure and Barring (DBS) checks. DBS checks provide confirmation that staff are not on the list of people barred from working in care services. The registered manager told us the provider now asked for DBS checks to be renewed every three years. References from previous employers and employment histories were also on file.

These measures helped to ensure that only suitable staff were employed to support people.

Staff undertook training in practical competencies in the safe administering of medicines. Where staff assisted people with medicines this was clearly recorded. Staff had a clear understanding of the provider's policy in relation to supporting people with medicines. People were given advice about this policy in their service information packs, which included what staff could and could not provide assistance with. People confirmed they understood that there were policies that care workers adhered to regarding support with medicines.

People informed us their care and support workers did all they could to prevent and control infection, for example staff used personal protective equipment (PPE) when providing care. This included aprons, gloves and hand gels to help ensure there was no cross infection from individual to individual.



## Is the service effective?

### Our findings

The majority of the people who responded to our survey questionnaire told us they received care and support from familiar, consistent care workers. Approximately a quarter of respondents said they did not and this was reflected in comments we received from people before and during this inspection. For example, a relative told us they found the timing of visits difficult and changes in care workers confusing, but said this had been explained to them at the outset, due to the nature of the service. All confirmed the support and care they received helped them to be as independent as they could be.

A community care professional who completed our survey confirmed the care agency made sure its staff knew about the needs, choices and preferences of the people they worked with and staff were competent to provide the care and support required by people.

Feedback from another community care professional confirmed the service delivered high quality care. They told us "The evidence (of good practice) is the amount of clients they help regain independence or learn skills to keep them in the community. This maintains their dignity and wellbeing". They said the service did particularly well at "Reablement, preventing hospital/care home admissions and supporting hospital discharges". They commented that the agency provided "A very valuable and effective service".

People confirmed care workers had the skills and knowledge to give them the care they needed. A person's relative said their family member required personal care for a complex medical condition and care workers were all "Very willing to learn". Staff told us they got the training and support they needed to enable them to effectively meet people's needs. A record was kept of the training each member of staff had completed and this also showed when training updates were due. Training records included moving and positioning people, safeguarding adults, emergency aid, understanding behaviour and defusing difficult situations, equality and diversity, and data protection. New staff completed a clear and comprehensive induction process and shadowed experienced staff. A relative told us "Trainees came in with them (the experienced staff). They've been delightful".

A member of staff said they were proud of the work the agency did and felt staff were well trained. "Training gives you confidence and reminders". Another said "If I want any additional training I only have to ask". Another member of staff told us "I don't see how it (training) could be better anywhere else". They said there was a lot of training at the outset for new staff and "All our staff are doing their level 3 diplomas (in health and social care)". Staff felt the management team were "very supportive". They had working supervisions and feedback on their work performance. For example, they said training would be updated if required. Supervision records included action plans agreed between the member of staff and supervisor.

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. Staff had received training in the MCA and understood their responsibilities. They encouraged

people to make their own decisions and understood that people could decline support. People's care records included information about their mental capacity and ability to engage in the assessment. Feedback from a community care professional confirmed the service took into account people's mental capacity and consent.

Where people required support in relation to food and drink this was recorded. Specific training in nutrition and wellbeing for reablement was being provided to staff. Care workers understood the importance of protecting people from the risk of poor nutrition and dehydration. A relative confirmed the care workers carried out the agreed personal care and encouraged the person's independence. The person was now making their own sandwich and staff supported them while eating as there was a risk to the person of choking.

The service supported people to receive appropriate health care when required. Records showed and care workers told us about incidences when the service contacted other health professionals to support people's health and wellbeing. The service quickly and effectively managed any health concerns with people. A person told us that when they had a health appointment, the agency prioritised time to visit and support them to get ready. Feedback from a community care professional confirmed people were supported to maintain good health.

## Is the service caring?

### Our findings

People who responded to our survey questionnaire and those and their relatives we spoke with said they were happy with the care they received. All confirmed their care and support workers were caring and kind and always treated them with respect. One person told us "I think they're marvellous". The care workers had "All been here more than once. They're all very helpful. If I'm not feeling too good they run around after me".

Another person said they were happy with everything the service was providing. "They're very good". They said of the care workers: "They're absolutely wonderful" and helped them with all of the agreed personal care. They told us the care workers were "very respectful" and "professional" and confirmed they always wore their uniforms and identity badges. During a review meeting the senior care worker assured the person that if they did not want a male care worker that would be respected. The person said this did not worry them.

A person said they received "A very good service and very good attention" from "Very caring and respectful care workers". They told us they had got to know most of the care workers as they had visited before. Another person told us care workers were "Always very helpful" and "Always respectful". They told us there was reasonable consistency of care workers and that he got to know them and got on well with them.

A relative said "They're brilliant. I can't fault them. They are helpful, kind, efficient. They turn up each day. I have no complaints. Each person who comes is very caring. Everything I ask of them, they do". They told us their husband was "Very happy with the way they maintain his dignity"; and "They always make us giggle, which is also important". Their husband commented "Never a day goes by without us having a laugh".

Another person's relative described the service as "Brilliant" and told us "I'm very impressed". The service was explained to them at the beginning and regular reviews were carried out. They had contact numbers for the agency. "The file is updated every day and any changes or concerns are communicated clearly; very comprehensive". A senior care worker had visited and showed staff how to meet the person's complex needs. Staff had also visited the person in hospital and spoken with relevant health professionals in order to implement effective care at the person's home. The relative commented "All the staff are good. The agency trained a team of care staff and stuck to that. They picked older care staff so as not to cause embarrassment, which showed they're also emotionally caring". They added "They took it on with great enthusiasm and put their all into it".

Staff supported people to express their views and be actively involved in making decisions about their care and support, through the on-going assessment and review process. One care worker told us "People are always asked". Another care worker said "You have to let people get used to you first, supporting them, then gradually move into re-ablement, working with people". Care workers gave examples of how they supported people while respecting their privacy, dignity and confidentiality. For example, making sure doors and curtains were closed, keeping a person covered as much as possible while assisting them to wash, and "Not making people feel awkward". The agency involved other professionals including occupational therapists or physiotherapists in promoting people's independence.

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs. One person said "They've been very good". The person's wife told us the care workers "Always ask him what he wants, what they can do for him". Another person's relative said they were very happy with the service: "Very impressed, amazing cooperation".

People who responded to our survey questionnaire told us they knew how to make a complaint about the care agency and that care workers and office staff responded well to any concerns they raised. People we spoke with told us they had no concerns or complaints.

The agency was part of a developing integrated reablement service, which meant staff had access to occupational therapy and sensory professionals when planning and delivering care. A community care professional who completed our survey confirmed the service acted on any instructions and advice they gave them. They said the care agency co-operated with other services and shared relevant information when needed, for example when people's needs changed. They told us the managers and staff were accessible, approachable and dealt effectively with any concerns they or others raised.

There was a personalised assessment and support planning process involving the person and/or their representative. This resulted in a care and support plan with agreed outcomes and goals. Care workers sent daily observations to the office using a score system that measured people's progress and any changes against their goals and outcomes. Monitoring visits were carried out regularly in order to continually assess and check the relevance of the care being provided. People told us they were receiving the service they expected and had agreed to and that a senior care worker or team leader regularly reviewed their care with them.

A relative told us "Any changes that are needed, I just ring up and they do it". They also told us "They keep meticulous notes of what they do", including notes by a physiotherapist and an occupational therapist. The senior care worker had met with the occupational therapist who had recommended a change to part of the person's personal care routine and this was implemented by the agency. As a result the number of care visits required each day had been reduced as the person's independence had increased.

We observed a senior care worker reviewing the service with a person and their relative and explaining what would happen next in a clear, professional and friendly manner. The person's care notes were separated into sections containing details about what the person could achieve independently and what support they required. The records showed the person's progress and support were being continually assessed and evaluated and changes were made to the care plan accordingly.

Staff confirmed and we observed that there were systems in place that supported effective communication between care workers, the agency office and people using the service. The continuing assessment and communications, combined with the review meeting and up to date care notes, provided the senior care worker with evidence that the person currently required on-going support twice a day and this was agreed with the person.

We observed on another review visit the senior care worker discussed a person's progress with them and it was agreed the agency would reduce the visits to mornings only, as the person was now managing independently at tea time. The senior care worker explained that a team leader would visit the person the following week to review the situation.

In addition to a questionnaire used at reviews, people had opportunity to provide feedback via a 'tell us what you think' leaflet contained in their service information packs. A complaints policy was in place with a clear procedure for investigations and timescales for actions. The registered manager informed us there had been one complaint in the last twelve months, which had been about the timing of care calls, to which the service had responded and made changes. A relative told us there had been "one blip" where a care worker had not done a good job regarding a particular aspect of the person's care. They had reported this to the agency, who had responded. They said "The other care workers are wonderful, fantastic, friendly and respectful. They are so attentive and encouraging, really lovely. They've been great, just what he needed".

## Is the service well-led?

### Our findings

The feedback we received from people and their relatives was overall very positive about the management of the service. People received information about the service and knew who to contact in the care agency if they needed to. A community care professional who completed our survey said the service was well managed and tried hard to continuously improve the quality of care and support they provided to people.

The service was led by a registered manager assisted by a staff group of team leaders, senior workers, care workers and administrators. There were regular staff meetings to discuss work issues and any concerns. Staff were "All encouraged to say what we think". They felt communication between management and staff was good and there were effective systems in place. Staff told us the management team were "Very approachable" and there was "Always a manager on call who we can contact". They added "We work as a team and support each other".

Staff confirmed the culture of the service was open and supportive and feedback they received from managers was constructive and motivating. "If you ask a question nobody's going to put you down. Anything you report they take seriously. You won't be told off". They felt that staff were treated fairly. There was a no blame culture and the service learned from mistakes. "I would feel comfortable admitting any mistakes".

The registered manager kept up to date with changes in adult social care and told us they were involved in a wider external study group looking into reablement. Service planning and development days were held every other month and any changes to working practice or other improvements were discussed. One such meeting was scheduled in order to further develop person centred assessment. This included looking at providing staff training in a way that focused more on the individual receiving care, rather than separate subjects.

The agency was actively being developed into an integrated reablement service in conjunction with occupational therapy and sensory teams. As part of a cross discipline work force development strategy, staff were working alongside and receiving training and skills development from sensory officers to improve their understanding and awareness of sensory needs and enable more effective communication. The registered manager took a lead role in training and had recently attended a training day on ways to increase people's nutritional intake.

There were effective systems to regularly assess and monitor the quality of service that people received, which included random monitoring visits by the provider's quality assurance team. Spot checks were carried out by supervisory staff to ensure that care workers maintained the required standards of professional conduct during care visits. These checks also enabled the supervisor to meet with the person receiving care and monitor their progress and satisfaction with the service. People confirmed they were visited by senior care workers or team leaders to review the care they were receiving and to check if there were any issues. They told us that the agency responded promptly to any questions they asked.

The provider had systems in place to report, investigate and learn from incidents and accidents. As a result of errors identified in another of the provider's services, the medicines recording guidance and procedure was being updated across the services. Risk assessments were carried out and reviewed to protect people using the service and staff delivering the care and support.