

Rutland County Council

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Inspection report

REACH
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Date of inspection visit:
06 October 2016

Date of publication:
04 November 2016

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

We inspected the service on 6 October 2016 and the inspection was announced. The provider was given 48 hours' notice because the location provides domiciliary care, therefore we needed to be sure that someone would be in.

Rutland County Council Reach service is a domiciliary care agency that offers personal support and care to people in their own homes. This is provided to support people back to being as independent as they are able and work with other agencies to achieve this goal. At the time of this inspection the service was providing services to 13 people in the local area.

The service had 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 and associated Regulations about how the service is run.

People told us that they felt safe when staff provided any assistance.

The registered manager had assessed the risks associated with providing support and care in the person's own home environment. This supported the safety of the person receiving the service as well as members of staff. Any incidents or accidents were fully analysed to develop strategies to prevent an incident reoccurring.

Staff had undergone relevant employment checks. They also understood how to keep people safe and report any concerns if needed.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported by senior staff, by the manager and the team in general. Their competencies to undertake their specific work role was regularly assessed. Training included the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain their health and independence. People's health needs were monitored and when necessary, outside health professionals were contacted for support.

People were treated with kindness and respect. People's independence was promoted and staff supported people to have sufficient to eat and drink.

The registered manager had assessed the care needs of people before any support package was agreed. People were involved in the planning of their support and care and their feedback was sought.

People told us that they were given information about making a complaint and that there was always someone to talk when they telephoned.

The registered manager had systems in place to monitor the quality of the service provided. There were also review systems and spot checks that were completed regularly.

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 understood how to keep people safe and report any concerns or issues.

Call times and visits were monitored to ensure people received their care and support as agreed.

Staff supported people to take their medicines safely.

Support with, or related to, medicines was provided safely.

Is the service effective?

Good ●

The service was effective.

Staff had completed training that was relevant to their role.

The service was working within the requirements of the Mental Capacity Act 2005.

People's health needs were met and they were supported to have sufficient to eat and drink

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect.

People were supported to maintain their independence.

People received consistent level of care and support from staff who knew their needs.

Is the service responsive?

Good ●

The service was responsive.

People received support and care that was developed to meet their individual needs.

Care plans included comprehensive information for staff to know what people required.

People told us that they knew how to make a complaint and felt the service would respond appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff felt supported by the registered manager and senior staff.

There were systems in place to monitor the quality of the service being provided.

People's opinions were routinely gathered when any contract was completed.

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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 6 October 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This inspection was completed by one inspector.

Before this inspection we reviewed the information that we held about the service to inform and plan our inspection. This included any statutory notifications we had received. Statutory notifications tell us about important events which the service is required to tell us by law. We had received a completed 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.

During this inspection we spoke with three people using the service, one relative, two reablement support workers, one social worker, one nurse, one senior occupational therapist, one locum occupational therapist, the assistant manager and the registered manager.

We reviewed a range of records relating to the care and support that people received and how the service was managed. These records included information relating to the development of a support packages, the information that people were asked to provide relating to their needs, three support plans, preferences, routines and environment, and the reviews that were regularly undertaken, audits, spot checks and recruitment and training records plus other management documents.

Is the service safe?

Our findings

People who used the service felt confident and safe with the support they received. A person using the service said that they always felt comfortable when they received support from staff as they felt staff, "Know what they are doing." One relative said, "They [staff] do know how to help people and keep them safe."

People were cared for by suitable staff because the provider followed robust recruitment procedures. We looked at the files of three staff members and found that all appropriate pre-employment checks had been carried out before they started work. These records included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff that may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed.

Staff were aware and understood whistleblowing procedures and that they could raise concerns with external professional bodies such as the local authority safeguarding team who deal with issues of concern and investigate safeguarding matters. The staff felt that they would be listened to and all staff told us that they worked together on all issues. Although there had not been a safeguarding alert raised, the registered manager told us that the staff team had regular talks about how to deal with safeguarding matters. They had also had discussions with the local safeguarding team to keep information fresh in their minds about various types of abuse and how these were managed. This meant that people were protected from abuse.

Staff members we spoke with had an understanding of what action to take if they had concerns about any matters that may worry them. All of the staff that we spoke with told us that they worked openly and would always discuss any poor practice, any suspected abuse or about anything they felt was not appropriate. They said that the registered manager always made time to speak with them if needed.

Policies and procedures in relation to all aspects of the service were in place to support staff with current information. This meant that their knowledge was current and supported the safety of people who used the service. These documents were reviewed and updated regularly. This was confirmed by staff we spoke with who were aware of the policies and procedures that they had access to. One staff member told us about a time when they had referred to procedures and found them to be fit for their purpose and very helpful.

People's support plans included risk assessments and control measures to reduce or eliminate any risk. These were detailed and provided staff with a clear description of any identified risk and specific measures relating to any risk. Risk assessments were reviewed regularly unless a change had occurred in a person's circumstances or health that required an immediate review. This was to make certain that the information included in an assessment was based on the current needs of the person.

Where accidents or incidents had occurred these had been appropriately documented and any necessary actions taken. This supported the safety and well-being of people. We saw that the registered manager monitored any incidents that had occurred to see if there were any patterns.

We saw that risk assessments had been carried out to make sure that the environment in a person's home was safe for people as well as for the staff to provide support and care. There were sufficient numbers of staff to ensure people were appropriately supported. We reviewed risk assessments that showed the required numbers of staff were assigned to each person who received support or care.

People who used the service did not require support with their medicines other than to be reminded to take their medicines. Care workers recorded whether a person had taken their medicines. All staff had training in the safe management of medicines. This meant that if in future a person required more support, care workers were suitably trained to provide that support.

Is the service effective?

Our findings

People had sufficient to eat and drink when staff visited to provide support. One person using the service told us, "Staff help with my meal, they make sure I have eaten. They do not need to do more for me." Records showed that observations made by staff in support plans supported people to make certain that they regularly had a meal and drank enough. One person using the service told us that they were never left without a drink being within their reach. One person using the service told us, "Staff will make a cuppa and chat to make sure I am alright. They don't rush me, they do a good job."

Staff told us how they did seek consent prior to providing support and they were aware that people had the right to refuse care. Staff told us that they always asked the person what they would like in any situation. This was also confirmed by people using the service. One person said, "They [staff] always ask before they do anything, they do wait for me to answer."

There was a robust recruitment process in place and staff confirmed that they had regular supervision and discussions with senior staff and the registered manager. New members of staff undertook an induction programme that was as long as the individual needed. The registered manager explained that each person was different depending on their experience and training, therefore the induction period was as long as the person needed. Staff also confirmed that this was the practice for all new members of staff. We saw records that confirmed regular supervision and spot checks were undertaken to ensure staff practices were at an acceptable standard.

Staff we spoke with told us that they enjoyed their work and felt that they received all the support they needed. One person said that they really do "love coming to work" and enjoyed their job.

Staff had the skills and knowledge that was needed to support people. Their knowledge was maintained as training was regularly updated. We reviewed training records that showed refresher training was monitored. Our discussions with members of staff also confirmed this was the case. Staff felt that they received training that related directly to the needs of people using the service. They also completed additional training that enhanced their knowledge and equipped them with additional information should this be required. They told us that they continually had discussions that covered various situations that they may come across and how to deal with such events. This meant that although staff may not have dealt directly with any incidents, they were fully aware of how to react in such circumstances. Records showed that training was updated for all staff and staff also confirmed this.

People using the service told us that staff arrived on time and provided the support and care agreed. One relative said that the only area that could be improved was telling people who was arriving when the allocated staff member was not attending. They felt that people would like to know who was due to support them.

Staff expressed an understanding of these areas of their knowledge. The provider and staff were aware of

requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2008. Our discussions and review of records showed that people were encouraged to make independent decisions and choices. Our discussions with people using the service also confirmed this.

The Mental Capacity Act (MCA) 2005 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this within the care sector are called the Deprivation of Liberty Safeguards (DoLS).

Staff had access to support at all times via on call telephone system or from office staff and the registered manager. Staff confirmed that they always had support and that the registered manager was readily available when needed.

Staff received regular supervision that covered their training needs as well as the development of their role within the service. Assessments and checks were routinely carried out to ensure that they were competent and that standards were at an acceptable level within their role.

People were supported to maintain good health. Records showed that alternative health professionals were contacted where needed, for example, GP or occupational therapist. One person had run out of health equipment that they needed. The member of staff rang for supplies to be delivered before they left the person. Two health professionals we spoke with confirmed that the service worked closely with them to ensure people received all round care and support to reach their personal goals.

Is the service caring?

Our findings

People using the service spoke positively about staff that provided their support. One person told us, "They [staff] are really good, could not manage without them. I will be sorry when I do not need them." People told us that felt that staff treated them respectfully and did listen to their wishes. One person said that staff did not leave until the person was "happy and comfortable."

Support plans showed that people were asked about all aspects of their care and choices were recorded clearly for staff to follow. The main aim of the organisation continues to be to support people to be independent and personal goals and aims were recorded and support was developed to achieve these aims.

We read several notes of gratitude that stated the aims and objectives of the person had been achieved. We were shown positive comments that had been received by the service that stated, "Support went well." And "Goals met, now back into our routine." Plus, "My confidence boosted and I can smile." A relative told us that their family member had been, "Looked after really well and everything they wanted to achieve was put into the support plan. They are really very good. They respected [person's name] and their home, they care a lot."

The aims for each person and what they wanted to achieve was the focus for staff and guided the development of the support that was provided. Staff understood what was important to the individual and one person said, "They do know me, they are so good making sure I am OK." All comments from people using the service were positive and complimentary about their care. The feeling was that staff cared enough to stay as long as it took to make sure the person had everything they wanted and were settled.

Discussions with members of staff showed us that they were caring and committed to their job. We heard a variety of comments that included the fact that staff continually supported each other and made certain that all calls were undertaken on time. An alert highlighted if a staff member was late at any call. This then allowed alternative action to be taken to make certain the person received their support on time, as well as maintaining contact with members of staff. This also ensured that people did receive the support and care that had been agreed.

Records showed that information was passed to staff regarding any person who had specific choices about their routines. Our discussions with staff showed us that they knew people and their how they preferred to be supported. Staff told us that they regularly read support plans and knew the choices that people had made. This supported the choices of people on a daily basis. Health professionals we spoke with told us that staff knew the needs of the people that they supported and people had made positive comments about the care they received.

Is the service responsive?

Our findings

People were asked about the care they needed and they contributed to the assessment and details contained within the support plan. One person using the service told us, "I could not have done without them" another said, "I am so grateful" and "Excellent service."

People using the service received individually assessed support that was personal to them. People and a family member or health professionals were involved in the development of support plans. Each person had a full assessment developed and support plan in place before any visits were completed. Each person had a set number of weeks, with support from staff, to become as independent as they were able to achieve. Goals were set and these were monitored and evaluated at the end of the support period.

No formal complaints had been received by the service. People using the service told us that they knew how to make a complaint. Most said that they had not had reason to complain, that any minor issues were soon discussed and adjustments put into place quickly and as needed.

The registered manager told us that the same member of staff was sent to the same calls where this could be achieved. This was to ensure continuity of care and support for the person and to make the individual feel confident and comfortable with the same member of staff. This was not always possible due to staff holidays or sickness, as well as the urgency of any call. A relative said that they felt their relative was very well supported. They said that staff responded with consideration for the choices and wishes of the person, so they knew details of the support plan that was in place.

Support was developed with goals that the person discussed and agreed to aim for. Records contained such information as progress sheet that allowed any aims and goals to be updated as time went on. The person therefore received support and care that was needed at the correct time to continually develop their independence.

Staff explained that they discussed any developments or changes as a team. This kept staff up to date with developments and also allowed for more ideas to be presented when reviewing any changes. This showed us that the person was at the centre of all support provided and their changing needs were fully monitored.

The service requested feedback from all those who used the service. This established the feelings of people about the care and support they had received. These were assessed to show any areas of dissatisfaction or how the service could be improved in any way. Records showed that the service responded positively to any areas that may need strengthening and action was taken following discussions with the staff team. A person using the service told us, "I was worried about a few things at the beginning. I asked about them [staff] and we had a long discussion, I felt much better then, they talked me through it. There is always someone to talk to in the office."

Is the service well-led?

Our findings

People using the service and their relatives told us that they felt the service was well led. Everyone we spoke with made positive comments about the way the service was delivered. A person using the service said, "They do seem organised, I can talk to them all." Staff also spoke highly of their support systems, one said, "I have never enjoyed a job so much before."

We saw that regular meetings and discussions between all staff showed that the registered manager offered support to members of staff. We were told that staff felt they were included in decisions and listened to during any discussions.

Policies and procedures were in place to further support staff and some retained copies of these to refer to. One member of staff told us that when they started they had been provided with time to read through these and subsequent discussions made certain that they understood them.

Our discussions with people using the service and with staff showed that the service was well led and focused on providing the best possible support for people who used the service. The registered manager also cultivated an open and inclusive working environment for all staff. The staff we spoke with all confirmed that they were involved in discussions about the development of the service. They were consulted about any areas of the delivery of the service that required strengthening and staff felt they were taken seriously at all times.

The registered manager demonstrated a commitment to reviewing and developing the quality of the service by being proactive in seeking comments and taken any necessary action. All aspects of the service were discussed with the staff as a team as well as in individual supervision sessions.

There were effective arrangements in place to monitor the quality of the service. This included seeking the views of people who used the service plus a variety of audits. People's views were sought as their support period was completed. These responses were reviewed and used to further develop the quality of the service provided. We reviewed a sampling of feedback forms that all contained positive and complimentary comments from people who had used the service as well as some family members.

Other monitoring and quality assurance activity included audits of completed records from the support and care that had been provided to people, such as daily records and medication administration records. Such audits helped to maintain the quality of the service as well as ensure staff continually recorded relevant, detailed information.

People using the service and their relatives were confident that they could raise any concerns they had without fear of repercussion. All spoke highly of the registered manager and the staff team. They told us the registered manager was approachable and that there was always someone on the end of the phone to speak to them. A person said, told us, "If I needed to see [the manager], I know I only need to lift up the phone and she will be here as soon as she can."

Staff knew that they were able to raise concerns through a whistle blowing policy or directly with the local authority social services or Care Quality Commission. They said that they could always talk about things and they felt that they could raise any concerns directly with the registered manager or any staff. This showed us that the registered manager had successfully created a culture that was open and where staff could confidently raise concerns.

The service worked openly with external professionals to fully support people. For example with the social worker team at the local hospital, with district nurses and GPs.

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.