Care Quality Commission

West Berkshire Council

West Berkshire Council Home Care 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 27 January 2016 and was announced. West Berks Council Home Care is a domiciliary care service. It is run by the local authority and mainly offers a rehabilitation service to people. The service assists people to regain their independence after hospitalisation or illness. However the care they offer is flexible and they have (limited) capacity to provide support to people for more than the usual six week period and during night time hours, as required. There are currently 40 people receiving different types of care.

There is a registered manager running 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.

People told us they were absolutely safe and felt care staff were absolutely trustworthy. People were protected by staff who had received the appropriate training and knew how to recognise and deal with any form of abuse. There were enough staff who had been safely recruited to provide the appropriate care to people. The service did not accept care packages if they did not have the resources to do so. People were supported, by well trained staff, to take their medicines safely.
Risks were identified and managed to keep people and staff as safe as possible.

People's rights were protected by staff who understood the Mental Capacity Act (2005). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Care staff understood how to gain people's consent and how to help them make decisions for themselves. People's capacity to make decisions was recorded, if appropriate, and relevant paperwork was included in care plans.

People's needs were met by a very well trained staff team. They had the knowledge and skills required to support and reable people in the way described on their individualised plan of care. People were treated with respect and their privacy and dignity was preserved at all times. People told us they were very happy with their care and used words such as, ''excellent'' and, ''brilliant'' to describe the care. The service was flexible and responded to the needs and choices made by people.

The service was very well managed by a registered manager and management team who were highly thought of. The service made sure that they continually monitored and assessed the quality of care they offered. People, staff and other professionals described the service as having very high standards. It worked closely with other professionals to ensure people had the best chance of regaining or maintaining as much of their independence, as possible.

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 were trained in and knew how to protect people from all types of abuse, harm or poor care.

Staff were recruited in a way which meant that the service could be as sure as possible that the staff chosen were suitable and safe to work with vulnerable people.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

Staff supported people to take the right amount of medicine at the right times.

Is the service effective?

Good

The service was effective.

Staff understood capacity, consent and decision making and did not undertake any care without people's permission.

Staff were very well trained and given very good support to make sure they were able to provide high quality standards of care.

Staff met people's needs in the way they preferred. They enabled them to gain as much independence as possible.

The service worked closely with other healthcare and well-being professionals to ensure people were offered the most effective care to meet their identified needs.

Is the service caring?

Good

The service was caring.

People received care from a kind, respectful and caring staff team.

People's needs were met by staff who were committed to their work and the people they supported.

People were assisted to become as independent as they were able to be.

Is the service responsive?

Good

The service was responsive.

People were offered individualised care which was re-assessed regularly and amended to meet people's quickly changing needs. People were involved in their assessments and care planning processes.

People were given information to make sure they knew how to make a complaint, if they needed to. They were confident to approach staff or the management team if they had any concerns or issues.

People told us that staff were always responsive to their changing needs and any requests they made.

Is the service well-led?

Good

The service was well-led.

People, staff and other professionals felt the service was very well led. The registered manager and her team were highly thought of.

Staff felt valued and very well supported by the management team.

The registered manager and the staff team made sure that the quality of the care they offered was maintained and improved.

There was an open management style in the service. People and staff found the management team approachable and responsive.

People were asked for their views on the quality of care they were offered.

The registered manager was involved in projects to improve the services that were available to people.

Care Quality Commission

West Berkshire Council Home Care 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 27 January 2016 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

During the inspection we looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

On the day of the inspection we spoke with the registered manager and six staff members. After the day of the inspection we spoke with four people who use the service and three people who spoke on behalf of people (at their request). We contacted seven local authority and other professionals and received written responses from three. None of the professionals had any concerns about the service. We looked at records relating to the management of the service. These included seven people's care plans, a selection of policies and a sample of staff recruitment files and training records.

Good

Is the service safe?

Our findings

People told us they felt, ''absolutely safe'' with care staff. They thought care staff were, ''absolutely and completely trustworthy''. People were encouraged to protect themselves. They were provided with leaflets which explained what abuse was and what they should do if they felt they were being abused. People were protected by care staff who were able to describe signs and symptoms of abuse and tell us what actions they would take if they suspected abuse. Staff members were provided with safeguarding training which was up-dated every year. Care staff were confident that the registered manager and other senior staff would respond immediately to any safeguarding concerns. A staff member gave an example of a situation where they had witnessed abuse. They reported the incident and action was taken to involve the social worker and other professionals to keep the victim safe and support the perpetrator with behaviour control. The service had a whistleblowing policy and staff told us they would not hesitate to involve other agencies, if necessary. No safeguarding concerns about the service had been reported in the previous 12 months.

People and staff were kept as safe as possible by the service. The service had robust health and safety policies and procedures, some of which had been reviewed and up-dated in 2015. Health and safety risk assessments included lone working, infection control and personal safety. For example a staff member explained that they were responsible for ensuring other staff had left their last call (out of hours) and reached home safely. Staff were issued with appropriate safety equipment such as gloves and aprons.

People's homes were risk assessed for any environmental risks to them or the care staff. Hazards, such as location of the home, lighting and condition of the premises were identified. Staff had been trained to identify hazards and risk assess them during their daily work. A staff member described how they had identified and assessed a major environmental risk. This was reported to the office and dealt with immediately. Staff adhered to health and safety policies and procedures. One person told us that staff declined to carry out a task in the way they (the person) wanted because it was not safe. They understood this even though they did not agree with the policy.
Work was being undertaken in conjunction with the Royal Berks Fire and Rescue Service "Keeping You Safe From Fire" with developments to risk assessment documents.These will incorporate the information required for referral to the fire service for a home fire safety check and increase people's safety in their home.

People's care plans included risk assessments which identified significant risk to the individuals. Any risks were assessed by the senior staff member who conducted the first visit to the individual. Risk management plans were incorporated into the daily plans of care. Examples included moving and positioning, falls and skin integrity. Some risk management plans were written by specialist professionals such as occupational therapists. Recognised risk assessment tools were used to identify specific risks such as those related to falls and skin integrity.

Accidents, incidents and 'near misses' were recorded onto a computer system and monitored by the registered manager and the health and safety team of the provider. Records included detail of the incident, the investigation process and the learning points to be discussed with the staff team, to minimise the risk of recurrence.

The service helped some people take their medicines safely. There was a detailed medication policy, which had been reviewed in November 2015. It clearly outlined the responsibilities the service would take with regard to medication. It instructed staff in what they could and couldn't do in regard to the administration of different types of medicine such as controlled drugs and medicines prescribed to be taken when necessary. It noted three levels of support and detailed what each of these involved. The help people needed with their medicines was clearly described on their plans of care which were supported by medication administration risk assessments.

Medicine administration records were completed and audited when they were returned to the office after the six week care package had ended. The registered manager had amended the medicine recording system because of some incidents of them being completed incorrectly. She and the staff team were in the process of evaluating the benefits of the changes. Body maps for the administration of creams had been introduced during the previous six months. There had been ten medication errors in the past twelve months. The registered manager and staff team had identified this as an issue and had taken action to try to prevent further errors. All staff had received up-dated training and their competence to administer medicines was checked regularly.

The service made sure that they had enough staff to support the people they cared for. They did not increase the packages of care they provided unless they had enough staff to do so, safely. Staff told us they had plenty of time to give proper care and support and can 'over run' if necessary. They said that the 'office' would cover calls so that they could respond to people's immediate needs. They gave examples of when people had been ill, needed additional support or in emergency situations.

People were supported by staff who were suitable to work with vulnerable people. The service followed the provider's robust recruitment procedure and was supported by the human resources department. The recruitment procedure included the taking up and verifying of references, criminal records checks and checks on people's identity prior to appointment. The application forms for the most recently recruited staff members were fully completed and any gaps in work histories were explained. Records of interviews were kept and used to inform supervision and training needs.

Good

Is the service effective?

Our findings

People's needs were met by care staff who were well trained and had the knowledge and skills required. People's comments included, ''staff have excellent training, they know how to deal with all situations''. ''The standards are so much higher than other agencies and I believe that is down to the training and knowledge of staff''.

Staff completed induction training developed to meet the standards of the care certificate. They described their induction as, ''very thorough and very good''. During their induction and initial training new staff had opportunities to 'shadow' more experienced members of staff and work in residential and other types of service, as was appropriate. Staff completed a probationary period which included regular meetings with senior staff. Senior staff were trained to evidence competency in the work place so that staff were able to obtain their care certificate, in a timely manner.

Staff members told us they had excellent opportunities for vocational training and their mandatory courses were completed at the scheduled times. For example, moving and positioning and health and safety matters were refreshed annually or when required. All, except new staff, were qualified to the level their job description required. For example reablement officers had achieved Qualifications Credit Framework level three diplomas (or equivalent) and reablement assistants level two. Specialised training was provided to meet people's individual needs. This included dementia care, end of life care and specific healthcare needs such as specialised feeding techniques. District or specialist nurses sometimes provided the training staff needed to meet people's individual needs.

Staff were effectively supported by the management team. Staff were allocated a named supervisor and signed a supervision agreement when they started work. They had regular one to one meetings and annual appraisals with senior staff. Staff told us they felt very well supported by the management team and described their weekly team meetings which they felt were very supportive to all staff.

People's health needs were met by care staff and other health professionals working together, as required, and according to individual's plans of care. Because of the nature of the service people's health needs often changed quickly. People's health could deteriorate after they had been discharged from hospital. Staff were alert to people's changing needs and told us they would report back to the office or to other health professionals if they had any concerns. They said that they recorded any concerns about people and asked their permission to share their observations with others. Agreements were made with people at the beginning of the service provision with regard to who the care staff may share information with.

People's nutritional requirements were assessed and they were helped with their food, as necessary. Food and fluid intake records were kept in the daily recording booklet, as required. Care staff were trained in any areas which required specialist knowledge such as artificial feeding techniques and food hygiene.

The service understood issues of consent and decision making. Care plans included information with regard to people's capacity and ability to make decisions about different areas of their care. People told us they

always made their own decisions and that, ''staff always ask for my consent before doing anything''. People signed initial assessments and subsequent care plans and risk assessments, to say they had been involved in completing them and agreed with the content.

The service had a clear understanding of the Mental Capacity Act (2005). 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. 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. We checked whether the service was working within the principles of the MCA. Staff had received mental capacity training and were able to describe, when best interests decisions could/should be taken. They told us what action they would take if they felt someone's capacity was diminishing or their rights were not being upheld.

People told us that care staff, ''almost always'' arrived on time and always stayed the correct amount of time, if not longer. The service used a scheduling system which allowed staff to make some choices about working patterns, whilst meeting the needs of people who use the service. Because of the short term nature of the service care staff were not always consistent. However, people told us, ''the staff are so friendly that you get to know them very quickly''. One person told us that on two occasions the care staff had arrived when the call had been cancelled, however, it had never happened the other way around. Staff told us they received paid travelling time and felt they had plenty of time to offer people appropriate and safe care. They said the standard of care they gave was more important than the time they took and this view was encouraged by the management team. There had been 11 missed calls in the previous 12 months. Each had been recorded in detail and fully investigated to try to minimise the risk of repetition.

Good

Is the service caring?

Our findings

People described the care they received as, ''excellent'' and, ''absolutely brilliant''. One person said of staff, ''they are so professional and so well trained but so very friendly with it''. People told us that staff always treated them with the greatest respect and preserved their dignity at all times. Four people told us they would keep the agency if they could but were told at the beginning that it was a short term service. Written comments (in the form of compliments) included,''the staff were totally committed to improving the quality of life for my [relative]''. ''You have all been so good and caring you picked me up when I was down''. ''the carers were amazing, I feel the care they provided for my [relative] could not have been better''.

People's needs were met by care staff who were aware of their needs and worked hard to establish an effective working relationship with them, in a short period of time. People told us the care staff were, ''good at getting to know you very quickly''. They said staff, ''all had the same, friendly and respectful attitude, so it doesn't matter if they're not consistent''. However, the service operated a geographical area based scheduling system to try to ensure as much continuity of care as possible. Staff members confirmed that they had regular visits and 'covered' new packages of care and emergency visits. Care plans noted people's emotional, cultural and spiritual needs, as appropriate and relevant to the care offered by the service. Care staff received equality and diversity training, as standard.

Staff protected people's privacy and dignity at all times. They talked about respecting people's opinions, personalised care and listening to people. Staff told us they treated people with the same care and respect that they would their own family members. People's comments about care staff included, ''the carers are excellent'', ''they are absolutely brilliant'' and, ''they treat me very well, they are always respectful''.

People knew what the service offered and for how long they were entitled to it. They were provided with information to ensure they knew what to expect from the service and what their responsibilities were. Information included a complaints procedure and safeguarding information. People could ask for information in different formats as they preferred. People knew what was in their care plans and told us that they had been, ''totally involved'' in the assessment and care planning process.

People were supported to regain, maintain and develop as many of their independence skills as possible. Most people were assisted with rehabilitation programmes after visits to hospital or debilitating illnesses. Staff told us they really enjoyed the reablement aspects of their work and part of that was encouraging people to be as independent as they could be. They told us about the skills they need to encourage independence and described the positive persuasion techniques they used. Generally, after the six week reablement programme, people either became independent or were able to be passed to other providers who were able to meet their continuing needs.

The service did not generally support people with end of life care. However, staff were trained in end of life care for when it became necessary to deliver this service. A family commented, ''thanks for all the wonderfully professional care, the kindness and thoughtfulness''. They continued, ''your concern for her needs and ours was shown right to the end and made a difficult time very re-assuring''.

Good

Is the service responsive?

Our findings

People told us that care staff were very responsive to their needs. One person gave an example of them requesting evening calls later than planned to accommodate their social life. Another gave an example of a change of medication being responded to immediately. One person said, ''they are very responsive, they respond to my needs on a daily basis, sometimes even if it is not strictly in their remit''. A professional commented, ''I have not been made aware of any concerns or complaints. I believe the service to be safe, empowering and respectful''.

People told us their needs were assessed and care was planned with them. The service worked with people and other professionals to plan and deliver care according to people's individual needs. The personalised care plans contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. Because of the nature of the reablement service being offered care plans were continually re-assessed because people's needs changed quickly. Care packages were reviewed at four weeks, as a minimum. Any long term care packages were reviewed at six months, as a minimum. There was a weekly team meeting, attended by other professionals, to discuss any necessary changes to care plans to ensure they were up-to-date and meeting people's current needs. Care plans were being developed to benefit both the care staff and the people who use the service. This included the addition of a 'summary front Sheet' to cover specialist care such as moving and positioning instructions, medication and dietary and fluid needs. This would enable staff to see at a glance what was required at each visit without having to search for these details within the main care plan which would remain person centred.

Staff members told us their views and observations were sought and valued, as they were in the best position to judge people's progress. People and staff told us that the service was flexible and responded to any requests at short notice, if they could. Although the service offered a time limited care package they would occasionally provide care for a longer period. This was to ensure that the most appropriate service could be employed to provide long term care for the individual. The service worked co-operatively with the new providers, to ensure an effective transition between services. If necessary, care staff would work with the new care team to achieve a positive handover. If the service needed to pass on any information about a care package, they did so with the person's permission.

People's changing needs were communicated to staff by various means. Staff told us they were kept up-to-date with any necessary information to meet the person's current needs by phone, text messages and the weekly meetings. They said care plans were changed quickly and senior staff would re-assess people's needs when requested to do so.

People told us they knew how to make complaints if necessary but had not had to make any. One person told us they had a few minor concerns about the review system but these were not directly about the service. People said they were confident to approach any of the staff, the office or management of the service. The service had a robust complaints policy and procedure which they followed when they received a complaint. Staff were trained to deal with complaints and the service could consult the public liaisons officer of the organisation. They were able to advise on how to deal with specific or complex complaints. The

service had recorded four complaints in the previous 12 months. These had been recorded in detail, action plans developed and conclusions noted. All complaints had been dealt with appropriately. The service had recorded 41 compliments in the same time frame.

The service generally operated between 7am and 10 pm for seven days a week. However, they also provided a night warden service and had on call, emergency arrangements in place.

Good

Is the service well-led?

Our findings

People and staff told us they felt the service was very well managed and very well organised. They said they could approach the registered manager and other senior staff whenever they needed or wanted to. Staff told us the management style was open and very supportive. They said they felt valued and part of a very effective team. Most care staff had been recruited from other agencies and told us that this service was the best one they had ever worked for. They cited excellent support, being valued and very high standards demanded by the registered manager as the reasons for the high quality of the service. A professional commented, ''my judgement is that there are very high expectations on staff values/behaviour and issues are highlighted very quickly and addressed''. Another wrote, ''the leadership team of the service is approachable, flexible, responsive and supportive. The feedback that I have about the service provided is that it is of an extremely high standard. The service is intended to do relatively short-term work with clients but is so valued that we have some clients who are adamant that they do not want any other provider. Care managers report that the team are able to achieve good outcomes in terms of reabling service users''.

Four people told us that the standards of West Berks Council Home Care Service were, ''excellent'' and, ''much higher'' than other Domiciliary Care Agencies. Three people had experienced care from a large number of other agencies. They gave the reasons for their, ''excellent'' description as the high standards expected by the management and the provision of good training and support to staff members. Four people told us that they fully understood it was a time limited care package but if they had a choice they would not transfer to another agency as the service they received was, ''brilliant''.

The views of people who use the service and staff who worked in the service were listened to. People were asked to complete a service satisfaction survey at their four week review. For those who were unable or unwilling to complete the survey face to face at the review a copy was sent to them or their representative for completion. Additionally people were encouraged to contact the service if they had any comments to make at other times. Staff meetings were held weekly. They focussed on any changes of needs of people. They were also used for specific training, discussions about developments and any other relevant issues. There were two weekly meetings to enable as many staff as possible to attend them. Minutes of the meetings were written up and sent to all staff after the second meeting was held.

The quality of care people were offered was assessed and monitored regularly. The service completed quality monitoring visits to people, there were monthly management audits and senior staff completed 'spot checks' to evidence staff competency. Management audits included complaints, safeguarding incidents and accidents. The daily booklets which included daily notes, medication administration records (MAR) and any food or fluid intake charts were monitored at the four week review and when they were returned to the office. The registered manager ensured that if any issues were identified, necessary improvements were made. A recent example was the development of the MAR part of the daily booklet in response to some inaccurate recordings being noted. Other parts of the organisation such as the health and safety team and the care quality team monitored computer records and prompted the service to take action, if required.

The service worked closely with other agencies and was involved in projects to develop the way services were offered. Examples included the 'joint provider project' and 'skills for health initiative'. The joint provider project ensures that health and social services work together. There was a joint care pathway which meant that people were referred to the joint service. They were assessed and provided with the service that was most appropriate to meet their needs. The aim of the service was to make sure individuals received support from the service best equipped to provide an effective reablement programme. For example care staff, nurses and occupational therapists often worked together at different stages of the care package. The skills for health initiative was a project trying to develop joint training for staff. This would attempt to provide staff with a variety of skills to reduce the number of professionals visiting an individual. This meant that people would have more consistent care and the presence of fewer professionals would be less intrusive in their daily lives.

The quality of care provided to people who use the service was supported by good quality individualised records which were up-dated in a timely way. Additionally other records which were related to other aspects of running a regulated service were up-to-date and of good quality.