

Derbyshire County Council

# Amber Valley (DCC Home Care Service)

## Inspection report

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19 December 2016

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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

Amber Valley (Derbyshire County Council Home Care) provides personal care for adults in their own homes. This includes people living with dementia and people requiring short term support on discharge from hospital. There were 170 people using the service for personal care at the time of our inspection.

This inspection took place on 13, 14 and 19 December 2016. The service is run from an office in Ripley and provides care to people in central Derbyshire. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available. In addition we also carried out telephone calls to four people using the service and three relatives on 15 and 16 December 2016 and visited five people in their own homes.

There was a registered manager at 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.

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments. The records had been updated to reflect changes in people's care needs. Medicines were managed safely.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure. The provider's arrangements for staff recruitment and deployment helped to make sure there were sufficient staff who were fit to work at the service to provide people's care.

Staff understood their roles and responsibilities for people's care and safety needs and for reporting any related concerns. The provider's arrangements for staff training and their operational procedures supported this.

The principles and requirements of the Mental Capacity Act (2005) were being met. When required, best interest decisions and capacity assessments had been completed. People were supported by staff who knew them well. Staff were aware of promoting people's safety, whilst providing information to support people to make day-to-day decisions.

People received appropriate support to manage their meals and nutrition when required. This was done in a way that met with their needs and choices. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People and their relatives told us the care staff were caring and kind and that their privacy and dignity was

maintained when personal care was provided. People and their relatives were involved in the planning of their care and support.

Complaints were well managed. The leadership of the service was praised by external professionals and relatives and communication systems were effective. Systems to monitor the quality of the service Identified issues for improvement. These were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

## 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 deployed effectively to ensure people were assisted in a timely manner. Staff followed the guidance in people's risk assessments and care plans. Medicines were managed safely. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable staff were employed.

### Is the service effective?

Good ●

The service was effective.

The provider had established people's capacity to make decisions and ensured they had given their consent to their care. Staff had received training to provide them with the knowledge to meet people's individual needs. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

### Is the service caring?

Good ●

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager at the service. Systems in place to monitor the quality of the service were effective. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

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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 13, 14 and 19 December 2016. The inspection team was comprised of one inspector. In addition, an expert by experience in the care of older people made telephone calls to people using the service on 15 and 16 December 2016. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at all of the key information we held about the service which included notifications. Notifications are changes, events or incidents that providers must tell us about. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

Surveys were sent to service users, relatives, staff and health and social care professionals prior to our inspection visit. We received responses from seventeen people who used the service and two from relatives. We did not receive any responses from staff or health and social care professionals.

We spoke with nine people using the service and three relatives. We looked at four people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and staff recruitment records. We spoke with fourteen staff, including the registered manager and domiciliary service organisers. We also spoke with four health and social care professionals by telephone following our visit.

# Is the service safe?

## Our findings

People we spoke with confirmed they felt safe when care was provided. One person said, "I feel very safe. I trust them." Another person told us they, "Definitely," felt safe. 100% of survey responses from people and relatives also indicated that people felt safe from harm from their care workers.

External professionals also confirmed people were cared for safely. One told us they had not had any concerns about people's welfare.

Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Records we saw and information we received prior to the inspection visit confirmed the provider made appropriate referrals, as required. The provider was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care because they were aware of the provider's whistle-blowing policy. This helped to ensure any allegations of abuse were reported and people were protected from unsafe care.

People told us they were encouraged to be independent and manage risks safely. One person said, "They let me do what they know I can do myself." 100% of survey responses indicated that people received care and support that kept them as independent as possible.

Risks to people's health and well-being were well managed and staff understood people's safety needs. They were able to tell us how, for example, they supported people with their medicines, to mobilise and eat and drink. Most people's care plan records showed that risks to their safety associated with their health needs, environment and equipment were assessed before they received care and regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed to ensure the information was up to date and reflected people's current needs. For example, one person had a risk assessment for the management of their medicines to ensure this was done safely. We found there was clear guidance on how to safely support people in the records we looked at, for example, equipment used to support people's mobility needs. This helped to make sure that people received safe care and support. However, we saw one person's risk assessment for moving and handling was not available on the electronic record. We discussed this with the relevant domiciliary care organiser who agreed to look into this. They told us the relevant document would be available in the person's own home.

There were enough staff to meet people's care and support needs in a safe manner. Most people told us staff were available at the times they needed them. One person said of staff, "They're timely," and another person said, "They're pretty good, they come within 5 minutes either way." A relative said staff were, "Pretty regular and good on time." However, another relative told us, "I don't think there are enough staff. They

always say they are covering for someone else. Mum has a time sheet, there's no travelling time built into timetables. " They went on to say this had not caused them any problems. A third relative said that sometime staff were half an hour late but this had not caused them any difficulty.

All the staff we spoke with told us staffing numbers were adequate to meet people's need and that absences were covered within the team. They said they all worked together to ensure that no one missed their care visit. They told us that rotas were planned to provide sufficient numbers and skill mix of staff. They also staffing arrangements were sufficient for them to perform their role and responsibilities. All staff said that they had enough time allocated to travel between appointments. Staff confirmed they received rotas each week identifying their calls. They also told us that there was never an issue if a call took longer than expected and they were allowed extra time to complete the support required. External professionals also confirmed there were enough staff available to meet people's needs. The provider ensured there were sufficient staff available to work flexibly and consistently so people were safe.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. People were cared for by staff who were suitable for the role.

People who received assistance with their medicines told us they were satisfied with the way these were managed. One person said, "They give it to me. I'm happy with the arrangement." Another person told us, "They're red hot on medicines, no problems there." A relative told us, "They remind [family member] to take them."

Staff were able to explain the procedures for managing medicines and we found these were followed; for example, staff knew what to do if an error was made. All the staff we spoke with told us they would record any error and contact their manager and a doctor if they made a mistake when assisting with medicines.

We looked at medication administration record (MAR) charts and saw these were completed appropriately, with the exception of topical creams that were not signed as administered. We brought this to the attention of the registered manager who agreed to look into this. We also found one person had a large stock of liquid medicine in their cupboard that was recorded on their MAR chart as tablet. The staff member present was unsure why this was but agreed to check this with the pharmacy. We also brought this to the attention of the registered manager who also agreed to look into this.

Staff responsible for people's medicines received appropriate training, which was updated when required. Records we saw confirmed this. Staff told us the training was thorough and they were confident they knew what to do to ensure people's medicines were managed safely. One staff member told us, "We don't give anything without a MAR chart." The provider therefore ensured there were procedures in place to manage medicines safely.



## Is the service effective?

### Our findings

People told us they were satisfied with the care provided and that staff were knowledgeable about their individual needs and cared for them effectively. One person told us, "They come as a double up and one is always someone I know. It always works well." Another said, "New staff accompany a regular carer." One person told us, "They deserve a gold star." A relative said, "They're fantastic. New staff shadow regular carers," and a second relative told us, "Definitely all very good. Sometimes someone is learning with them. They have to learn and they are well organised." 94% of survey responses indicated that care staff had the skills and knowledge to provide the care required.

However, some survey responses indicated that 29% of people did not receive their call on time. One person had commented, "My care workers rarely come on time," and another said, "Mid-morning calls are getting to within half an hour late." A relative also told us, "Rota times she [family member] gets are fine with her regular carers but we have on occasion had her bedtime call at 5.30pm when it should be 7.30pm." The PIR confirmed that call times were an issue. The registered manager had identified this and commented on the PIR, "The main theme [to complaints] relates to the call times especially during periods of staff short notice sickness, this can result in delayed call times as managers are trying to cover calls with existing staff who already have a full programme of work." We discussed this with the registered manager who told us they did their best to cover calls as near to the preferred call time as possible.

Staff were provided with the information, training and support they needed to perform their roles and responsibilities for people's care. They told us they had undergone a lengthy, detailed induction and that they had training in all essential areas and had worked under supervision until they had been assessed as competent. They described the training as, "Informative," and "Brilliant." One staff member told us, "Training is of a good standard." All of the staff we spoke with said they were required to attend regular training relevant to people's care needs. Training records we saw showed that staff were up to date with essential health and safety training. Staff told us they could also request additional training according to people's individual needs. For example, we saw training in falls prevention and stoma care had been provided. A health professional told us staff were keen to learn at practical learning sessions they had provided. They told us, "Staff are keen to get things right."

There were regular staff meetings which enabled staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor throughout the year to discuss their work performance, training and development. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues. This showed the manager ensured that staff maintained the level of skills the provider felt essential to meet people's needs. The provider therefore ensured staff were suitably trained and supported to provide effective care.

People told us they were asked for their consent to the care agreed. One person told us, "They do pretty well what I ask them to do." Another person said "They always ask. We get on well together." A relative said, "The carers talk to [family member] and reassure her."

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's care plans showed an appropriate assessment of their mental capacity and a record of any decisions about their care and support, made in their best interests.

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 and the Deprivation of Liberty Safeguards (DoLS). The provider had assessed whether or not anyone was receiving restrictive care that may amount to a deprivation of their liberty. They had not identified anyone who had personal care where this was applicable, and understood when an application to the Court of Protection would need to be made.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). Staff had received training on the MCA and were able to tell us how they would assess people's capacity to make everyday decisions. Training records we saw showed most had undertaken training in the MCA. This meant that people had their legal and human rights upheld and their views and wishes were taken into account to ensure that the least restrictive option was taken in a best interest decision for them.

People told us they were assisted to contact a doctor if necessary. One person said, "They either get in touch with the doctor or I would use my alert button." A relative told us, "They did ring for paramedics and I was happy with what they did." Another relative told us, "Another person told us, "Any sores or anything different and they advise me to ring the doctor."

Staff we spoke with were knowledgeable about the healthcare services people accessed. Healthcare appointment records were completed, which confirmed that people had access to a range of health professionals such as doctors, specialist nurse, opticians and chiropodists. We also saw there was up to date information where there had been changes in people's health needs. For example, one person's confidence and ability to manage personal care continence needs had improved as a result of staff assistance and reassurance. External health professionals confirmed their advice was acted one described staff as, "Very professional." Another told us staff input was, "Very valuable and helpful." People's health needs were therefore met.

People using the service who were supported in their food choices had sufficient to eat and drink. One person said, "They prepare the food and I eat it myself. There is no rush at all." A relative told us their family member needed encouragement to eat and told us, "The carers will stay to see she eats something."

Staff we spoke with confirmed that main meals were mostly microwave meals but said they tried to ensure that they were varied. People's care plans had information about their individual needs, food likes, dislikes and preferences. Training records showed staff were trained in handling food safely. People received the right support to maintain a balanced diet.

# Is the service caring?

## Our findings

We found staff were caring and people were appreciative of staff and their helpfulness and friendly attitudes. One person told us, "I don't find it difficult to get on with any of them." Another said, "They're perfectly nice," and a third said, "I'm so grateful for what they do for me, they're never nasty." Another person said, "They go above and beyond their remit, they're priceless." A relative told us, "They are good with my Mum" and another told us, "They are all nice people." A third relative was happy with how staff communicated with their family member and told us, "Some even sing to her and they are very gentle." 100% of survey responses from people and relatives indicated that staff were caring and kind and treated them with respect and dignity.

External professionals praised the care provided and said staff were caring and compassionate. One told us, "They're a good bunch they speak respectfully to people," and described them as, "Very good." The provider was therefore ensuring the service and its staff were caring and compassionate.

People told us privacy and dignity was respected when receiving care and support. They told us they were treated with respect and approached in a kind and caring way. One person said, "They do it [care] well," and confirmed their dignity was maintained. A relative told us staff showed, "Great respect." A survey comment received from a relative stated, "I have total confidence in the carers who care for my mother in law. They always treat her with dignity & respect."

All staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this – closing curtains, approaching people quietly and covering people appropriately when they received personal care. We saw the Derbyshire Dignity Award, a scheme for recognising good practice in promoting dignity, had previously been awarded to the service. The registered manager told us they were in the process of gathering evidence to renew the award. She described this as, "A team effort." This showed us there was an understanding of the importance and awareness of upholding and respecting people's dignity. People's care was provided in a dignified manner.

People were offered choices in their daily routines and that staff encouraged independence. Staff were able to describe how they offered choices to people; for example, regarding what to wear and how they would like to spend their day. They told us they enabled people to undertake as much of their care as they were able, even though it could take more time. When people refused options, such as assistance with personal care that they wished to complete themselves, their choice was respected.

People were listened to and were comfortable with staff. One person told us, "I have no doubt they would give or get the help I needed." External professionals confirmed people were treated respectfully. People therefore received care and support from staff who were kind and that met their individual needs and preferences.

People and their relatives were involved in their care planning. People we spoke with were aware of their care plan and told us they had a copy in their own home. One person told us, "I have a care plan." Staff told

us care plans were in place in every person's home and that they contained up to date relevant information about how to care for people.

People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. Records we saw showed reviews of people's care involved family and people important to the person.

## Is the service responsive?

### Our findings

People received personalised care that met their needs. People and their relatives said they were involved in decision making about the care and support provided and that the care agency acted on their instructions and advice. They said staff attended at, and for the duration of, their agreed call times. One person told us staff were punctual and said, "They have me down to a fine art." Another said staff, "Have plenty of time," for the care required. A relative told us, "They have enough time in the morning but only 20 minutes at dinner time, I don't think it's long enough." Another relative told us, "It [care] takes as long as it takes to do properly."

External health professionals also confirmed that the service responded well. They told us they had received positive feedback from people using the service who said they were, "Very happy," with the service provided. Two health professionals described the staff as, "Very proactive," in alerting them to any health issues. Another told us the service was, "Very proactive in sorting things out."

People's individual care and support needs had been assessed before they began to use the service. Each person had an individual support plan, based on their identified needs and developed to reflect their personal choices and preferences. Support plans were written in the first person, which provided an individualised picture profile of the person. Choices and preferences were reflected throughout support plans, which enabled staff to provide appropriate personalised care and support, in a way the individual needed and preferred. Staff confirmed they had chance to read care records and were able to keep up to date with people's needs and preferences.

Plans were regularly reviewed and updated to ensure they remained person-centred and accurately reflected any changes to the individual's condition or circumstances. One person told us, "It [care plan] is up to date." Another person told us, "The care plan I have works perfectly well and I have no need to alter anything." A relative told us there had been a recent review of their family member's care plan and said they had, "Signed the new one [care plan]."

The care plans also provided sufficient guidance for staff about how to provide support in the way the individual preferred. Staff told us that any changes to these guidelines were discussed at team meetings or with their line manager to help ensure people were supported in a structured and consistent way.

Staff were responsive to people's needs. One person said, "The carers noticed I was sore and the district nurse comes now." Another person told us, "I'm very happy with all my current carers. Anything extra I need and I could ring and tell them." A third person said, "If I needed anything they would help me in any way they could."

The registered manager told us they listened to people and staff through the reviews of care and staff meetings. People, their relatives and staff said that the domiciliary service organisers were accessible and approachable. They said they were listened to and their voices were being heard. One person told us, "They take time to listen."

External professionals also told us the service acted on any issues raised and told us there was, "Never a problem." The provider ensured that any issues raised were used to improve the service. Another said the response was, "Very good."

People told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. Most said they would speak to the domiciliary service organiser as the first port of call. Several people told us they had not had any need to make a complaint. One person said, "I would call the office." 100% of survey responses from people and relatives said they knew how to make a complaint.

We reviewed complaints that the service had received. We saw five formal written complaints had been received that required an investigation in the previous twelve months. This had been responded to appropriately. Responses to other informal complaints had reached a satisfactory conclusion.

# Is the service well-led?

## Our findings

There was a registered manager at the service. There was also a staff team in place to support the manager consisting of six domiciliary care service organisers. The registered manager understood their managerial and legal responsibilities, for example, when and why they had to make statutory notifications to the Care Quality Commission. People's personal care records were stored electronically and were well maintained. The provider was therefore ensuring that the service operated efficiently.

People and their relatives felt that the service was well run and that staff and the manager were approachable and open to listening to their suggestions or concerns. One person told us, "It seems to run alright to me." Another told us, "I know the number to phone the office. It's alright the way it is." A third person said, "There's nothing to improve. I'm happy with all of them [carers] and appreciate the service very much." A relative told us they knew who the managers were and said, "They ring me up pretty regularly." 100% of survey responses confirmed that people and their relatives knew how to contact the agency.

External professionals were complimentary about the management of the service. One said they were, "Very good with any queries," and described senior staff as, "Very good."

People told us they felt able to make suggestions. One person said, "They're very approachable," and a relative told us they had been asked their opinion, "Quite regularly and they came to see me too." The provider information return told us the service had received twelve written compliments in the last twelve months. These were mostly praising staff for the care received including end of life care and, "Going above and beyond the call of duty." Feedback received demonstrated the provider was providing a good quality service and was taking people's needs and wishes into account to develop the service.

The service had a clear set of values which were set out in their statement of purpose and were central to any developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice. People and their relatives praised the service for employing carers who demonstrated these qualities on a daily basis. One relative told us, "they are all very good people, good genuine people," and another person said, "I am quite happy with them."

The registered manager told us of improvements that had occurred in the service. For example, the agency was the first of the provider's services to incorporate seven day working to ensure the service operated consistently. This had improved the service's ability to provide a service at weekends and bank holidays.

All staff spoke positively about working at the service and praised management and leadership. One told us, "I feel very supported," and another said, "Team work is good." They confirmed they felt valued and told us they were encouraged to take up training opportunities and give their opinions on the service.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, they knew how to report accidents, incidents and safeguarding concerns. They told us they were provided with relevant policy and procedural guidance to support their role and responsibilities.

Staff said they were regularly asked for their views about people's care in staff group meetings and one to one meetings. One staff member said, "We can discuss people's care." Staff also felt able to raise concerns or make suggestions about improving the service. They gave an example of how a suggestion had been acted on and improvements had been made to equipment required for one person. One staff member said, "They [managers] do listen". All the staff we spoke with praised the registered manager and the domiciliary care service organisers. One staff member said, "They are all easily available." The provider was therefore proactive in obtaining staff views and opinions to improve the service.

The registered manager told us they were trying to develop more links with the community, such as involvement in a project for people living with dementia. The registered manager also maintained professional contacts with relevant agencies such as local medical centres, hospitals and social services. They also told us teamwork within the staff group was important and that they valued the staff working at the service, for example, by ensuring feedback was given at staff meetings and to relevant individuals.

The registered manager told us the service operated in a transparent way, for example in relation to any errors made. For example, she had re-issued the provider's confidentiality policy following an incident to improve the service. Staff confirmed they felt able to report errors and any issues and were confident they would be looked into in a professional manner.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as incident and accident records and medication errors, had taken place in the last twelve months. There was collation of overall information to establish trends or patterns, for example in relation to incidents. However, it was unclear what actions were required as a result of the audits, for example, where there had been an accident. We discussed this with the registered manager. They told us some of the analysis was undertaken at a corporate level and any findings were discussed with staff. The provider had systems in place to ensure the service operated safely.