

Hampshire County Council

Community Response Team Mid Hants

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

About the service: Community Response Team Mid Hants is owned by Hampshire County Council. The agency is primarily a short-term assessment and reablement service for people coming out of hospital. The service is registered to provide care for people who are living with dementia, have personal care requirements, physical disabilities, treatment required for disease and disorder or injury. At the time of our inspection, 92 people were using the service.

People's experience of using this service

The management provided good leadership and were actively working to drive improvement. Feedback from people, staff and relatives confirmed the management were respected and led by example.

Staff told us that they felt their achievements were recognised and that they felt valued. Staff had a clear understanding of their roles and responsibilities. We observed staff were confident in performing their jobs and when speaking with people, other staff and the registered manager.

People, their families and professionals told us they felt the service was safe. Staff had received safeguarding training and had their competency in this subject checked. They were aware of the types of abuse that could happen to people, what signs to look out for and their responsibilities for reporting any concerns.

The registered manager had a good understanding of their responsibilities to notify the CQC of important events that happened within the service. People and their families had been given information so that they knew what to expect from the service.

People who required assistance with their medicines were supported by appropriately skilled and qualified staff. They had received training and competency checks and had a good understanding of the risks associated with the medicine people were taking.

Staff received appropriate induction into their role and learning opportunities were made available.

Staff said they felt supported in their role. They told us they received regular supervision and had a yearly appraisal.

Staffing levels met the needs of the people using the service. Staff had been recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had good access to healthcare services.

People, their families and other professionals had been involved in an assessment before the service provided any support. The assessment had been used to create care and support plans that addressed people's individual identified needs. Staff demonstrated a good understanding of the actions they needed to take to support people.

A complaints procedure was in place and people told us they were confident that concerns would be dealt with appropriately by management.

Staff were supported and encouraged to share ideas about how the service could be improved and had been pro-active in supporting changes. They spoke enthusiastically about the positive teamwork and support they received.

The provider had good systems in place to support staff to learn lessons and implement change.

Rating at last inspection: We previously inspected the location on 18 and 19 January 2017 and rated the service good.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Community Response Team Mid Hants

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating of the service under the Care Act 2014.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection team: The inspection visit was carried out by two inspectors.

Service and service type

This service provides a short-term facility for people who may need care, support, equipment or rehabilitation. The service integrates health and social care and includes nurses, social workers, sensory workers, occupational therapists and rehabilitation assistants.

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including the safeguarding team.

What we did

We spoke with the registered manager after the inspection visit as they were not available at the time we

inspected. We spoke with the community response team consultant, the senior operations manager and two team leaders. After the inspection visit we obtained feedback from 10 staff members, six people and four relatives. We reviewed a range of records. This included five people's care records and medication records; Staff recruitment, training and supervision records; Records of accidents, incidents and complaints; Audits and quality assurance reports; Policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and supported by members of staff. One person told us, "They always make sure I feel comfortable. I feel safe with the staff".
- Staff were aware of how to recognise abuse and protect people from harm. They felt confident raising any concerns with managers and were aware of the whistle-blowing policy. A member of staff said, "Our policies describe that it is part of our roles and our duty of care to report any unsafe practice or any concerns to ensure our service users are protected. Incident forms are used to record and report thoroughly and to put actions in place to reduce safeguarding risk" and "Internal and external. If I have concerns of abuse I discuss initially with my team and line manager to ensure everyone is aware of concern and to keep a close eye on visits and phone calls etc. I then raise my concern with their allocated social worker or social work team to gain further advice and ensure they are aware. Incident forms are in place to document/report incidents that have caused any concern".
- Information about how to report safeguarding concerns was readily available in the locations office and people using the service were provided with relevant information if they had concerns.

Assessing risk, safety monitoring and management

- Staff were consistently positive about the arrangements in place to mitigate risk. Comments from staff included, "At every "initial visit" where the senior carers start the service user's care plan and folder they ensure that risk assessments are completed on the service user's environment, medication, fluid and nutrition intake and mobility/transfers too. This ensures that any risks are highlighted, and advice/equipment can be put in place to reduce the risks to service user and carers" and "I would check all risk assessments and reablement plan to continue to promote independence. I would check that they were able to complete the task safely at that particular visit, I would discuss how they were feeling and check that they wanted to do the particular task".
- The registered manager and the provider had effective governance systems in place to monitor risks associated with people's care. Risks were frequently reviewed during team meetings and management meetings.
- Risk assessments were detailed and contained accurate information which staff told us they found useful. A member of staff commented, "I observed my surrounding at every visit, made sure there is no hazards are visible. I would also read their risk assessments".

Staffing and recruitment

- Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There were sufficient numbers of staff available to meet people's needs on the day of our inspection and records showed these staffing levels were routinely achieved. People told us staff never missed any calls to

them and they stayed for as long as people needed them.

- A member of staff commented, "We have adequate cover, which in emergencies have been met by our other reablement teams. I myself have covered other area's in the reablement service, this was mainly when we had a lot of private agency hand back service users"

Using medicines safely

- Where needed, people told us they received appropriate support with their medicines and the timings of calls would be based around this.
- A member of staff commented, "We can provide either verbal prompts for someone who requires reminding due to perhaps memory loss or dementia but can physically take medication. We could also provide physical support to access meds boxes/blister packs and physically administer into their hand to take. We also apply creams, eye drops and pain patches. If we have observed or supported with any of the above, then it is documented in our medication records book".
- There was a clear medication policy and procedure in place to guide staff on, recording, handling, using, safe-keeping and safe administration of medicines. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines.
- Regular checks and audits had been carried out to make sure that medicines were given and recorded correctly. Medication records were appropriately completed, and staff had signed to show that people had been given their medicines.

Preventing and controlling infection

- Feedback from relatives and case study documentation demonstrated how staff worked to ensure people were supported to maintain good skin integrity and to be free from infection.
- A member of staff commented, "We are all provided with personal protective equipment (PPE) including gloves, aprons, hand gel, shoe protectors, paper towels and hand soap. These are all available to us in the office. We are expected to change all PPE worn in service user's home between each visit, dispose of appropriately and wash hands when required during visit. We attend training on infection control".

Learning lessons when things go wrong

- All incidents and accidents that occurred were reported to the relevant external organisations and investigated.
- Where investigations identified trends or opportunities for learning, this information was shared promptly with staff to prevent similar events from reoccurring.
- Analysis of staffing levels and risk assessments relating to providing care and treatment in the winter months detailed lessons learnt and care provided.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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

- People's physical, mental and social needs were holistically assessed, and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes.
- People who had diagnosed conditions such as dementia or Parkinson's disease or any physical health care needs were supported by staff who were provided with best practice information.
- Relatives were complimentary about the treatment people received.

Staff support: induction, training, skills and experience

- People told us they felt staff were knowledgeable and experienced.
- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. They received an induction and ongoing programme of training. A member of staff commented, "I can remember my role was explained thoroughly to me including my roles and responsibilities, my uniform and expectation of footwear, hair and jewellery. I received stepping forward, stepping back induction training which was monitored by my senior staff. I provided all relevant documentation such as DBS, identification, vehicle and insurance details. We have appraisals once a year and supervisions/meetings with our line managers every six weeks or so"
- Staff were knowledgeable about the people and topics we asked them about.
- Staff told us the training was good, relevant to their role; and they felt well supported to deliver good standards of care. When describing their induction, a member of staff commented, "What my role would be, my training programme. Information about the service. Appraisal yearly and supervisions every eight weeks or sooner if I want to meet my team leader".
- Records demonstrated staff were subject to competency assessments to assess their skills and ability to perform effectively. A member of staff commented, "Competency to administer and write up medications, competency to complete moving and handling tasks, competency to complete initial visits & assessments as a senior carer". Areas on learning and development included, wound care management, catheter and sheath care, medication and dementia training.

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

- Not everyone we spoke with required support with their meals but those who did told us staff helped them to prepare meals until they were able to do this for themselves. They told us staff always asked them what they wanted and prepared this how they liked.

Staff working with other agencies to provide consistent, effective, timely care

- Staff consistently told us the service worked well because of the variety of healthcare professionals

involved in people's care.

- People told us they received effective care in a timely way. One person said, "I have had really good support from the staff, they know what they are doing, and I feel a lot better"

Supporting people to live healthier lives, access healthcare services and support

- One member of staff commented, "Often our Carers are the ones to complete the call and make the appointment on the service users' behalf with permission. Carers will often request "home visits" if they felt service user cannot access the community. I have arranged ambulance transport through one of our ladies' GP to ensure she attends an appointment at the fracture clinic in Winchester hospital as she was unable to drive and had no local family".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

- Records evidenced people had been supported to be involved in decision-making which included the consideration of different options to identify the least restrictive.
- Staff knew the process for referral where it was thought people may be deprived of their liberty whilst receiving care in their own homes.
- A member of staff commented, "Allow service users to have choices and not allow family or friends to speak for them or make choices for them".
- Documentation demonstrated that best interest decisions were made with the relevant parties. A member of staff commented, "I have recently completed a two-day course on mental capacity which was very informative and enabled us to discuss our own examples to help put the Act into everyday practice. Service user's daughter was making all financial and care decisions for her mother who has advanced dementia even though she has no legal Power of Attorney of either. Service user required a mental capacity assessment, but daughter had declined this also. I have been involved with arranging and attending a "best interests" meeting with CRT management and social workers to discuss further".
- Staff received training in how to apply the MCA and people told us staff always sought their consent and their wishes were respected.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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

- People and their relatives consistently described a kind and caring service. One relative told us, "They are very kind and reliable" and one person told us, "They always smile and are friendly".
- People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation.
- Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

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

- People and their relatives told us they were asked before they received support how the service could help them. One relative told us, "They really involved both of us in the care plans". They all told us that staff always checked with them beforehand what support they wanted and if they were happy with the support provided. People told us they made their own decisions about support and this was respected.
- A member of staff told us how they involved a relative when assessing a person's capacity to make a decision about their care. They commented, "By inviting next of kin to reviews with permission of service user. Checking service users' permission to share form. If any concerns are raised around the advocates, then a "best interests meeting" may be held with social worker or member of care staff".

Respecting and promoting people's privacy, dignity and independence

- People told us that the service had helped to build their confidence and independence. One person said, "I am in a much better place now than I was".
- People and their relatives described staff that treated them with dignity and respect. One person who required support with their personal care told us, "They make sure I am ready, and they ask me if it is ok to do it before they start".
- There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. People told us that they were always given choices and that they were treated with dignity and respect. Staff explained to us how they made sure people received support with their care in a way which promoted their dignity.
- Staff provided us with positive examples of how they treated with dignity. Comments included, "During personal care tasks I always ensure that they are encouraged and enabled to complete as much of their washing and dressing as independently as possible and given privacy when able to such as leaving the room to allow someone to shower if safe to do so. I show my service user respect in being polite, attentive to their

needs and being person-centred when assessing or providing their care" and, "I always make sure that the person is covered over whilst we are completing personal care tasks. I also ask if they are comfortable with me assisting them with intimate bits and make my presence discreet if safe to do so"

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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

- It was evident from talking to people and their relatives that staff provided a person centred and responsive service based on individual needs.
- A relative told us, "[Person] has a plan in place and it is followed by the staff who visit".
- Comments from people and relatives included, "I have a choice of when they come and help me" and, "I was part of the assessment, so I know the treatment given is what is needed".

Meeting people's communication needs

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

- We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with staff and relatives, where those needs related to a disability, impairment or sensory loss.
- A member of staff commented, "A recent service user had his voice box removed and had Parkinson's - communication was very difficult - I gave him time to relay what he wanted. I never rushed him, gave him plenty of time to make his decisions. I encouraged him to write things down to explain his wishes".

Improving care quality in response to complaints or concerns

- People had information about how to complain about the service. This information was also displayed at the registered locations office. Relatives told us they were satisfied with the service provided. One relative told us they had complained and said this was addressed quickly and effectively by the management team.
- A member of staff commented, "Complaints can be made in writing or by telephone. If a service user expressed complaints to me I would advise them I would inform a team leader and they will contact them directly to follow up".

End of life care and support

- No-one was receiving end of life care.
- The service did not routinely provide support for people at the end of their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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

- Staff described how they supported people in a person-centred manner and how they assisted people to achieve positive outcomes.
- Comments included, "She was discharged from hospital with four calls per day double up with use of hoist but very quickly she wanted to try using a 'mo-lift' as her legs had regained a lot of strength". "Tea visits we would complete kitchen practice with her so that she could regain independence with evening meal too,". She progressed with this very quickly" and, "I requested AM and PM calls for on-going care however, before this was in place, the service user had regained enough strength and balance to mobilise with a zimmer frame which meant she could access all rooms independently again". "On my first visit to this service user. Very weak and unsteady, lacked confidence. But with our support and encouragement, by the second week, this lady was moving more, stronger and more confident with her Zimmer frame".

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

- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.
- The provider and the registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration.

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

- The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- Staff told us they felt supported by the management team. Comments included, "The manager is very good, they are always there if I need them" and, "There is an open-door policy here, we don't have to book an appointment. The manager is kind, caring and honest. I think everyone can trust her and she does her best".
- There were robust systems in place to effectively monitor the quality and safety of the service. Audits included detailed information relating to staff training requirements, support and supervision records, the numbers of people using the service, outcomes for people and staff recruitment.
- Accidents and incidents were analysed to identify any actions needed to prevent reoccurrence.

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

- People and staff were engaged and felt able to speak up freely, raise concerns and discuss ideas.
- People and their relatives were given opportunities via feedback and meetings, to comment on the service provided.
- Staff meetings were organised for all staff to give them an opportunity to discuss any changes and raise any suggestions.

Working in partnership with others

- Records consistently demonstrated that management and staff worked effectively with the NHS, the local authority and other healthcare organisations.
- Staff comments included, "I have recently supported a service user to arrange patient transport for their upcoming hospital appointments" and, "Recently I arrange for an optician to complete a home visit with one of our service users that is unable to access the community. I signposted to one community and other community transport to attend appointments if family were unable to support. When required we give service users earlier calls to enable to be ready in time for appointments".