Derbyshire County Council

Glossop (DCC Homecare Service)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Glossop DCC Homecare Services is a domiciliary care service providing personal care and support to people in their own homes. The office is based in the centre of Glossop. The service was providing personal care to 104 people at the time of the inspection.

People's experience of using this service:
Quality assurance processes were in place but needed further development to ensure they were always effective in identifying areas for improvement promptly, as well as identifying trends. Errors in the recording of medication administration were not consistently identified by audit systems. These systems needed to improve to ensure safety and quality for people.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 related to the management of medicines and good governance. Details of action we have asked the provider to take can be found at the end of this report.

People were supported by skilled and competent staff but recent organisational changes meant that they were not always supported by staff that knew them well. People told us this had impacted negatively on the consistency of care.

Motivation for continuous improvement was demonstrated by the staff team within the service. People's dignity and privacy were respected and their independence was promoted.

Since our last inspection a new service manager had been employed by the service.

The service manager was open, committed to making improvements and was in the process of applying to become formally registered with the CQC (Care Quality Commission.) The manager currently registered with us had moved to work in another area of the organisation and was in the process of cancelling their registration.

The service met the characteristics of Requires Improvement overall. More information is in the full report.

Rating at last inspection: Good (report published September 2016)

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

Follow up:
As the service is rated as Requires Improvement, we will request an action plan from the registered provider about how they plan to improve the rating to Good. In addition, we will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is

scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Glossop (DCC Homecare Service)

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: One inspector conducted this inspection.

Service and service type:
This service is a domiciliary care agency. It provides personal care to people with varying needs living in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The current registered manager had moved to work in a different team within the council and was in the process of cancelling their registration with us. The service manager was formally registering with us as manager.

Notice of inspection:
The provider was given 48 hours' notice because we wanted to make sure the service manager and staff would be available to speak with us.

We visited the office location on 30 January 2019 to see the service manager, office staff and to review care records, policies and procedures. We also visited two people in their homes and spoke to people and staff at Whitfield Extra Care Housing which is also staffed by Glossop DCC Homecare.

The inspector made phone calls to people using the service, relatives and staff members on day two of the

inspection.

What we did:
Providers are required to send us key information about their service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection, we spoke with 15 people/relatives using the service to ask about their experience of care. We spoke with six members of staff, the service manager and one domiciliary service organiser. We looked at the care records for five people, three staff employment related records and records relating to the quality and management of the service. We also looked at how the provider managed the administration of medicines.

The report also includes feedback from an external health and social care professional.

Details are in the Key Questions below.

Requires Improvement

Is the service safe?

Our findings

Some aspects of the service were not always safe.

Using medicines safely

● There was a medicines policy in place, however this was due for review in July 2018. The service manager told us this policy was still under revision.

● We visited two people at home we found that medication administration recording charts (MARS) had not been completed appropriately by staff. This meant that people may not have had their medicines administered safely as prescribed. Staff had failed to sign both MARS we looked at on several occasions dating back to November 2018.

● Staff working at the service had not had their competence to administer medicines assessed to ensure they were administering medicines safely. Staff should have their competency assessed on an annual basis.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels

● People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

● Staffing was not always provided to people in line with their preferences due to organisational changes taking place. One person said, "I don't always know them when they [staff] come, I used to have regular people who I knew locked up my doors properly, although as far as I know my home has been left secure, it's a bit of a worry." A relative told us, "Sadly in the last year the staffing teams have changed which I feel could compromise safety in terms of spotting risks and when giving out medicines. The staff that come are good, but things are more likely to go wrong if they don't know [Name of relative]."

● Staff told us that there was a sometimes lack of continuity for people being supported by the service. Staff comments included; "There's no continuity these days and it's taken away my job satisfaction. For me personally, I have very few regular runs and I don't always know where I'm up to,"; "We are a bit short staffed now which has caused some inconsistencies, it's not bad overall but more staff would help,"; "We just don't get the time to talk to people as much as we once did, we are in and out to get to our next call, which could be anywhere."

Systems and processes

● The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "I would report any concerns immediately."

● People we spoke with told us that if they didn't feel safe they would speak with a member of care staff.

● The service manager had put new systems in place to capture safeguarding incidents in December 2018 and we will review the effectiveness of these at our next inspection.

● The provider sent relevant referrals to the local authority monitoring team when there were concerns

about people's welfare.

Assessing risk, safety monitoring and management
● The service aimed to obtain as much information about a person before a new care package commenced. This included assessments from the commissioner, timings of planned calls and care needs. The information was mostly received by e-mail and promptly assessed.
● If the person was in hospital, they were visited and assessed by the domiciliary service officers. The service also spoke with the hospital staff and the family members to gather relevant information about risks.
● The staff considered any reasonable adjustments for people with identified disabilities. For example, relevant moving and handling equipment was arranged for people who required hoisting.
● Risk assessments contained satisfactory information. These covered activities of daily living such as skin integrity, nutrition, moving and handling, catheter care and multidisciplinary healthcare.
● Appropriate risk assessments of people's homes were carried out. Staff told us changes were made because of discussions with people, relatives, care staff and managers that made the environment safer for all.

Preventing and controlling infection
● People were protected against infections.
● Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.
● Staff received information relating to effective hand hygiene.

Learning lessons when things go wrong
● Care workers reported any harm to people via calling the office. The domiciliary service organisers logged incidents in the care management system.
● Systems for monitoring accidents and incidents ensured events had been captured by the service.
● The care manager made notes on an accident form. This was then reviewed by one of the management team.
● We reviewed the accident forms. We found adequate details were recorded, and that the managers had reviewed the information and made further notes or started investigations.
● Incidents and accidents were analysed at the end of each month. There were no identified trends or themes.
● The service manager had put new systems in place to capture accidents/incidents in December 2018 and we will review the effectiveness of these at our next inspection.

Good

Is the service effective?

Our findings

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff providing consistent, effective, timely care within and across organisations

- Where the service could no longer safely support a person, they contacted the commissioner to organise transfer to another care provider.
- No one expressed concerns about staff not arriving for their visits and said staff stayed for the allocated amount of time. However over 50% of people we spoke with expressed concerns about the timings of their visits. Whilst we were told this by people, we did not find any documented evidence to reflect that visits were late or early. The service manager had captured several missed calls and had taken action about these, working to rectify any rota issues that were outside of the agreed time bands made with people.
- The service manager told us visit times were discussed with people at their assessment and their preferences asked. Glossop DCC Homecare tried to accommodate people's preferences and were recruiting more staff to improve this area of the service.

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

- People's needs were assessed before the service provided support and people confirmed this. This included their physical, social and emotional support needs, as well as any needs associated with protected equality characteristics. Staff confirmed they received information about people new to the service before they went to them to provide care. The registered manager and staff were confident that any needs associated with people's protected characteristics would be met.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

Staff skills, knowledge and experience

- Staff training, supervision and support was in place.
- An induction took place and staff new to care completed the care certificate during their induction period. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- After induction, new staff undertook shadow shifts until they were assessed as competent to work independently.
- Domiciliary service organisers taught new care workers in people's homes, training them with the appropriate and safe use of hoists and slings following assessment from a health care professional.
- Regular mandatory training included; safeguarding, moving and handling, and safe medicines management.
- All staff had a supervision meeting every six to eight weeks to support them in their role.
- People and relatives felt staff were skilled. They said, "Yes staff always seem to know what they are doing and I feel confident they are well trained,"; "Yes, they [staff] seem to have the required skills"; "Yes, the ones I

have are brilliant, I've no complaints"
and "The ones that have been coming ages know my [Name of relative] really well but because we have had a lot of new ones I am having to show them the way to do it best each time which can be frustrating."

Supporting people to eat and drink enough with choice in a balanced diet
● Where meals were provided as part of the care package, the plan indicated that care workers should offer the person a choice of meal. The meals were often cold foods (perhaps sandwiches) or microwaveable meals, as many care visits were not long enough to cook and serve a meal.
● Care plans recorded food preferences, where relevant. Relatives bought most of the food so staff were not involved in ordering meals. For example, one plan showed what a person liked for breakfast, either toast or cereal. Another person liked to have cereal or porridge.
● We saw explicit documentation in one plan about preparation of hot and cold drinks, and food and drinks that should be left within reach of a person whose mobility was impaired so they could have snacks between care visits.
● Staff we spoke with were aware of culture and diet. They were also aware of allergies such as to gluten or dairy products.
● Staff said that if a person was eating noticeably less than normal they would report this to the staff at the office and ensure it was followed up.

Supporting people to live healthier lives, access healthcare services and support
● Staff engaged with health and social care professionals in line with their duties. One professional told us, "I have found DCC Homecare staff to be tuned in to people's needs and they discuss any concerns with me immediately." Staff told us they would report any concerns to family members and to the staff at the office.
● District nurses were involved with people who were cared for in bed or otherwise required support with pressure care and various health needs.
● The service had a positive relationship with the community paramedic team who they could contact for support and advice.
● An external health and social care professional told us, "DCC Homecare Glossop are generally very good, staff respond to people's health needs in a timely manner and seem to know people well."

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

● Care workers said they always asked consent and explained what they were doing when they gave personal care.
● Everyone we spoke with confirmed they were always asked their permission. One person, when asked if staff ask for their permission before providing care said, "Yes they always ask before assisting me". A second person said, "Carers always check what I want that day".
● Information about people's capacity was available to care workers if required.
● Staff understood the concept of mental capacity. Staff understood people's rights to make their own decisions whenever possible and for people with capacity to take risks and make potentially unwise decisions.

● Nobody using the service was subject to the Court of Protection. Staff told us that if they had any concerns about the capacity of a person using the service, they would contact the office.

Good

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported
- People and families provided overwhelmingly positive feedback about staff.
- They also confirmed how staff worked to people's personal instructions and cared for them in the way they chose.
- Comments from people demonstrated a very caring approach by the service. Feedback included, "My carer is wonderful", "Carers have a lovely attitude, I've absolutely no issues with the care, very happy." and "Competent and friendly staff that have become friends."
- Feedback from relatives was also complimentary. They stated; "Staff have a great sense of humour and get on well with [relative] I couldn't be happier with the care", "I am reassured that mum is safe and I can go on holiday without worrying", "The office staff are friendly and approachable and always answer the phone and get back to me" and "Staff are polite and don't rush."
- People told us staff knew people's preferences and used this knowledge to care for them in the way they liked.

Supporting people to express their views and be involved in making decisions about their care
- Staff supported people to make decisions about their care and they knew when people wanted help. Where needed, they sought external professional help to support decision making for people.
- Relatives were involved where appropriate in designing care and support for their family member.
- Most people confirmed they recalled a review of the plan. All were happy with the care provided and felt their care package matched their expectations and agreement with the service.
- People confirmed they were partners in their care, encouraged by staff to be as independent as possible during support calls and always asked to participate in aspects of care.
- Everyone we spoke with said that they felt able to talk with the staff at the service, who were accessible.
- Most of the people confirmed that the service called by telephone or undertook a visit to review the care plan and to ask if they were happy with their care.

Respecting and promoting people's privacy, dignity and independence
- Staff we spoke with showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People stated that staff were caring and treated them with dignity.
- A relative told us, "[Name of person receiving care] receives personal care and it would be much more dignified to have a set team of a few staff to provide this rather than [Name] having to have a host of people supporting them."

Good

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Personalised care

● People were empowered to make choices and have as much control and independence as possible, including developing care plans. Care plans were developed following an assessment of needs and people told us they and their relatives were involved in these.

● Care plans were personalised and staff told us they followed the plans and also asked people how they wanted to be supported at each visit.

● People told us they received the support they needed. One person told us, "We really couldn't manage without the carers, they meet our needs and do things the way we like."

● The provider had a system of reviewing care plans regularly to ensure they were relevant, up to date and reflected people's needs. Most people told us they were involved in reviewing their plans. One person said, "If something changes I let them [staff] know and they update my file."

Improving care quality in response to complaints or concerns

● People were aware of the complaints procedure and how to make a formal complaint if they were unhappy about any aspect of the service provision. They felt comfortable to call the office to raise concerns.

● There was a complaints policy dated June 2017. It was written in plain language and people had details of how to make a complaint in their files at home. There had been no written complaints in the past year.

● Compliments were recorded, whether written or by telephone and the compliment was passed on to the relevant care worker.

End of life care and support

● The registered manager informed us no one was receiving end of life care at the time of our inspection.

● The provider had a policy, based on national guidance in place to provide support to staff about the actions to be considered when a person was approaching the end of their life.

● The provider had ensured staff had received training to aid their understanding of supporting people at the end of their life.

● Some care plans recorded if a person had a 'do not resuscitate' document. These were kept in the files in people's homes, so they were accessible to emergency services.

The provision of accessible information:

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.

● The care records documented that the service identified and recorded communication impairments, and

steps were implemented to ensure information was provided to people in a way they could understand it.
● When people had complex needs, staff recognised the need for alternative methods of communication with them.
● Care documentation explained what communication aids such as glasses, hearing aids or technology people required as part of their daily lives.
● We saw an example of where care workers were asked to observe a person's facial expressions to see how they were feeling. The person was unable to communicate verbally. This was a good example of using alternative methods for communication.

Requires Improvement

Is the service well-led?

Our findings

Aspects of leadership and management did not consistently assure person-centred, high quality care. Audits to monitor quality were not yet embedded.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The current registered manager had moved to work in a different team within the council and was in the process of cancelling their registration with us. The service manager was formally registering with us as manager. The service manager had been in post since October 2018.
- Current systems and processes to monitor the service had only operated since December 2018. Prior to that, accurate records were not made available to us in relation to the regulated activity. Systems needed to become fully embedded to show a sustained level of value.
- New systems in place to monitor and assess the safety and quality of the service included monitoring complaints, safeguarding, training, incidents and accidents.
- A domiciliary service organiser showed us how medicines management records were now audited. However, this system had failed to identify recording errors on the medicines administration recording sheets we found and reported on in the safe question. We will review how effective systems and processes to monitor the service are at our next inspection.
- Managers and staff expressed an ethos for supporting people in the way in which they deserved and providing good care.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The service manager was aware of their responsibilities and had systems in place to notify CQC about reportable events.

Despite the positive leadership shown at the service, the lack of robust quality assurance meant people were at risk of receiving unsafe care. This demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- Staff told us they valued the reviews of the care they provided to people and were receptive to any feedback about how to improve or make necessary changes.
- The service had identified their own areas for improvement. One aspect which required further intense effort was recruitment processes.

Engaging and involving people using the service, the public and staff

- Everyone said they were satisfied with the care they received directly from staff. They felt that communication with their care staff was good and generally most people were satisfied with the level of communication from the office staff. However, some people and staff expressed they felt this could improve.

● People knew who the registered manager was and although most said they hadn't had much contact with the manager, they expressed no concerns in feeling confident to raise concerns.
● Staff meetings and supervisions were available for staff to share any feedback. Staff said they could make suggestions, raise concerns and felt confident these would be addressed. Some staff felt that the service could communicate more effectively with them in times of change,

Working in partnership with others
● The service worked in partnership with other organisations to support care provision and service development. For example, the service manager provided us with examples of working with the community paramedic to discuss health support issues.
● When necessary, the service connected with GPs and hospitals to ensure people's health needs were appropriately managed and that any changes were made to their care packages. This ensured people received care which was flexible to their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure medicines were managed safely and regularly check the competency of staff administering medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance system failed to effectively monitor the safety and quality of the service. This included the maintenance of records relating to medicines management.