

Hartlepool Borough Council

Direct Care and Support Team

Inspection report

Centre for Independent Living
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16 February 2016

17 February 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 10, 16 and 17 February 2016. This was an announced inspection. The last inspection of this service was carried out in March 2014. The service met the regulations we inspected against at that time.

Direct Care & Support Team (Hartlepool) is a domiciliary care service which provides reablement (short term support usually after people are discharged from hospital), 'telecare' services (technology to help people live at home longer) and emergency respite care for family carers to over 2000 people in the Hartlepool area. At the time of this inspection, 29 people were receiving personal care and reablement support.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider had breached Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have accurate records to support and evidence the safe administration of medicines. We found gaps and inaccuracies in medicines records. Some staff had not completed up to date training in key areas, staff supervision records were not up to date, and direct observations of care did not happen regularly. The provider did not have audits in place for medicines and care plans.

You can see what action we told the provider to take at the back of the full version of the report.

People and their relatives spoke positively about the service, and told us there was enough staff to carry out visits. One person who used the service said, "The service is first class. The staff are excellent." Another person who used the service said, "They helped me stay in my own home which is fantastic."

Feedback to the provider from people who used the service was 100% positive, across all areas, in the last 12 months.

The service used an effective 'call confirm' system to monitor staff attendance at scheduled visits to people's homes. The majority of visits were on time and lasted for the allocated duration. Supervisors used this system to monitor visits on a daily basis so potential issues could be responded to promptly.

Staff knew how to report safeguarding concerns and were able to describe various types of abuse. Staff said they felt any concerns they had would be taken seriously. Safeguarding concerns, accidents and incidents were recorded and dealt with appropriately. They were also analysed so lessons could be learnt to prevent recurrence.

The service worked closely with health professionals to ensure people didn't stay in hospital longer than necessary. People were supported to attend medical appointments and social activities.

Staff had access to clear guidance about how to provide care and support to people, according to their individual needs and wishes. This guidance was set out in people's care plans which were reviewed and updated when people's needs changed.

People knew how to make a complaint, although all of the people we spoke with said they had never had to make a complaint. People told us if they had a concern they would speak to care staff or supervisors who were based in the registered office. People were confident their concerns would be dealt with appropriately.

Staff told us they felt supported by the management team and felt able to voice any concerns they may have. Staff told us there was a positive and open culture at the service.

People who used the service said it was well organised and they would recommend it to others.

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. The registered provider did not have accurate records to support and evidence the safe administration of medicines.

People and their relatives spoke positively about care staff. People said staff were on time and they didn't rush them.

Staff had a good understanding of safeguarding adults and their role in preventing abuse.

Safeguarding concerns, accidents and incidents were reported by staff and dealt with appropriately by the management team.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff had not received up to date training in a number of key areas. Some staff had not received regular supervisions. Observations of care did not take place regularly.

People told us staff sought permission before providing care.

The service worked closely with health professionals to ensure people didn't stay in hospital longer than necessary.

Staff completed appropriate training before working unsupervised.

People were supported to meet their nutritional needs. They were also supported to access other healthcare services when required.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us they were happy with the care they received, staff were caring and helpful and staff put them at ease and reassured them.

People were supported to be as independent as possible whilst

Good ●

retaining their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before care was provided.

Detailed care plans were developed which were specific to the needs of individuals.

When people's needs changed this was discussed and care plans were updated to reflect this.

People were given clear information about how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. The provider did not have systems in place to identify and investigate issues with medicines records in a timely manner. There was no quality system in place to check care plans.

People told us the service was well organised and they would recommend it to others.

The service had a registered manager. Staff told us there was a positive, open culture and they felt supported.

Some systems were in place to assess the quality of care people received. Where issues had been identified, these had been acted upon.

Direct Care and Support Team

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 10, 16 and 17 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern from these organisations.

We spoke with six people who used the service and two family members. We also spoke with the registered manager, a head of service (representative of the provider), six supervisors and four members of care staff. We looked at a range of care records which included the care records for 11 people who used the service, medicine records for 11 people, records for 10 staff, and other documents related to the management of the service.

Is the service safe?

Our findings

Medicines were not always managed in a safe way. During our inspection we viewed the medicines administration records (MAR) for 11 people who used the service. Three out of 11 medicines records were incomplete for the period October 2015 to January 2016. This was because staff had not signed to confirm prescribed medicines had been given. In some cases daily notes confirmed the medicines had been given, but the MAR did not correspond with the daily notes. Also, staff had failed to record a non-administration code when a person did not wish to take their medicines. Staff may have re-administered people's medicine as the MAR did not always evidence administration. Medicines risk assessments were not always signed and dated by staff. This meant people who used the service were at risk of medicine errors as the service did not have accurate records to support and evidence the safe administration of medicines.

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

When we mentioned these issues to the registered manager and the representative of the provider they implemented a medicines quality assurance process and supervisors explained to staff what good practice was in relation to record keeping on MARs. The registered manager and the representative of the provider told us these incidents had been investigated as safeguarding incidents.

The service provided support to people from 7am to 10pm seven days a week. The service employed six supervisors who were based in the registered office, around 43 care assistants and one administrator. People and relatives we spoke with felt there were enough staff to carry out visits, and spoke positively about the service. One person said, "The service is first class. The staff are excellent." Another person said, "They helped me stay in my own home which is fantastic."

Staff rotas were done in groups according to location to try and ensure consistency of staff and to reduce travelling time. Most people we spoke with were happy with the continuity of staff that supported them but one person said, "It's been a bit erratic this week but previous weeks have been fine." Another person told us, "I actually prefer it when different people come as I like to see new faces."

The service used a 'call confirm' system which enabled supervisors who were office based to check staff were on time and to track the duration of visits. Each staff member had a hand held device which was linked to the provider's computer system. When staff attended people's homes they checked their device against an electronic 'tag' in people's homes. This was an accurate and effective system which alerted supervisors when staff had not turned up on time or visits had not lasted for the correct length of time. The registered manager told us how they used this system to measure compliance with people's scheduled visits. At the time of our inspection the service was 91% compliant which meant staff arrived on time and stayed for the correct length of time for the vast majority of visits.

People who used the service told us staff arrived on time. One person said, "Staff are as precise as a clock." Another person told us, "Staff are always on time." People told us staff stayed for the full duration of the

scheduled visit and they didn't feel rushed. One person said, "I like it that staff have time to chat to me."

When we asked the registered manager and the representative of the provider if the service had enough staff they told us they did, but they would like more so they could expand the service to provide care to more people. The registered manager told us they thought carefully before agreeing to provide more care as they had a commitment to existing clients. The registered manager told us staff worked well together as a team to cover sickness and leave.

Staff had a good understanding of safeguarding adults and their role in preventing potential abuse. Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults as part of their induction training and then at regular intervals. Staff knew how to report concerns and were able to describe various types of abuse. Staff we spoke with said if they had any concerns they would raise them immediately with supervisors or the registered manager. One staff member told us, "I know concerns are followed up properly, the supervisors are good at following up any issues that staff report."

Records showed safeguarding concerns, accidents and incidents were reported by staff and logged on the service's computer system. These were dealt with appropriately by the management team, for example they made safeguarding referrals to the local authority. These records were reviewed so that lessons could be learnt and action taken as necessary. For example a recent investigation resulted in staff being given further guidance on record keeping.

The service had an 'unable to gain access policy' if staff were unable to get a response at a person's home. Staff were able to explain the various steps they would take if such a situation arose. This meant staff were clear about their responsibilities to ensure people's safety in such situations.

Risks to people's health and safety were appropriately assessed, managed and reviewed. We looked at the care records of 11 people both in their own homes and in the office. Risk assessments included an assessment of the safety of the person's home and equipment, and any potential risks relating to falls, medicines, skin care and nutrition. The representative of the provider told us, "We try and mitigate risks to ensure people's safety." Staff we spoke with felt people who used the service were safe. One staff member said, "People are safe because we look after them well whilst helping them to regain their independence."

We were unable to view staff recruitment records during our inspection, as these were held by the provider (the local authority). Of the 30 disclosure and barring service (DBS) records we checked 30 staff had an up to date check. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The provider had a business continuity plan in place to ensure the service could still run if emergencies arose.

Is the service effective?

Our findings

The provider did not have effective systems in place to ensure staff were given appropriate training. Some staff we spoke with said they felt they would benefit from up to date training on end of life care, emergency aid, mental health, the Mental Capacity Act 2005 and dementia. Records confirmed staff had received training in these areas but this had not been updated, and some staff had gaps in their training records. For example, some staff had not completed up to date moving and positioning training and training on emergency aid. This meant we could not be sure staff knew how to care for people in the right way. Supervisors told us there had been some difficulties sourcing appropriate training but they were working with the provider to address this. When we spoke to the provider about staff training, they gave a number of reasons why staff had been unable to attend training, but accepted that uptake of training could be improved.

Records confirmed staff did not receive regular spot checks of the care they provided. Supervisors told us they carried out spot checks but did not always record them. There was no clear policy in place regarding the frequency of such spot checks. Records confirmed some staff had not had a spot check in more than 12 months. This meant we could not be sure staff competencies were regularly checked. Supervisors said they would like more opportunities to carry out spot checks in people's homes. When we asked the registered manager about this they said this was an area for improvement and supervisors needed more time to do regular spot checks.

We viewed 10 staff supervision records. Supervisions are regular meetings between a staff member and their manager to discuss how their work is progressing and to discuss training needs. The provider's policy stated a minimum of two supervisions were required each year. All of the 10 files we viewed had a minimum of two formal supervisions recorded each year, however the provider agreed that the policy needed to be updated to ensure ad hoc supervisions were also recorded.

This was a breach of Regulation 18 health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notes of supervisions were detailed and well written. They recorded issues relating to people's care, policy updates and the personal development of staff. This meant supervisions were used as an effective method of communicating best practice when they happened regularly. Of the 10 staff records we checked annual appraisals were up to date.

People and relatives we spoke with said they felt staff had the right skills and training to provide the care and support they needed. They also told us staff sought permission before providing care or administering medicines.

Staff told us they had received appropriate training and opportunities to shadow established care staff before providing care on their own. Most staff told us they felt they had sufficient training, and if they wanted to do further training they would discuss this with their supervisors. Training records confirmed new staff completed a comprehensive induction programme which included training on moving and positioning,

food hygiene, health and safety and safeguarding adults. Records confirmed staff had also completed training on reablement, fire safety and medicines administration.

Staff told us they felt supported. One staff member said, "The supervisors are always there if we need to check anything. They're great."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

No one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with MCA legislation. Staff told us most people they supported had capacity to make their own decisions, although they did support some people living with dementia. Staff told us if they had any concerns about a person's capacity they would ask supervisors to contact the person's social worker and contact their family. This meant staff knew how to seek appropriate support for people if issues about their capacity arose. There was an up to date MCA policy at the service.

People's nutritional intake was monitored where appropriate. Care workers completed daily notes which recorded what meals they had prepared and how much people had eaten. People's food and fluid intake was monitored and recorded for every call where food or drink was prepared for the person. This helped staff check whether people needed increased support in this area. People's care plans contained specific guidance about people's nutritional wellbeing, for example, 'Carers to make sure they record how much [person] has eaten and to ensure they prepare and present food and encourage.' One person told us, "Staff encouraged me to eat and drink so I could get better."

People told us care staff supported them to access a range of medical appointments such as going to the hospital, GP and optician. People were also supported to attend social activities and go shopping. The service had access to the provider's vehicle so they could take people out.

The service worked closely with the local hospital discharge team to ensure people could return home with the right support as soon as possible. The representative of the provider told us "We have a good working relationship with health care professionals to enable people to stay at home."

People we spoke with told us how important it was for them to return home after being in hospital, some of them for extended periods. One person told us, "I had a bad time in hospital so coming home was top of my list." Another person said, "The staff have helped me get my independence back. I feel so much better about that."

Is the service caring?

Our findings

People we spoke with were happy with the care and support they received. People told us care staff were caring, polite and professional. People and relatives told us they had a positive relationship with care staff. One person said, "I have enjoyed the carers coming in, they are very helpful." Another person told us, "The staff are brilliant. They do what's expected of them and more. They go out of their way for you like washing your hair. I now regard one of the carers as my friend." A relative told us, "The staff are very professional, friendly and always ready to help."

People told us staff treated them with dignity and respect. The service conducted satisfaction surveys when people's care came to an end. Records of surveys from the last 12 months showed 100% of people who responded said staff treated them with respect, promoted their dignity and independence, and respected their privacy. A relative told us, "They always treat [family member] with respect."

We asked staff how they promoted dignity, respect and independence. One staff member said, "I try and put people at their ease particularly when providing personal care. I cover the person up and keep talking to them. It's important to make that person feel valued. I feel I get on well with people who use the service." Another staff member told us, "I treat people with respect because I'm going into their home so it's what they deserve. We're also there to help people get back on their feet."

People we spoke with said initially they weren't looking forward to care staff coming into their home, as this was new to them, but they soon relaxed as staff were "very reassuring." One person said, "At first I found it unnerving when care staff used the key safe, but they always say hello when they let themselves in. They do a cracking job and make sure you're okay before they leave. For some it's a vocation. It's a difficult job but the staff stay cheery." This person described one of the staff members as "a phenomenal carer."

Another person told us, "I was wary before I had carers but I can't fault the lasses. They keep an eye on me while I cook and make sure I eat my meals. They're friendly and put me at my ease. It's like having one of your pals here. I'm glad the carers are here to prompt me to take my medicines as I can be forgetful. The lasses are down to earth and don't boss me about. I know if it wasn't for the carers I would be back in hospital".

Staff told us how they dealt with people's concerns when they started receiving care. One staff member told us, "I always try and reassure people and tell them to ask about anything." Staff told us they enjoyed helping people regain their independence, after a stay in hospital for example. One staff member said, "I enjoy helping people get back on their feet, increasing their confidence and improving the quality of their lives." Another staff member told us, "It makes my job worthwhile when people's health improves and their morale is boosted. This makes all the staff happy. I would recommend this service to my own family."

The registered manager told us, "They are all nice staff. They are very caring."

The service had received numerous thank you cards and letters from people who used the service and their

families. Comments included, 'The staff were excellent,' 'Carers have made me feel more secure in myself. Thanks for all the support,' and 'Staff were brilliant. They made me laugh when I was depressed.'

Each person who used the service was given a welcome pack which contained a guide to the service and the provider's statement of purpose. These were kept in people's homes so they could refer to them at any time. The welcome pack contained information about all aspects of the service, including how to access independent advice and assistance such as an advocate, although nobody who used the service had an advocate.

Is the service responsive?

Our findings

People told us their individual care needs were assessed before the service was provided. Supervisors told us they had a good relationship with social workers, reablement staff and the hospital discharge team. This meant a number of health care professionals contributed to decisions about people's care. One supervisor said, "We work closely with social workers to decide how many visits people need and for how long. Social workers usually give us all the information we need". Supervisors told us that staff then go out to visit the person to discuss their care needs and preferences in more detail.

Each person's care needs were set out in a care plan before their care package was put in place. People kept a copy of their care plans in their own homes so they and their care workers could refer to them at any time. All of the 11 care plans we viewed contained clear guidance for staff about how to support people with their needs, such as personal care, medicines, and eating. Care plans also contained risk assessments about people's risk of isolation, self-neglect and abuse. This meant staff had access to information about how to care for people's specific needs in the right way.

Some of the care plans we viewed were not always completed fully in relation to people's life history and family background. When we asked the registered manager about this he said it wasn't always possible to get to know people that well in a matter of weeks for a limited amount of time each day, as most care packages lasted six weeks or less. They acknowledged this was something the service could improve and was looking at ways to address this.

People and relatives had been involved in their care planning, where capabilities allowed, and people had given their consent. One relative said, "[Family member] and I were fully involved in care planning." Records of surveys from the last 12 months showed 100% of people who responded said the service met their needs and 100% said the desired outcomes in their care plans had been achieved.

There were clear examples of the service responding to and acting on people's changes in needs. For example, we observed supervisors rearranging the timings and frequency of people's visits at people's request. Supervisors told us about specific occasions when staff were responsive such as when they contacted a heating engineer for a person whose heating had broken down. Supervisors also told us about how staff helped reunite a person with their missing dog by using social media, and how staff took someone for a sit down and a cup of tea when they got tired whilst shopping. Care plans showed clear evidence of people's changes in needs being acted upon. For example, one person needed additional support with their medicines after a minor operation and this was clearly reflected in their care plan.

A relative told us how a staff member noticed their family member was unwell and took them to the medical centre for treatment. They also told us how care staff had found a way of helping their family member remember to take their medicines. This meant the service responded to changes in people's needs promptly.

People were provided with a comprehensive welcome pack about the service and the standards they could

expect. This welcome pack included clear details of how to make a formal complaint to the provider. The registered manager told us people were encouraged to speak to staff first. He told us, "We try and deal with any issues informally first, so supervisors will call people to try and sort it out or I'll go out to speak to people who use the service." There had been no formal complaints received in the last 12 months.

People told us they had never needed to make a complaint, but they knew what to do if they did. People also told us they had confidence in staff to deal with complaints appropriately. One person said, "I've never had to make a complaint, but if I did I would contact the office by calling the phone number in my care file. I know I wouldn't have to make a complaint though." A relative told us, "I've never needed to complain but if I did I would go straight to the supervisors."

Is the service well-led?

Our findings

There was no documented quality assurance process in place to support the safe administration of medicines. This meant the provider had been ineffective in identifying and investigating errors on the MAR. When we mentioned this to the management team they began to investigate and address these issues immediately. They implemented a medicines quality assurance process and supervisors explained to staff what good practice was in relation to record keeping on MARs.

The registered manager reviewed care plans regularly but there was no documented quality assurance process in place. The registered manager said this was an area for improvement and he would ensure MARs and care plans formed part of his management checks in future.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's computer based management system was used to monitor the quality and safety of the service, for example missed calls, accidents and incidents. Safeguarding incidents were audited and analysed by the provider twice a year. This meant the provider was taking some action to help keep people safe.

People were asked for their views on the service when their care package came to an end. These quality assessments were conducted with people who used the service face to face. Feedback was recorded, analysed and acted upon. The registered manager told us, "If anything comes out of the quality surveys I go and visit the person to speak to them face to face, but there is rarely anything." Informal feedback via staff members was also acted upon, for example when people expressed their preferences for certain care staff this was accommodated wherever possible.

The provider had a registered manager and team manager who were responsible for the day to day running of the service. The registered manager was supported by six supervisors and an administrator.

People spoke positively about how the service was managed. They told us the service was well organised and they would recommend it to others. Staff told us there was an open and positive culture at the service and they felt supported. One staff member told us, "We work well together as a team because we back each other up. There are no problems with the registered manager or the supervisors. I feel I can discuss anything with them."

A supervisor said, "It's a team effort. I'm so proud of our staff". Another supervisor said, "We've got a good team without a doubt, we support each other. Staff rally round when we need them to cover extra shifts." The staff team at the service was stable; most people had worked there for several years.

Staff described the registered manager and supervisors as "very approachable." One staff member told us, "The manager is very understanding especially with family problems." Another staff member said, "The

manager was so lovely when I was off work. When things need doing he just quietly gets on with it and gets things done."

Staff meetings were held several times a year. The last staff meeting was held on 7 January 2016. Records showed staff discussed the care needs of people they supported and issues relating to the running of the service. Staff told us they felt able to raise any concerns at such meetings or informally with supervisors.

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 did not take formal enforcement action at this stage. 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 Regulation 12 HSCA (RA) Regulations 2014 safe care and treatment. People who use services were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of medicines. Regulation 12 (2) (g).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service's audit procedures did not always identify areas for improvement. Regulation 17(2)(a)(b)(c)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider failed to ensure staff received appropriate training and supervision to meet the needs of the people who used the service. Regulation 18 (1)(2)(a)(b)

