Derbyshire County Council

South Derbyshire Area Office (DCC Home Care)

Inspection report

Newhall Centre
Meadow Lane, Newhall
Swadlincote
Derbyshire
DE11 0UW

Tel: 01629532654

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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

We inspected this service on 21 June 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care in people's homes to older people and people with debilitating illness and long term conditions such as dementia. The service is available in South Derbyshire covering a wide geographic area. At the time of the inspection 160 people were being supported by the service. Our last inspection took place in November 2013 and at that time the provider was compliant with all areas of the service.

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

The manager was supported by five domiciliary organisers who each had responsibility to an area, covering all the care needs and the staff within that location. The staff told us they felt supported by this network and we saw how they received ongoing supervision and meetings to support their development. Staff received training in a range of areas to enable them to carry out their role and had the opportunity to access further training.

People told us they felt safe and the staff knew how to report any concerns to ensure people were protected from harm. Risk assessments had been completed for the environment and specific needs. The assessments identified guidance and ways to reduce any identified risk.

There were sufficient staff to support people's needs and people told us they received support from a regular group of staff which they found reassuring. Where people required support with their medicine this was completely safely and in line with the appropriate training and guidance.

People were given choices and supported to make decisions. Where they were unable to make some decisions independently these had been made through an assessment and in the person's best interest.

Some people required support with their meals. They were given choices on the meal they wished to eat and in some situations a recording of the meal was completed to ensure the person was receiving the appropriate levels required for their nutritional needs.

People told and we saw they were treated with kindness and compassion. Their dignity was respected in aspects of the care they received. We saw the service was responsive and was able to change the support offered dependent on the needs of the person's situation.

The provider and manager completed a range of audits to use to maintain the quality of the service or to make improvements. People felt positive about the service and able to approach them if they required any

changes to their care needs. Complaints had been addressed in line with the organisations policy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
Staff understood their responsibilities to keep people safe from harm. Risks assessments had been completed and provided guidance to reduce any risk. People received their medicines as prescribed and staff had been trained to know how to manage them safely. The recruitment practices in place checked staff's suitability to work with people. There were enough staff to provide the level of support required to maintain a consistent service for people.

Is the service effective?

Good

The service was effective
Staff were trained to support people with their needs. Staff received an induction and training which helped them to understand the role and support people The provider had considered when people required support to make decisions and these were done in the person's best interest.
People who required support with their meals were given choices and the appropriate support to maintain their nutritional needs. People were supported to maintain good health and to access healthcare services when they needed them.

Is the service caring?

Good

The service was caring
People enjoyed the company of staff and felt they were kind and caring. Staff demonstrated a genuine interest in people and had developed positive relationships. Staff recognised the importance of people's right to privacy.

Is the service responsive?

Good

The service was responsive
The service ensured the details of people's preferences so that they received the care they required and how they wished to receive it. The service was flexible to people's changing needs. The provider responded to any complaints in line with their policy.

Is the service well-led?

Good

The service was well led
The service had a positive approach to the support it provided. Staff felt they were well supported and received appropriate guidance. The provider and manager had a range of systems to maintain and make improvements to the quality of the service they delivered.

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Detailed findings

Background to this inspection

We carried out this inspection visit 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 visit took place on 21 June 2016 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. We visited three people in their homes and made telephone calls to a further two people and seven relatives. We sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with five staff, a domiciliary organiser, a health care professional and the registered manager. We looked at care records for three people to see if their records were accurate and up to date. We also looked

at records relating to the management of the service including quality checks

Good

Is the service safe?

Our findings

People felt safe when they received care. One person said, "I feel very safe," they added "I am happy to discuss any concerns; I know they will help me." Relatives also felt the person was safe, they told us, "My relative is very safe with them, and we are very satisfied."
Some people had key safes and this number was kept safe and secure. Other people had agreed systems of security to ensure the person was safe when left alone in their home. Staff knew how to operate these systems and the importance of keeping the information secure. Some people had chosen to restrict the number of people who had access to their information on the services database and this was respected; only allowing access with the person's permission. One staff member told us, "It's important to keep people's information confidential, the least amount of people who need to know."

Staff had received training in safeguarding and knew what to look for and how to report any concerns. One staff member told us, "You must always consider what you have been told seriously and report it and take guidance." Another staff member said, "I have reported concerns in the past and they have been investigated and followed through." We saw there was a procedure for reporting and the manager received any concerns directly as well as the safeguarding team so they could follow the concern through. This showed us that the manager responded to any concerns and considered any on going actions to reduce any further risks.

We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. Where the person required equipment to support their mobility within the home, a separate assessment had been completed which provided guidance on how to support the person safety. One person told us, "I feel very safe in the hoist." A relative told us, "Staff are very competent, I cannot fault them." Staff told us it was important to make sure the person felt safe. They said, "We need to do our best and not put the person in danger." We saw how the staff considered different equipment to make the person's care more comfortable. For example during some training a new piece of equipment was demonstrated, the staff member felt it could support the transfers of the person they regularly support. The occupational therapist and person had been consulted and a trail of the equipment was due to take place. This demonstrated that the person's needs were continually considered as part of the care they received.

There were sufficient staff to support people's needs. One person told us, "There are always enough carers, they never let me down." They added, "I have a regular set of carers and if they are on leave I have carers who know what to do." Other people agreed there was enough staff, one person said, "I have had no missed calls, if someone is off sick the other staff rally round." Several relatives we spoke with also supported these statements. One relative said, "They are very reliable they arrive on time and have never let us down, even through floods and snow as we are quite isolated here.",

Staff we spoke with also confirmed the level of support and that they covered for each other, "Everyone is friendly, we help each other, generally we have enough staff." We spoke with the domiciliary care organiser who acknowledged that at times it is a challenge to get the priorities between the care required and the staff availability. They told us, "It's about looking at the priorities and managing effectively, I have a very flexible

team." We discussed the staffing levels with the manager, they told us they reviewed the staffing levels with the organisers and when there is a need to recruit they seek provider approval to increase the numbers. The manager told us this had happened when some staff have moved into other career roles in the organisation or following long term sickness or just general vacancy levels.

In the PIR the manger told us they were looking at different ways to increase their recruitment approach. We saw this had happened. The manager had attended a recruitment fayre and had provided information and support to employees of a local firm that had announced a large number of redundancies to give people an opportunity to retrain in the care industry.

The provider had a recruitment policy which ensured when staff started working in the service they had received the appropriate checks were in place to ensure they were suitable to work with people. This included a police check and references One staff member told us, "I had all the checks completed before I started."

People were supported to take their medicines and have creams applied. We observed a range of medicines being dispensed and recorded. People we spoke with told us they were confident with the staff providing this support. Records clearly identified when medicine support was required and gave staff information in relation to when to administer. Some people required their medicine to be given through a specific piece of equipment. Staff told us they had received additional training and guidance to use this equipment.

Good

Is the service effective?

Our findings

People who used the service told us they felt the staff were trained to support them. One person said, "They are always sending them for training." Relatives also felt the staff had been well trained. One relative said, "Staff are well trained and reliable." And another said, "I think they are brilliantly trained."

Staff told us and we saw records to confirm they were provided with training that was specific to the needs of people they supported. One staff member told us they had received regular updated training and additional training for the specific need of one person, following the deterioration of their health needs. Another staff member told us how valuable they found the training on dementia they said, "It showed the different types of dementia and the different approaches when supporting someone."

The provider told us in their PIR, that the organisation had introduced a desk top icon which enabled the domiciliary service organiser to view their teams training records. We saw this had been implemented and how it raised an alert when training was required. The domiciliary organiser told us "My staff know their job well, I am confident in their skills and knowledge. This system helps me to make sure they keep up to date."

We saw that staff had been encouraged to access additional training in areas which were not mandatory. One staff member had expressed an interest in 'end of life' care and we saw this had been scheduled to enable the staff to attend.

The provider ensured that training was available to the domiciliary organisers. We saw they were all in the process or had completed their training in level 3 diploma in health and social care. One domiciliary organiser told us, "It's a good course; it helps you to reflect on your practice, some elements are written and some observations."

The provider told us that all new employees were to complete the new national care certificate which sets out common induction standards for social care staff. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

All new employees had a structured induction which involved training, shadowing experienced staff and observations by senior staff to check their progress. One staff member told us, "The shadowing was good as it lets you see what the job involves." This demonstrated that the provider valued training for staff and supported them to access the level they needed to enable them to provide their role in the organisation.

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

We checked whether the provider was working within the principles of the MCA. The care records identified when people had limited capacity to make decisions and how they had been supported to make any decisions in their best interest. For example one person accepted the staff for a morning call, however had refused staff to enable them to support their nutritional and hydration needs. A best interest meeting had been held with professionals and family members to consider the use of a keysafe to enable staff to enter the property to make a meal. This person was only being supported by a small team of staff to provide the consistency and familiarity and it was felt this approach needed to be considered in the person's best interest.

Staff knew the importance of giving people choices. A Staff member told us, "Always give choices for everything." Another staff member told us, "For some people it can be difficult, but we always offer and use different techniques to encourage a choice."

The manager told us that if there were any concerns they would make a referral to a health care professional to support them and we saw this had happened. We also discussed the issues of potential deprivations of liberty for some people who required consistent monitoring and supervision. As these would be seen as 'community deprivation of liberty safeguards (DoLS)' the commissioning organisation is responsible for making Court of Protection applications. The manager told us that they had not got anyone who was currently requiring this type of referral. This showed us that the manager knew and understood their responsibilities under the act.

Some people required support with their meal preparation. One person told us," They always ask what I would like and make certain I have everything I need." Some people required specialist support and diets. Staff told us how they had received specific training from health care professionals in techniques to avoid the person choking and how to maintain their nutritional intake. We saw clear guidance was provided and observed this being followed. Records had been completed to record information which was used to ensure the person was receiving the correct levels of food and fluids to maintain their health.

People retained responsibility for managing their health care, but staff told us they had provided support when requested by people. Staff told us, "I know the person well; I can come and see they are not well, we don't force our view on them, but give advice and support." The person confirmed staff had on several occasions guided them to contact a GP when they seemed unwell and on each occasion it had been the right decision. Staff were aware of the need to suggest a referral to support someone's wellbeing. A health care professional told us, "Staff follow the plans I leave, they also contact me when a situation changes and requires a review, which is very positive." This shows people were supported to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

Staff had developed relationships with people and when they spoke to them it was with a positive and open conversation. One person told us, "I have had the service a long time and seen the staff from their twenties, having babies, they a like my extended family." Another person who had only been receiving the service for a short time told us, "It's like having a friend walk in." A Relative told us, "The staff are happy and sociable, they always have a smile on their face." And "They are very good with my [name] and a great support for me too." Staff we spoke with told us they felt the relationship was important. One staff member said, "I consider if it was my relative, how I would want them to receive their care."

We observed staff speaking with people in a kind and compassionate manner. When care was provided it was informative with a friendly manner. There was laughter and banter which was reciprocated making the experience as relaxed as possible. One person told us, "We have a laugh whilst doing my personal care." One staff member told us, "I have known some of the people for so long, they are like family." Other staff member told us, "Every person is different, you need to approach them in a way that suits them." They added, "Some people like things calm others like the bubbly chatter."

People told us their privacy and dignity was respected. One person told us, "There is a lot of respect." Relatives we spoke with also felt that there was a clear understanding of respect for the people and their home. One relative said, "They treat [name] with great respect." Another relative said, "They come in our home and they make it as unobtrusive as possible" People and family relatives as requested by the person had been involved in discussing their care needs and making any decisions, to ensure the care reflected the people's choices and lifestyles.

We observed staff providing support and this was done in dignified way, ensuring the person was covered up as they completed aspects of their care and staff discussed the steps they were taking. One person told us when they initially received the service they were very unwell, but the staff still ensured they received appropriate care. They told us, "I was too unwell to think about it, but they considered my privacy for me."

Staff we spoke with understood the importance of respecting people. One staff member told us, "Dignity and respect we do training on that, it's really good makes you think." Another staff member said, "You must always explain what you're doing and give choice." This showed that staff respected people's dignity whilst providing them with their care.

In the PIR the provider told us they were progressing towards the local authority dignity award. We saw the elements of the work being carried out towards this award. The staff members had held a dignity day celebration at the local extra care site and produced a presentation based on the dignity challenge. The challenge describes ten values and actions that reflect how a good service should be delivered. These staff members were the dignity champions and they had completed some surveys with people to establish if they felt the staff respected them. Some of the comments from the surveys were, 'The staff are always pleasant and show dignity and understanding.' And 'They always ask me exactly what I need when they help me.'

Good

Is the service responsive?

Our findings

We saw the care plans reflected people's needs and provided a guide to the tasks identified by the person during their assessment. The care plans had been written with the person and those people the person wished to be involved in their care. For example the care plan identified the person's preferred routine and we saw this was carried out by the staff. One staff member said, "When I visit a new person, I check their care plan to see their preferred name, type of care and how they have chosen to have their care provided."

People told us they had received a review of the care they received. They told us, "We have had a couple of visits to make sure everything is okay" And , "The organiser has been a few times to see if the care is provided how we want it."

People told us they received a copy of their care rota each week which detailed the staff who would be providing their care and the planned times of delivery. People mainly had regular carers, one person said, "It is very important to me to have regular carers." The domiciliary organiser told us, "I aim to match up the skills of the staff with people." They had recognised that some people had established strong relationships, they added, "I would not want to change that, however on occasions I move staff to another call to increase their knowledge and learn skills from other carers." Some of the care packages were very complexed and the domiciliary organiser recognised this, they told us, "I always make sure there is an experience lead carer in the more complexed packages." People and records confirmed this had happened.

The service was responsive to people's needs. People told us when required they had requested time changes to their care and these where made. One relative said, "They are very helpful if [name] has a hospital appointment – they work around it and still come even though it is later." Other people we spoke with also confirmed the service was flexible. One person told us they had received an assessment during the day and the service was commenced that evening. They told us "I would not be where I am now without them, they have been so patient." And, "It has enabled me to remain at home." The manager told us, "We have to be responsive to meet the needs of the people and the service they need."

People told us they felt they could complain if they had any concerns. One person said, "If there is anything wrong they sort it out straight away." All the people we spoke with felt they had no need to complain at this time, however felt if they needed to they could and it would be addressed. We saw where the service had received complaints these had been followed through by the manager in line with their policy.

The service had received several compliments, 'I could not have been cared for by kinder people' and 'Absolutely brilliant, every carer had been excellent.' The domiciliary service organiser told us, "Any compliments received are shared with the teams during their 'patch' meetings."

Good

Is the service well-led?

Our findings

People told us that communication from the office was always positive. One person said, "We have struck gold with these ladies" A relative added "When we are in a bit of a quandary what to do and where to go… they have been so helpful we can't thank them enough." There were further comments relating to the service, 'It is very well run and they are very accommodating,' And 'The manager is lovely and helpful, I want to thank them for what they do.'

The staff in the community and the domiciliary organisers were positive about the support they received. One staff member told us, "We have regular meetings which are useful." They added, "You can discuss any queries, pick up equipment and it's nice to get together with colleagues." Another staff member told us, "My manager is really busy, but will always make time for me."
We saw and records confirmed there was a structured support system in place. Staff members confirmed they received supervision. One staff member said, "We go over any issues, staff the people and training, it's very useful." Staff told us and records confirmed they also received observations on their practical skills. Staff then received feedback on their practice. One staff member told us, "The feedback gives guidance on techniques; you are out in the community often on your own so it is good to have your skills checked."

The manager told us they supervised the domiciliary organisers. They used a tool called 'my plan' which provided a framework for meeting standards and the required support. It covered training, development and setting objectives. For example the provider had introduced the 'social care commitments' these reflected some standards of practice. We saw these had been added to the 'my plan' to enable the manager to discuss their progress against these commitments and identify any additional training needed to meet them.

The manager also received a level of support from the provider. They had supervision and linked up with other managers in the provider's portfolio. They told us, "It's useful you get a feel for what's going on in the organisation and other services, there is always an open dialogue and an opportunity to ask questions."

In the PIR the manager told us they had completed a 'leading across boundaries project.' We saw this had been used to support their ongoing work. The manager reflected on the project and how it had provided an understanding across the services in relation to each organisations needs and how one organisation requests impacted on another. For example the hospital requiring people to be discharged quickly with a package of care and the impact that had on the community service in relation to staffing levels. The manager said, "It has given me for confidence to attend meetings and I have seen the value of working together with other partners, having a shared understanding." The manager used these meetings to support wider knowledge on the service which they were able to share with the domiciliary organisers.

The provider used a range of systems to evaluate the quality of the service being provided. The manager audited the care plans as part of the supervision with each domiciliary organiser and this generated actions to be picked up. For example if there was a gap in the assessment or the care plan was not clear on the supported required. They told us, "I look to see if I was going in, would I be able to provide that care."

Other audits were used to reflect the quality relating to health and safety, complaints, accidents and incidents. The manager received reports on all these areas and followed through any actions with the organiser. They told us, "I look to see what action has been taken, to make sure it won't happen again." For example a medicine audit raised concerns relating to staff competence, the staff member was provided with additional training and observations before they were able to resume this area of their work. Records confirmed this had been completed.

The provider sends out a survey to a proportion of the people receiving the service and the information from this is used to develop the organisations future plans and statistic on the governments national metric of quality. On a local level the domiciliary service organisers ask during the review about the service the person receives and if they require any changes to be made. People told us they had been asked about their care and any changes had been made. For example changes to the allocated time or a more flexible package due to the person's health condition.

The service used a telephone recording system to confirm when staff arrived and left a call. This is used to verify the time spent at a call and is linked to the payments made to staff. The domiciliary organisers told us they can use the system to verify the time taken at a call or to locate a staff member. One staff member said, "It's useful as it confirms the time spent with someone and if you do go off the radar they know where to start looking for you." We saw within the domiciliary organisers 'my plan' the telephone systems were checked on a monthly basis and any calls which showed a discrepancy were reviewed and the support changed to reflect any changing needs.

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration.