Derby City Council

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 21 June 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be at the office.

Derby City Council – Home First community team is a domiciliary care service providing care and support to older people who may have a physical disability or are living with dementia. The team provide short term care supporting people in their own homes, helping them to regain confidence and independence following a deterioration in their health. Referrals are received from ward staff where a person had been admitted to hospital for three days or less, and the GP or intermediate care service where a hospital admission can be avoided if possible. This service is available to people between 7am and 11pm, seven days a week. At the time of our inspection there were 46 people using 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.

Risk assessments and support plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way.

People received their medicines as prescribed and safe systems were in place to manage people's medicines.

Recruitment procedures ensured suitable staff were employed to work with people who used the service. Staff told us they had received training and an induction that had helped them to understand and support people better.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions.

People's needs and preferences were met when they were supported with their dietary needs. People were supported to maintain good health and to access health care services as required.

People told us that staff treated them in a caring way and respected their privacy and supported them to maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint.

Suitable arrangements were in place to assess and monitor the quality of the service, so that actions could be put in place to drive improvement.

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.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented. There were sufficient staff to support people and recruitment procedures were thorough to ensure the staff employed were suitable to work with people. People were supported to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff felt confident to fulfil their role because they received the relevant training. The provider and staff were aware of how to protect the rights of people who needed support to make decisions. People were supported to eat and drink enough to maintain their health. Staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring. People's privacy, dignity and independence was respected and promoted. People and relatives were involved in making decisions about care.

Is the service responsive?

Good

The service was responsive.

The support people received met their needs and preferences and was updated when changes were identified. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post. People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided.

Derby City Council

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 was 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 21 June 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 available at the office.

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.

Before the inspection visit, 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. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with fifteen people who were using the service and four people's relatives. We spoke with the registered manager, the Home First community manager, program controller and four care staff. We also received feedback from a health and social care professional on the service provided.

We reviewed records which included three people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. Comments included "Staff take their time with me and they don't try to rush off early. The staff stay for as long as they need to" and "I desperately need continuity in my life, or I don't cope. The staff give me peace of mind, and surprisingly, I feel very safe with them."

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff could tell us what actions they would take if they had concerns for the safety of people who used the service. Staff told us and records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. This showed people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff were confident to use the provider's whistle-blowing procedure to report concerns to external agencies.

We looked at the provider's procedure to identify and manage risks associated with people's care. Staff told us risk assessments contained sufficient instructions for them to follow to minimise the risk of harm to people. We saw risk assessments were in place regarding people's home environment and their support needs. The assessments included the actions needed to reduce risks. For example, one person was unable to stand so a moving and handling risk assessment was in place. We saw the risk assessment included details of the equipment to be used to support the person. The registered manager told us an occupational therapist (OT) was attached to the team. They stated if there were any concerns identified with moving and handling the OT would assess the person in their home environment. One person's care record showed staff were struggling to support the person safely with moving and handling when they had been discharged from hospital. A referral was made to the OT who assessed the person and further equipment was ordered which enabled staff to support the person safely.

People told us they felt there were enough staff to meet their needs. Staff told us there were enough staff to support the people using the service. However some staff stated calls on their rota were not always in one area, which meant they were required to return to an area of Derby where they may have started their calls. One member of staff told us they felt there were not enough staff if they were on holiday. We discussed staffing levels with the registered manager, who told us the provider was currently working on a tool to determine staffing levels. The registered manager stated there were enough staff to cover the current calls, however if the service was full to capacity she explained they would not take on additional calls.

Care staff we spoke with were consistent in their responses about what actions they would take in the event of an accident or incident, such as finding a person on the floor. This demonstrated staff understood what action to take in an emergency to keep people safe.

Some people were supported with their medicines. One person told us, "I take my own tablets, but they [staff] will remind me, and bring them to me if I've forgotten them." Another person said, "The care staff will go and get my medicines from the chemist."

We looked at how staff supported people to take their medicines. The registered manager told us to ensure people were supported safely with medicines a separate folder containing the medication administration record was in place. However care plans did not contain guidance to support care staff to administer medicines safely. Care plans did not specify the level of support people required to take their medicines. We discussed this with the registered manager who confirmed they would address this issue. Staff told us they referred to the medicines administration records (MARs) to see what medicines the person required and confirmed medicines which were not listed on the MARs would not be administered and they would notify the office. Staff told us they had undertaken medicine training and records confirmed this. The registered manager stated the Home First support managers audited the MARs when they visited a person so they could raise any queries or omissions such as a missing signature immediately we staff.

People's safety was protected by the provider's recruitment practices. Relevant pre-employment checks were in place before staff commenced employment. This included checking staff with the Disclosure and Barring Service (DBS) and obtaining proof of identification. The DBS check supports employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service.

Good

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. People we spoke with said the staff met their needs. One person told us "They [staff] are all much the same; I think they've all been trained to the same high standard. I could ask their advice about anything; they seem very capable and knowledgeable." Another person said "From what I've seen, I think their training must be very good. If there was a problem, I think the staff would notice, and do the right thing." People's relatives told us "The staff are very good to my family member and are really well trained, and do a very good job."

All the staff we spoke with told us they received regular supervision (a meeting with a manager to discuss any issues and receive feedback on a member of staff's performance). Staff told us and we saw that they received the training they needed to care for people. One member of staff said, "We have lots of training and we are kept up to date with training in essential areas." Staff confirmed they received regular supervision and an annual appraisal. A member of staff told us "We receive regular supervision." This showed us the staff were supported by the management team.

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 people 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.

The registered manager told us if they had concerns about a person's capacity to make decisions, this information would be shared with the social work team immediately. They said the social work team would be responsible for completing mental capacity assessments. None of the people whose care records we looked at lacked capacity. Staff we spoke with had an understanding of how to ensure a person consented to the support they received. They told us they would never force people to do anything and would inform the office if a person refused support. Staff we spoke with were not sure if they had undertaken MCA training. We discussed this with the registered manager who told us staff were on a waiting list to undertake this training.

Some people we spoke with were supported with meal preparation. Comments included "I say what I'm going to have to eat, and the staff will make what I want, they'll do whatever I ask" and "They do me a sandwich, always ask me what I want, and they ask me if I want a cup of tea before they go. They're very good to me."

People were supported to maintain their nutritional health and information was available to staff regarding the support people needed. Staff told us care plans contained information about people's nutritional needs, as well as their dietary needs such as if a person required a soft diet. Some people were prompted to ensure they had a meal, whilst others needed support to prepare meals. The registered

manager told us reviews took place to assess people's progress and the level of support they required with their nutrition.

People told us that staff supported them with their healthcare needs. One person told us "I had a fall once; they sent for an ambulance for me and waited with me. I think they've been told not to help me up, so they did the right thing." A relative said "Staff told me today that [Name] was not so good, we talk about it together. Staff would advise me if we needed to call the doctor, they're very good like that. It gives me peace of mind that they notice any changes, and then discuss it with me."

People's health needs were identified in their care records. Staff we spoke with told us that they would seek medical support if they were concerned about a person's health care needs. One staff member said, "If a person required urgent medical support I would contact emergency services immediately." This demonstrated staff monitored people's health needs to ensure that appropriate medical intervention could be sought as needed. A health and social care professional told us the support workers were able to recognise the needs and changing abilities of the people they supported. They felt the support workers reported any changes quickly to the managers. The health and social care professional told us the managers at the Home First community team made referrals to them promptly.

Good

Is the service caring?

Our findings

All the people using the service and relatives we spoke with told us the staff were caring. One person said "They [staff] are all so warm hearted; they empathise with my health condition." Another person told us "I would never have dreamt that carers could be so good to you, I have been so impressed with them all, and they're absolutely marvellous." A relative said "The staff have been fantastic to [Name], If I could have paid to keep them, I would have."

Staff had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. Staff told us that they ensured doors were closed when people were using the bathroom and covered people up whilst assisting with personal care. This demonstrated that staff treated people in a dignified manner, respecting their privacy and dignity.

People told us the staff respected their dignity and supported them to be independent. One person said "The staff really encourage recovery and independence, I really needed the help, and it's made such a difference." Another person said "The carers encourage me to do as much as possible. They offer me the flannel when I'm having a wash, but they do the bits I cannot reach."

The information sent to us by the provider before our inspection visit confirmed the providers aim was to support people to be as independent as possible, retaining control over their lives. Also where necessary staff supported people in achieving their goals and preferred outcome. Staff we spoke with understood the importance of promoting people's independence. They did this by enabling them to maintain or develop activities of daily living such as carrying out personal care tasks. A member of staff said "We encourage people back to independence by encouraging and supporting them." Staff told us they asked people about their preferences and routines, to ensure people were supported according to their needs and preferences.

Care plans had been developed with the involvement of people using the service or their representative. We saw people had signed their care record to denote their agreement for the care they received. People were provided with information about the service in a folder which was kept at their home. This included the contract of care, contact details for the service, values and aims and key policies and procedures such as how to make a complaint.

Good

Is the service responsive?

Our findings

Most of the people using the service and relatives we spoke with said care staff provided a personalised service that was responsive to people's needs. One person told us, "I am glad staff don't come in and take over they do listen, and help me." Another person said "I have recently had a new assessment with the manager. She listened to all I said, and now I've cut out the night visit. They really encourage recovery and independence."

Referrals to the service came from the hospital and a GP or intermediate care services where people were at home. People's needs were assessed by a manager to ensure they received the right support. A relative said "[Name] was in hospital when the support manager visited to assess her. She answered our queries, and made sure she understood [Name] needs and wishes. They absolutely got the balance right, between support, help and rehabilitation and I would totally recommend them."

The assessments of need were used to develop people's care plans, which were individualised. The registered manager told us sometimes people presented differently when in their home environment. In such circumstances the registered manager told us they relied on staff feedback and referrals were made to relevant services for additional support and equipment. Staff confirmed care plans and risk assessments were sent home with the person. Some staff told us how these were not always accurate, for example they may have stated the person was mobile but in actual fact they may have required the assistance of two staff. Where this was the case, staff informed the managers.

The registered manager told us the service was responsive to people's needs. For example we saw a person required equipment to transfer them safely. Staff raised this with management, who arranged for this to be put in place with the support of external health and social care professionals. A health and social care professional told us they received speedy referrals from management where changes in a person's ability had been identified.

People's care packages were individualised according to their needs. Staff worked with people to build their confidence and support them in achieving their goals, this was confirmed by the people we spoke with. For example one person told us "The carers have listened to me throughout, and been guided by me. I have gradually cut the support given to help me do more for myself. I have had very good care indeed." This demonstrated that people were consulted about the level of support they needed on an ongoing basis to enable them to regain their independence.

The information sent to us by the provider before our inspection visit confirmed the provider aimed to review the care people received within a two week period. This was to identify any ongoing needs or to establish if people had reached their full independence. If people required long term care the provider referred them on to other service providers. We saw people's care plans had been reviewed.

Most people were confident to make a complaint in the event that they had concerns. A small number of people's concerns were around the recording of call times. One person said "Timings in the book aren't

always accurate. They will say 30 minutes when they've barely been here 20 minutes." We discussed this with the registered manager who informed us they would remind all staff to ensure times were recorded accurately. They also told us a new electronic call monitoring system would be introduced shortly to make it easier for staff to accurately record call times.

Staff told us any complaints or concerns made to them would be reported to the managers. The registered manager told us no complaints had been received.

A complaints procedure was in place and this was included in the information given to people when they started using the service. This information contained the contact details of an independent complaints service. This could be used by people to escalate their complaint if they were dissatisfied with the outcome of the provider's response. This showed the provider had systems in place to support people in raising concerns or complaints.

Good

Is the service well-led?

Our findings

People told us that they felt the service was managed well and that they would recommend the service to others. People also said the care staff had encouraged them in their recovery, helping them to regain varying levels of independence. One person said "Yes, I would totally recommend them to people."

The registered manager felt there was a clear management structure in place with a transparent approach. They also told us they felt supported by the team and management to run the service effectively.

Staff we spoke with felt supported by management. One member of staff said, "As a team we identify issues and work together on how to improve things." Another member of staff told us, "It is a well-led service." Staff told us that team meetings took place. They told us that if they were unable to attend minutes were made available to them or management provided them with any updates. We looked at a sample of team meeting minutes which showed that these meeting took place regularly. This provided assurance that staff were given the opportunity to make their views known and for management to share information about the service. A separate meeting was held for office staff and those in management roles. These meetings enabled the management team to review the service aims and objectives and agree action plans to make improvements to the service.

The registered manager told us all staff had been issued with 'smart phones' which enabled staff to receive information immediately, for example if a person's needs changed. Staff we spoke with confirmed this and told us they had received more information since the introduction of the phones.

The registered manager was able to discuss future plans for the development and improvement of the service. This included increasing the efficiency of the service and having management cover for the team over seven days a week. Staff we spoke with were clear about the provider's ethos and values working with people to build their confidence so that they are able to live independently.

Some staff raised concerns about the out of hour's service. They felt the out of hour's service call handlers were not always helpful when they had contacted them and they felt they were not experienced to deal with issues raised. For example a member of staff told us they shared their concerns regarding a person's safety and no action was taken to address the concerns raised. We discussed this with the registered manager who confirmed she was aware of the issues which were being addressed. The registered manager also told about the plans for improvements to the out of hour's service, which was to have Home First support managers providing cover over seven days.

Regular audits were undertaken to check that people received good quality care. The managers checked medicine administration records (MARs); this enabled them to analyse and identify any trends in errors. The registered manager told us that through a medicines audit undertaken last year; gaps had been identified on the MARs, which the registered manager told us were investigated. As a result of this a medication administration workshop for staff had been organised, which covered recording on the MAR's.

The registered manager told us about the provider's plans of introducing an additional auditing system during July 2016. The registered manager told us this system will allow the auditing of visits to ensure people received time critical calls for example where a person may need to take their medicine at a specific time. The system will send real time alerts (to monitor events or event patterns as they happen) to the office if for example a call was missed.

People were given a questionnaire to complete regarding their views on the service. The questions asked for people's views on staff conduct, if their privacy and dignity was respected and if staff used disposable gloves and aprons when helping with personal care. We looked at the questionnaire feedback for January to March 2016. We saw people had given positive responses regarding the service and support provided to them. Comments included "The care I received was excellent. All staff were polite and dedicated" and "Faultless service which made a huge difference to the recovery and coping." The completed questionnaires were audited by the registered manager; the feedback was shared with the staff team. This demonstrated the provider sought the opinion of people who used the service and took suitable action to address any areas for improvement.