Leonard Cheshire Disability

Sheffield Care at Home Service

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

Overall summary

An inspection took place on 21 October 2015. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager would be available to support our inspection, or someone who could act on their behalf.

The service is run from an office in Sheffield and provides services to the people who live in the city and surrounding areas, on the day of our inspection the registered manager told us that they were supporting 44 people. At our previous inspection on 5 February 2014 we found that one of the regulations had not been complied with. This was in relation to assessing and monitoring the quality of service provision. Following that

Summary of findings

the provider sent us an action plan to tell us what improvements they were going to make. At this inspection we found that the actions we required had been completed and this regulation was now met.

Sheffield Care at Home Service provides care and support in the community. It provides a service to adults who have differing needs including: learning disabilities, physical disabilities, sensory impairment and dementia.

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 of the Health and Social Care Act and associated Regulations about how the service is run.

People spoke positively about the service they received. They told us they felt safe and well cared for. They said they felt comfortable with the people who provided their support.

Staff were appropriately recruited and trained, however, the service was currently holding staff vacancies. They had all undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Staff understood their roles and responsibilities and spoke with compassion about the people they cared for and enthusiastically about the work they did. Staff demonstrated that they were aware of how to maintain the dignity of the people they were supporting.

The provider had detailed policies and procedures in place, including safeguarding, moving and handling and medicine management. This helped to ensure that people were supported in a safe manner.

Staff knew the people they were supporting and provided a personalised service. The service was flexible to people's needs and additional visits to support people with hospital or doctors' appointments were available. Individual care plans, based on a full assessment of need, were in place, which detailed how people wished to be supported. Risk assessments were in place to effectively identify and manage any potential risks to people. People were involved in decision making regarding the way their care and support was provided.

Quality monitoring systems were in place to effectively monitor the quality of service provision. People who used the service, their relatives and staff completed annual questionnaires to feed back any problems they had encountered and suggestions for improvements. The provider analysed the questionnaires and used that information to improve service provision.

Summary of findings

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 safe.

There were effective processes in place to help ensure that people were protected from the risk of abuse. Staff were aware of their responsibilities under the safeguarding procedures.

Staff were appropriately trained and knowledgeable about people's identified care and support needs.

There were safe and robust recruitment procedures to help ensure that people received their support from suitable staff. People had confidence in the carers and felt safe when they received personal care.

Good

Is the service effective?
The service was effective.

Staff had the appropriate skills and training to carry out their caring responsibilities.

People were supported to eat and drink.

Health care needs were recognised and reported appropriately.

Good

Is the service caring?
The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People were involved in making decisions about their care and individual preferences were catered for.

Good

Is the service responsive?
The service was responsive.

Individual care and support needs were assessed and monitored to ensure that any changes were reflected in service provision.

Personalised care reflected the wishes and preferences of people.

A complaints procedure was in place and people felt confident to raise any issues and concerns. People were confident that any concerns or issues raised would be acted upon.

Good

Is the service well-led?
The service was well-led.

Learning was taken from incidents which occurred and the learning shared across the service.

The management was visible to staff and management promoted a culture in which they could be approached about any issues. They became involved in supervisions of all levels of staff during the induction period and were in frequent contact with people.

Good

Sheffield Care at Home Service

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.

The inspection took place on 20 October 2015. It was announced so that we could ensure the registered manager, and members of staff, were available to talk to. The inspection team consisted of an 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 service.

Before the inspection we checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us by law.

During the inspection we spoke with three care staff, one senior member of care staff and the registered manager. As part of the inspection process we also spoke, by telephone, with eleven people who used the service. We looked at documentation, which included three people's care plans, staff training files and records relating to the management of the service.

As part of the inspection process we also contacted two professionals who were involved with people who received services from this provider.

Good

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe with the support they received. They said they were well cared for and felt safe with the staff that provided their support and personal care. One person told us "I feel safe with people calling round if anything happened to me or my mum we wouldn't be left for days". Another person told us "Yes, having the carers makes me feel safe. They're very helpful, very nice; I'm quite satisfied with the service".

Staff had a good understanding of the different types of abuse and were aware of how to identify and report any safeguarding concerns. They told us they had received training about how to protect people from the risk of abuse and they were able to describe the different types of abuse to us. Records we looked at showed that they had received training in this area. The registered manager was aware of local policies and procedures for reporting concerns about people's welfare and any allegations of abuse.

Staff were aware that there was a whistleblowing policy in place and they knew how they were able to escalate concerns. The provider was working collaboratively with the local authority to investigate any (safeguarding) issues that arose. This meant that people received a safe service in their own homes. We also saw that individual risk assessments were undertaken and were evidenced in care files to ensure people were kept safe. When we spoke with staff they were aware of the risks to people and how to manage these.

People told us that they were involved in the decisions about how they received their care and staff helped them to understand what was safe. This was to ensure that people received their care in a way that was safe but was also in the way they wanted to receive it.

People said that the staff usually arrived on time to support them. They said that if the staff were not able to be there on time they were usually contacted by someone to let them know. One person said "They're on time 90% of the time". They call if they're running late. They've never not turned up; I can't fault them for that". Another person told us "I get a weekly schedule posted. Generally they stick to it".

However, some people told us that they often received support from different people and this meant that the continuity of the care they received was compromised.

People told us they would rather receive support from regular staff. One person said "It's difficult to keep up with different ones". Another person told us "I don't use them very often now". They went on to say "They're not flexible enough. I couldn't rely on them. They'd always turn up, but to suit them".

When we discussed this with the registered manager, they told us there had been a high staff turnover lately but things were settling down now. They also told us that if they did not have the capacity to support new people, due to a lack of staff, they would refuse to accept the new business so they could continue to support people safely. The outcome of this was that the lack of carers did not compromise the way they provided support to people. It also demonstrated that the safety of the people who used the service was of paramount importance. The provider was actively recruiting to staff so that vacancies could be filled, however, the demographics of the area made it difficult to complete.

People were helped to be kept safe by the recruitment processes of staff which ensured that appropriate people were employed to provide a caring role. We looked at three staff files and saw people were cared for by staff that had been recruited in a way which ensured they had the appropriate skills and personalities to carry out their caring responsibilities. All necessary checks had been undertaken by the provider before individuals started work. We saw that staff had completed an application form and provided proof of identity. Each staff file contained satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People told us they felt they received the support they needed with medicines. When we talked to staff they were able to tell us about the procedures they followed when assisting someone with their medicine. They had undertaken training in this area and the policies of the provider supported a safe regime. This meant that people were receiving their medicine from staff that had the appropriate training and support to do so. A visiting professional we spoke with supported the view that medicines were administered in an appropriate way.

Good

Is the service effective?

Our findings

People told us they felt the staff had the right skills and knowledge to carry out their caring responsibilities. They told us they felt that staff were adequately trained and they had confidence in the carers to support them. One person told us they felt the staff "Always know what they are doing" and was pleased with what they did for them.

Staff told us they received the appropriate support and training to undertake their caring role. They described how they shadowed more experienced members of staff when they first started to work for the provider. When they felt confident, and the people they cared for were happy with their support, then they were allowed to work alone. The registered manager told us that they always talked to people when there were new carers involved to ensure that they were happy with the changes.

One to one discussions with staff were held every three months with experienced members of staff and every month for new staff. The registered manager told us that they always took part in supervision sessions for new staff for the first three months. This meant that they were monitoring the skills and competencies of staff regularly while they were in their induction period.

When we checked training records we could see that staff had been trained in a range of skills, including bedrails awareness, dementia awareness, food hygiene awareness and infection control. There was also specialist training available, at the request of the member of staff, including managing behaviour of concern, specialist conditions and the diploma in health and social care. A member of staff told us that they felt the training was very good and said "I've not asked for anything here and not got it". Another member of staff told us "You never stop learning". Another member of staff told us they had identified their own training needs and were supported to undertake this. A visiting professional told us that they felt the staff had been "Well trained" and that the care people received was "Excellent".

People experienced positive outcomes regarding their healthcare needs. Staff had developed effective working relationships with people and were aware of their routine health needs. One person told us how the carer could see that they were ill one day when they had arrived and had telephoned for an ambulance. Another person told us they were always assisted to attend doctors and other health appointments when this was requested. One person told us they were assisted to visit the dentist; they said "They get me ready for hospital transport when I have a hospital appointment and they take me to the doctors". This showed the provider was supporting people to access appropriate health care services.

At the time of our inspection no-one being supported by the provider lacked the capacity to consent to care or treatment. However, staff were aware of how important it was that people with capacity were supported to make their own decisions and were aware of the Mental Capacity Act. A professional who visited people in their homes when the carers were providing care told us that they had seen staff asking for consent before providing care.

All the people we spoke with told us that the staff communicated with them to ensure that the way in which they received their care was in line with their wishes. One person told us that the staff cooked their evening meal but they chose what to eat. This meant that individuals were supported to eat the food they enjoyed the most.

Good

Is the service caring?

Our findings

People were very positive about the support they received and told us about the caring and compassionate nature of the staff. People said that the carers were 'nice' people who were kind and helpful. One person told us that before they leave carers will make sure there is nothing else that they would like help with. People welcomed the social element of the care and one person said "They'll chat if there's time". They're all very good and a couple of them are absolutely brilliant". Another person said told us that they had been receiving help from the same carers for a long time and they had got to know them as friends. They said "They're usually the same people; we have a cup of coffee and a chat". One person told us that their carer had a good understanding of their problems and would help in any way they could.

Staff were knowledgeable and showed good awareness of the importance of compassionate care for the people they supported. One member of staff described how important it was to get to know people so they could provide care in the way that they wanted it. Also, how important it was to get to "understand" the people they were caring for. Another member of staff told us they "like to make a difference ……seeing somebody smile when I close the door". Staff emphasised the importance of building up relationships with people so they could be aware of any changes in them. This meant that staff were able to provide care and support to people in an empathic way.

People told us they were always treated with dignity and respect. One person explained how staff always knocked on the bathroom door before entering, they said that staff always talked to them and asked for permission to assist them. Another person told us that they thought the staff were kind and respected their privacy and dignity and they listened and involved them in what was happening. When we asked people if they felt staff treated them with dignity, one person said "Exactly, I'm satisfied". People told us that if they had any concerns about the gender of the person who was delivering care that the provider would arrange for a carer of the appropriate gender to attend. One person told us that, where this was not possible, they were given the option to receive their personal care at a different time. This meant that people were supported to maintain their personal dignity.

When we talked to staff they told us that they always talked to people while providing personal care and explained what was happening. They told us they always read people's care plans before providing care so that they could ensure they were delivering it in the way that each person wanted it to be delivered. This helped to ensure that staff were maintaining people's dignity, even if their needs changed. One professional we spoke with was told us that they were impressed with the way that people received their care and that the staff were "Devoted" to the people they supported. Another professional who was involved with the people who received a service from this provider told us that they had "Nothing but praise" for the service that was delivered.

Good

Is the service responsive?

Our findings

People told us that they were able to make choices about their care and how they spent their time. One person told us "They are responsive to requests." They explained how they were going out to dinner and let the carer know. The provider arranged for that particular carer, at the persons request, to stay for a longer call to help them get ready. Everyone else we spoke with confirmed that the service provision was flexible and responded to their different and changing needs. One person told us they had asked to have additional support hours from a particular carer as they felt very well supported by this member of staff. This was agreed by the provider and the person received this.

People told us that if their care needs changed then the carers would recognise these changing needs and discuss with them how they wanted to receive their care. One person told us they were never "done to" but always involved in what was happening to them. People told us they felt confident and comfortable their care would be delivered in the way they wanted it delivered. One person told us that staff didn't leave until all their caring responsibilities had been fulfilled and always ensured there weren't other things they wanted them to undertake before they left. Staff had a good understanding of how to promote people's independence. For example, one member of staff told us that they "only helped if they [service user] need help".

Care plans are kept in people's homes and audited by the registered manager on a regular basis. We saw from these audited care plans that they were written to support people in the way they wanted their care delivered. They provided detailed information about people's preferences, likes and dislikes. Care plans also contained information about people's past history and what name they liked to be called. The registered manager confirmed reviews were undertaken of people's care needs regularly and that any changes to care plans were made in consultation with the individual concerned. They told us the care that was delivered wasn't focussed on the task to be undertaken but how the person would like that particular care need to be met.

People told us that their care plans were updated regularly. One person told us their care plan was about to be updated and that it was reviewed on an annual basis. Another person told us their care had been reviewed recently. Someone else told us "I have a care plan and I did contribute". Another person told us "My son sorted out my care plan with them". One person told us "Before I started with them, they talked to me about what I needed. I have a book here that they fill in every day". This shows that people and their relatives are involved in drawing up and updating care plans.

Volunteers were pro-actively recruited and supported by the provider to add quality and companionship to the people they provide a service to. Volunteers worked with people over and above their assessed and funded care needs. This meant that the provider was looking for new and different ways to support people to follow their hobbies and interests and to add quality of life to the people they provided a service for.

People told us they thought the provider was flexible about when they could provide care. One person told us "Generally the times they come suit me but if I had an appointment, I would ask them to come at another time". One person had recently asked for an extra call so that they could have assistance when their GP visited and this request was accommodated. Another person told us they forgot to tell the carer one day that they were going out and that the carer had told the office staff they weren't there. They said "The office called me up, when I told them it wasn't a problem". This showed that the provider was responding to people's needs and continuing to treat them with respect when they had made a mistake. A professional who worked with people who received a service from this provider told us they had "Done everything they could" to support a person at home, as was their wish.

One professional told us that, where the district nurse advised a certain pattern of care, that this was followed. Also, where people required flexibility in the way their care package was delivered that this was available. They also told us that where someone required "a very specific regime" of care, this was provided. This demonstrated that advice from health professionals regarding the way staff should respond to people's specific care needs was adhered to.

There was a clear complaints process in place should any concerns be raised. One person told us how the provider had responded to an informal complaint about late calls. They told us, "Sometimes they 'phone if they're late but not always. Sometimes they come to get me lunch at 11 o'clock, it's too early." They told us they had mentioned this

Good

Is the service responsive?

to a member of staff and for the last couple of weeks things had been better. Also, one person told us that there was one occasion when a member of staff spoke with them inappropriately; they said that this was on a "Low level basis" and that when they reported it to the office the person was removed. They said, "The office absolutely dealt with it satisfactorily".

One person told us "I've had no complaints for a long time." Another person said, " I've never needed to complain, I'm generally satisfied. I'd speak to them [staff] personally or 'phone the office." Someone else told us, "I've never felt the need to complain but I'd feel comfortable with 'phoning the office." Another person said that they had completed a satisfaction survey recently. This showed that the provider enabled people to give feedback about the service that they received and listened to complaints and made appropriate changes.

Where people did not feel comfortable with making complaints directly to their carer or the office there was a 'customer action network 'where complaints could be made to anonymous people, this information was then processed in the same way.

Staff we spoke with were aware of the complaints procedure and knew what to do if someone complained directly to them. The registered manager confirmed that any concerns or complaints were taken seriously and acted upon. This was confirmed when we looked at records, which indicated that complaints were recorded and followed up appropriately.

Good

Is the service well-led?

Our findings

At the last inspection in February 2014 the provider did not have appropriate arrangements in place for the quality assurance monitoring of the service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider told us about the action they were taking to address this and at this inspection we found that the required improvements had been made.

We saw that an annual questionnaire was sent to all people who used the service and that a 'customer survey service action plan' was formulated from the information collated. The action plan showed how improvements were going to be made to make it easier for people to make changes to their care and support and how the provider could involve other professionals in the care of the people they supported. A staff survey was also carried out annually and provided the registered manager with information regarding how they could improve staff support and well-being. Actions to implement changes from these questionnaires and surveys was being planned.

Communication logs were kept in people's home and the care that they received was recorded at every visit. When the communication logs were completed they were returned to the office and the registered manager checked and signed them to ensure that people were receiving appropriate support. This showed that they were constantly monitoring the service provision that was being delivered in the community. However, the registered manager explained that they had been unable to check and sign these communication logs recently due to their responsibility to cover for care co-ordinators, who were covering for support staff, by providing personal care to people. The registered manager told us that the provision of a service to people was their highest priority. This lack of auditing of care logs compromised the quality audit system to some extent. However, the registered manager was aware of this and was addressing the situation through the active recruitment processes being undertaken.

We saw that there was prompt action taken by the provider to address any changes required in care practises. The provider had done this by developing a new way of learning from any investigations that had taken place following complaints or incidents. This was by sharing the outcomes of these incidents with all the staff via correspondence called 'shared learning'. The provider's quality assurance system also included unannounced visits at people's homes to check that people were receiving care according to their care plan.

People consistently told us that if they needed to get in touch with the office that staff there were easy to talk to. They were aware of their responsibilities and wanted to carry these out with care and thoughtfulness. Staff were able to give examples of how they worked with the people they cared for, particularly regarding ensuring that they were treated with dignity and respect.

The registered manager had a high profile in the service and staff told us they would be happy to speak to them about any concerns they had. Staff confirmed that they felt the registered manager would take appropriate action.

There were policies and procedures setting out what was expected of staff, and staff had access to these. Staff were given information to support them when they were working in the community such as emergency contact details and a 'support worker emergency procedures book'. This gave them information about what to do if they came across an unexpected incident when they went to visit a person at home.