

Hampshire County Council

Community Response Team West

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

About the service

Community Response Team West is owned by Hampshire County Council. The agency is primarily a short-term assessment and reablement service for people coming out of hospital and living in their own homes. At the time of our inspection, 100 people were using the service.

People's experience of using this service and what we found

There were effective systems in place to monitor and manage risks associated with people's care, including incident reporting procedures. Staff understood how to identify, report and manage any concerns related to people's safety and welfare. People's needs for support around managing their medicines were assessed. Where staff assisted people with medicines this was clearly recorded. There were sufficient numbers of experienced staff to meet people's needs. Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to provide care for people.

There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills. Staff assisted people to obtain advice and support from other health professionals to maintain and improve their health or when their needs changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives felt the agency supported them in a kind and caring manner to meet their needs. They were involved in the assessment and planning of the care they received. People were treated with respect and staff encouraged and promoted their independence.

The majority of people we spoke with told us the service was responsive to their needs. The timing of visits was the main reason people gave for any dissatisfaction with the service. Information about the agency was given to people before they received care, which informed them specifically timed visits could not be guaranteed due to the nature of the service. There was a clear and systematic process of reviews of each person's care and support from start to end of the service provided. Systems were in place to help ensure any concerns or complaints were responded to appropriately.

There was an open and inclusive culture within the service and the registered manager provided leadership to the staff team. The provider had a clear plan for developing person-centred services that encouraged and enabled people to stay well and live independently. This included working closely with other health and social care services to enable people receiving care to remain in their own homes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Community Response Team West

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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.

Service and service type

Community Response Team West is a domiciliary care agency. It provides responsive short term reablement and personal care to people in their own homes, which included people living with dementia, mental health needs, physical disabilities, sensory impairments, older adults and younger adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Inspection activity started on 8 October and ended on 11 October 2019. We visited the office location on 8 October to speak with the registered manager and staff and review care and other records. Telephone contact to gather feedback about the service from people and their relatives was completed on 10 October 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, senior operations manager, operations manager, and three care team staff.

We reviewed a range of records. This included three people's care and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training, quality assurance, policies and procedures were reviewed.

After the inspection

We received feedback from two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had the knowledge and confidence to identify safeguarding concerns and to act on these. They were aware of guidance in relation to safeguarding and whistleblowing procedures. Staff were confident any concerns they raised to the registered manager or provider would be addressed.
- A senior care worker told us about further safeguarding awareness training they had received. This had included advice from a trading standards officer about efforts to eliminate scams that might effect people living in their own homes.
- A health and social care professional told us, "The reablement service in particular has always strived to ensure clear processes to support safe patient care" and, "always accommodated a supportive response where required."

Assessing risk, safety monitoring and management

- Detailed risk assessment and management plans were recorded in relation to each person receiving care in their own home. Staff told us they were continually assessing risk when providing care in people's homes and would report any issues immediately. For example, staff could request an occupational therapy assessment and this would take place.
- There were effective systems in place to monitor and manage risks associated with people's care, including incident reporting procedures. Records showed risks were frequently reviewed during care and assessment visits, team and management meetings.
- There was a service recovery plan to inform decision making in the event of disruption to normal business operations, for example through fire, flooding or severe weather. This included the names and telephone numbers of people to contact.

Staffing and recruitment

- The majority of people spoke very positively about the service. For example, "All turn up on time. All the care team is spot on" and "They are all friendly and all I have to do is ask – they are prompt." A relative said of their recent experience, "The carers always knew what they were doing. Always did things safely. I had confidence in them. (Person) was never left without enough staff."
- Care workers told us they were given the time that was required to do each care visit. One member of staff said, "Staffing is not an issue, a team leader or senior will help out if we are short-staffed."
- The service used an electronic rostering & scheduling system to help ensure effective care visit monitoring and safer lone working arrangements for staff. The system flagged any unallocated or un-rostered visits and also recorded when visits took place. Information was sent securely to and from care workers mobile phones.

- The provider had continued to follow safe staff recruitment practices. We looked at recruitment records for two staff employed since the last inspection and these showed that relevant checks had been completed. The records included evidence of Disclosure and Barring (DBS) checks. DBS checks provide confirmation that staff are not on the list of people barred from working in care services.

Using medicines safely

- People's needs for support around managing their medicines were assessed. Where staff assisted people with medicines this was clearly recorded.
- Staff received training in safe administration of medicines and this was followed by competency assessments to ensure people's medicines were managed safely.
- Staff had a clear understanding of the provider's practice guidelines in relation to supporting people with medicines, which included what staff could and could not provide assistance with.

Preventing and controlling infection

- Staff received training in infection prevention and control (IPC) and food hygiene.
- People confirmed staff used personal protective equipment (PPE) when providing care. This included aprons, gloves and hand gels to help ensure there was no cross infection from individual to individual. Staff confirmed they were kept supplied with PPE.

Learning lessons when things go wrong

- Records showed that when accidents, incidents or near misses occurred these were reviewed and responded to individually. This formed part of the provider's senior management information sharing to drive improvement in the service.
- Further staff training around contingency planning / learning had been arranged for November 2019.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People confirmed their needs were assessed and kept under review. Their comments included: "The initial assessment went well." "Management is approachable. I have asked for changes and they have fitted in with me" and "(Manager) is approachable and offered to do a review at a weekend."
- There were twice-daily multi-disciplinary meetings held between the community response team, occupational therapy and sensory team to discuss new referrals to the service. Staff told us, "That's working very well" and "Sometimes it can get people through the system quicker, for example, if a piece of equipment is all that is needed for someone to be independent."
- There was a personalised assessment and support planning process involving the person and/or their representative. This resulted in a care and support plan with agreed outcomes and goals. Care workers sent daily observations to the office about people's progress and any changes against their goals and outcomes. Monitoring visits were carried out regularly in order to continually assess and check the relevance of the care being provided.
- People's care notes contained details about what they could achieve independently and what support they required. The records showed each person's progress and support were being continually assessed and evaluated and changes were made to their care plans accordingly.

Staff support: induction, training, skills and experience

- People spoke positively about care workers' skills and knowledge. Their comments included: "They seem quite professional" and "They are very sensitive people." A person told us, "One young lady (name of carer) I would praise to the maximum. Could not do enough for us, superb. Would be a good trainer for other carers." Another person told said, "New carers are shadowed by more experienced ones."
- Each member of staff received comprehensive induction training followed by further assessment before being signed off as competent to do care visits and related tasks. The induction training included moving & handling, emergency aid, infection control, personal care, nutrition and hydration and safeguarding. Staff were also required to attend medicines training and shadowed experienced members of staff, occupational therapists and sensory officers.
- Further training included, for example, catheter care, dementia awareness, and diploma in health and social care. Staff told us the training they received was good, relevant to their role, and they could ask for additional specific training if they felt it was needed.
- Staff confirmed they were well supported and had working supervisions and feedback on their work performance. Supervision records included action plans agreed between the member of staff and supervisor.
- A health and social care professional told us, "There are many training opportunities and the staff undergo

regular rotation to ensure they all receive the relevant skills and knowledge updates to ensure consistent and safe practice when handling each patient case."

Supporting people to eat and drink enough to maintain a balanced diet

- The initial assessment included a nutrition and hydration checklist that was completed with the person and/or a representative to ascertain their needs in this area. Daily records were kept of any support people received in relation to food and drink. Care workers had received training and understood the importance of protecting people from the risk of poor nutrition and dehydration.
- A relative said, "They always do what they should. They seem well trained" and "My (family member) is on dialysis. All staff know about the importance of his fluid intake." A person told us, "They seem competent. I have confidence in them. They prepare my meals for me. One carer couldn't cook well, but she did make me scrambled egg on toast." Another person told us, "It is a wonderful service. They ask what I want and will do it. They make sure I have enough food and drink for the rest of the day."

Staff working with other agencies to provide consistent, effective, timely care

- The agency worked alongside occupational therapy (OT) and sensory teams, forming a community integrated reablement team, which also communicated with local hospitals and other health services. For example, the service worked in partnership with the community frailty team and relevant training had been provided to staff. The frailty team may flag up a person at risk of skin breakdown. This would be communicated to care workers asking them to observe and support.
- Staff spoke positively about joint working arrangements, such as "It was a lot quicker, for example getting an OT to see a person the next day. Plus we have more understanding between roles." They told us regular 'workshop' meetings were held to discuss any changes and updates in joint working.
- A health and social care professional told us, "Reablement is hugely beneficial...proactively maximising patient independence, empowering patients to return to their preferred residence at the earliest opportunity...This reduces the risks of hospital acquired infections, falls, and deconditioning that can occur as an inpatient."

Supporting people to live healthier lives, access healthcare services and support

- The service supported people to receive appropriate health care when required. A person told us, "They would get the GP if I needed and they would get a prescription for me if I needed." Another person told us, "I was in the shower yesterday and the carer told me I had a rash I wasn't aware of. She suggested seeing a GP who prescribed some medication. This morning the carer applied the cream for me."
- The service had made suggestions for further healthcare and/or equipment to a number of people. Comments included, "They advised me to get a compression mattress and I got one." "I got advice on moving regularly." "The carers suggested a day centre for (family member)." "They recommended some equipment for me."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their

liberty. We checked whether the service was working within the principles of the MCA.

- At the time of the inspection no-one receiving the service was subject to a Court of Protection order. Staff had received training in the MCA and understood their responsibilities. A team leader told us they had been involved in 'best interests' meetings with social workers when, for example, a person did not have capacity and their family did not have power of attorney to make decisions about the person's care.
- Staff encouraged people to make their own decisions and understood that people could decline support. A person told us, "I can say 'no' (to care) and that will be OK. They will just chat to me instead." A relative said, "(Family member) can say 'no' to care. He sometimes will have a strip wash instead of a shower."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with said they felt the care workers were kind and caring. A person said, "They are brilliant, nothing is too much trouble...I am more than happy. They are supportive... 'Care' actually means something to them." Other people told us, "They are very helpful and chatty." "They are caring, professional and helpful." "They are sensitive and put me at ease." "They are considerate."
- A member of staff spoke of the importance of "Taking time with people, building their confidence."
- A health and social care professional told us staff "Always demonstrate care and compassion and are strong in the area of recognising each individual's specific needs."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in decisions about their care through a process of continuing assessment and review. A senior care worker talked about "Reviewing people's progress notes and chatting with them about how things are going. Looking to improve their independence and if there is any equipment that might help."
- Records showed that people were asked if they minded having a new member of staff shadowing during personal care and that their decision was respected.
- A person told us, "They understand my situation. They know my routine." Another person said, "They let me decide the pace. I mentioned that my hair needed washing and they remembered the next day and washed it for me. They let me do what I can."

Respecting and promoting people's privacy, dignity and independence

- Staff were supported through training and supervision to ensure their practice promoted kindness, respect and dignity. A member of staff said, "A lot of it is standing back. Trying to avoid them going back in (to hospital). Seeing if they need other assistance, such as with shopping." Another member of staff told us, "We can do a lot of signposting, for example, online shopping deliveries, voluntary services and information."
- People confirmed their care workers treated them with respect and promoted their independence. A relative told us, "When showering (family member) they always close the door and cover his legs when he is on the commode. They stand outside until he is ready for them" and "They always encourage him to wash his own face. He is encouraged, not pushed. He has come a long way. They are very friendly and helpful."
- Other people's comments included: "They realise I need time to move from A to B." "They are very helpful. They encourage me to wash myself and dress" and "They are kind and always cheerful. They will always pull the curtains closed when washing (family member)."

- Care plans and records were written in a way that promoted dignity and respect. The plans described the elements of people's care and support they were able to manage independently and those they needed support with.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The majority of people we spoke with told us the service was responsive to their needs. Their comments included: "I appreciate how they make time to do all they can; always lovely and professional no matter how busy they are." "They always make time to speak to me." "They are never in a hurry and will always do extra." "The supervisor came around and did an assessment. Very helpful."
- People's care and support plans contained clear guidelines for staff providing support to each individual, including any equipment used and what the person could do for themselves. Records of care were easy to read and to find specific information, such as headline notes made by senior care workers and team leaders following reviews, so any changes in people's support was clearly communicated.
- There was a clear and systematic process of reviews of each person's care and support from start to end of the service provided, which demonstrated flexibility as individuals' could require more or less support. People told us their care plans were regularly updated.
- Staff were equipped with smart phones and other IT to enable them to access and communicate information in real time, to support people to remain living independently.
- A multi-disciplinary reablement team triage system was in operation to help ensure new referrals were responded to with the appropriate services and advice.
- A health and social care professional confirmed the service was responsive. In particular, the development of "the in-reach team to support the transfer of identified patients from acute to community care" and "trusted relationships and excellent communication has really helped."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care and support plans showed their communication needs were assessed and documented and they were supported accordingly. People confirmed this, for example, "Language is a problem for me. One of the carers will help me and will read letters out for me."
- The registered manager told us all documentation and communication could be requested and provided in a format to suit the needs of the individual. Sensory officers provided specialised support and solutions to promote communication. For example, staff showed us a 'digital listener' amplifying device was available to enable them to communicate better with people with a hearing impairment.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, and people were informed of this when they started using the service. People and relatives told us they knew how and who to raise a concern or complaint with.
- The registered manager told us there had been two complaints in the last twelve months, both in relation to the length of time the service was provided for and that the service did not provide a specific time to call, which were outside of what the service could provide in the short term. The service had responded to the complaints in line with the policy.
- In the feedback we received during the inspection, the timing of visits was the main reason people gave for dissatisfaction. One person commented that 11.30 a.m. was too late for a breakfast visit and 8.00 p.m. too late for a dinner one. Another commented that he understood timings could not be guaranteed, but that it would be helpful if people were notified in advance if visits were to be very late as it would at least stop anyone worrying that no one would be arriving at all. One person was concerned about response times to their particular personal care needs. We raised this with the registered manager who was addressing it.
- Information about the agency was given to people before they received care, which informed them specifically timed visits could not be guaranteed due to the nature of the service.

End of life care and support

- Due to the nature of the service, staff did not routinely provide support for people at the end of their lives. However, if people experienced a change in their health needs then systems were in place to ensure the relevant health and social care professionals were informed and involved.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received many positive comments from people about how the service was managed. For example, "Management is really good. When we phoned someone was always there. We are really happy. We always talked to a person" and "I would give my thanks for the whole team. They have been brilliant. They have done far more than needed. Nothing has ever been too much trouble."
- The provider had a clear plan for developing person-centred services that encouraged and enabled people to stay well and live independently. This included working closely with other health and social care services to enable people receiving care to remain in their own homes.
- A social care professional told us, "The feedback that the community social work teams generally get from service users is that quality of care is good."
- Records showed the registered manager shared people's feedback with the staff team and valued staff for their efforts.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a clear line management structure within the service and staff had well defined roles and responsibilities. Staff were aware of who they could seek advice and support from.
- There were effective systems to regularly assess and monitor the quality of service that people received. Spot checks were carried out by supervisory staff to ensure that care workers maintained the required standards of professional conduct during care visits. These checks also enabled the supervisor to meet with the person receiving care and monitor their progress and satisfaction with the service. People confirmed they were visited by senior care workers or team leaders to review the care they were receiving and to check if there were any issues.
- The provider had systems in place to report, investigate and learn from incidents and accidents. Risk assessments were carried out and reviewed to protect people using the service and staff delivering the care and support.
- The registered manager and provider were clear about their legal responsibilities and notified the commission appropriately.
- Where issues were brought to their attention, the registered manager and provider investigated these and informed relevant parties as needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A range of meetings, bulletins and team briefs took place to promote engagement with staff at all levels within the integrated reablement team. Staff we spoke with told us their line managers were approachable and they felt well supported.
- The provider engaged with people through a regular customer survey, which had most recently taken place during the summer of 2019. The survey included questions with regards to, choice, respect, dignity, responsiveness, and outcomes that people had experienced while being supported by the service.
- We reviewed the responses of 23 people or their relatives who completed the survey. All had rated the service either good or outstanding for each of the questions. When in receipt of any negative feedback the registered manager investigated the reasons why in order to identify and implement any improvements.
- A senior member of the care team told us how the service was developing relationships with voluntary organisations, which they could 'signpost' to people using service, and also community care teams and GPs. The registered manager confirmed this, for example, representatives from the Red Cross and extra care housing services were invited to attend reablement team meetings, where they discussed support options for people, so staff were then able to share this knowledge with people.
- A health and social care professional told us, "They are incredibly good at signposting to alternative services and have a good understanding of the community services available."

Continuous learning and improving care

- The service was part of the provider's continuous improvement group and development days were held to share information with other services across the county. Staff told us regular workshops took place to support staff "To catch up on what's new, the latest changes."
- Information technology systems were used effectively to monitor and improve the quality of care. Senior care workers and team leaders had been issued with handsets enabling them to quickly access care systems and information from other professional agencies, which was used to support people to remain living independently.
- A health and social care professional said, "I am regularly in liaison with the operational team leads, the areas leads and the commissioners of the service who are all excellent in listening to us and responding in a supportive way. They have a good knowledge of their service and cover a huge geographical area which can't be easy to balance but they appear to do so with confidence." They added that sharing information was an identified area for further improvement that "the team leads are aware of and are actively working with us to achieve in a more collaborative way."
- The service also contributed to the development of best practice and good leadership with other agencies. The reablement team had been part of an entry nominated and shortlisted for a Community Health Service Redesign Award, for innovative work undertaken to deliver an integrated frailty support service in the local area.

Working in partnership with others

- The agency was part of a developing integrated reablement service, which meant staff had access to occupational therapy and sensory professionals when planning and delivering care. The reablement team had strong and effective links with other health and social care services.
- New links with other agencies were continually being developed, such as with the community frailty team. A health professional had emailed the registered manager to thank the team after "jointly looking after a few patients together and just wanted to say how fantastically kind and attentive all the carers are that we've met! It's made it a lot easier to look after some really sick people at home, and the care they have received has been the factor that's kept these patients safe."
- A health and social care professional told us, "The West Hants team are incredibly forward thinking and

are really receptive to suggestions and feedback when approached. We have a really good relationship and they are always outward looking and keen to engage with other partner stakeholders."

- The senior operations manager had weekly calls with hospital discharge staff to ensure open communication and that the service was able to respond to peaks in demand.
- Any significant issues regarding fire safety in people's homes were shared with the fire and rescue service. Staff told us, "We can refer to the community fire officer and even do joint visits. We have done some training with fire officers."