Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Lincolnshire Social Services (Horncastle)

Holmleigh, Foundry Street, Horncastle, LN9 6AQ

Tel: 01522554644

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Lincolnshire County Council
Registered Manager	Mrs. Christine Phillips
Overview of the service	Lincolnshire County Council Social Services (Horncastle) provides short term intensive, person-centred packages of support for people leaving hospital or being referred by a GP.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 March 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

People told us they were involved in creating and reviewing their care plans. One person said, "They were very good at explaining the care to me and we have regular talks about it when they come to review it."

Care plans were written in a way that promoted the individual's choice and independence. They gave clear guidance for care workers on how the care and support should be given.

Each person's care was reviewed by a care co-ordinator weekly. If the care package needed to be modified to involve health professionals as well as care professionals, and vice versa, this was achieved quickly because of the integrated nature of the support team. We saw records which supported this.

The manager told us people were never left without care because of staff sickness or leave. The high staff to person ratio meant staff could be re-assigned quickly if necessary. We were shown how this worked in practice.

We saw the service's current complaints procedure which was contained in people's information packs. We noted the service had a complaints log which detailed any resulting actions and who was responsible for them.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service said they were asked what help they required and how they wanted to be supported. People told us they were involved in creating and reviewing their care plans. One person said, "They were very good at explaining the care to me and we have regular talks about it when they come to review it."

We saw the provider gave an information pack to everyone that used its services, which included contact numbers for emergencies.

We looked at the records of two people who used the service. We saw individuals, or their representatives, had signed documents to indicate they agreed with assessments of their needs and plans that had been developed to meet those needs.

We saw assessments of people's needs and plans set out the care people needed. The assessments included information about people's likes and dislikes and the specific way they wanted the support they received to be provided.

Records we reviewed showed each person was encouraged to work towards individual goals to improve their ability and promote their independence.

People who used the service, carers and family members were provided with information on how to access the provider's policies and procedures online. People were also told they could access this information in alternative formats and other languages on request.

The manager told us one person who could not speak English was supported by a face-to-face translator provided as part of the care package.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We were shown copies of people's initial assessment which provided the basis for the creation of the care plan. This assessment was carried out on the same day people were referred in to the service. One of three care co-ordinators carried out the assessment.

Care plans were written in a way that promoted the individual's choice and independence. They gave clear guidance for care workers on how the care and support should be given.

Care plans contained a ten point risk assessment which included assessments of: people's home environments; access to the property; fire safety; smoking; electrical and gas hazards, infection control, and, moving and handling. This promoted the welfare of care staff and the person who used the service.

We saw examples of the activity logs staff completed following each care visit. These showed the care being given matched the assessed needs in the individual care plans. We saw care plans were reviewed once a week by a care co-ordinator. This allowed care to be adapted swiftly to meet people's change in needs if necessary.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

This service was six months in to a pilot programme known as the Lincolnshire Assessment and Re-ablement Service (LARS) which saw the integration of Lincolnshire County Council's Social Services Independent Living Team with health professionals from NHS Lincolnshire.

We were told people were referred in to the service by a GP or hospital by contacting a central team known as 'the hub'. Staff members would assess each person using a standard screening tool and decided whether they required a care or health package.

We saw referral forms and completed screening records which demonstrated co-operation and information sharing with professionals from both primary and secondary care. Each person was allocated a key worker and this could be either a care co-ordinator or health professional.

Each person's care was reviewed by a care co-ordinator weekly. If the care package needed to be modified to involve health professionals as well as care professionals, and vice versa, this was achieved quickly because of the integrated nature of the support team. We saw records which supported this.

We asked about how the service catered for people with mental health issues. We were told the service has its own community mental health practitioner who undertook assessments and created care packages when care workers or health professionals felt it was appropriate.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We were told 200 members of staff were grouped in teams to support a specific number of people. We reviewed staff rotas and saw in one week in February for example, a team of 13 care workers and one care co-ordinator supported 21 people.

We were told when referrals from GPs or hospitals were directed to 'the hub', staff members completed the screening tool and sent the information by fax or secure email to a local rostering office which allocated a specific care co-ordinator and team based on the location of the person's home. The allocation of a specific team meant people benefited from continuity of care from the same members of staff.

The manager told us it was the responsibility of each care team to inform the hub of its capacity each day. It was assumed there was always capacity in the system to take on new referrals unless the hub had been informed.

The manager told us people were never left without care because of staff sickness or leave. The high staff to person ratio meant staff could be re-assigned quickly if necessary. We were shown how this worked in practice.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

When we asked people what they would do if they had a complaint, they were able to identify who they would speak to.

We saw the service's current complaints procedure which was contained in people's information packs. We noted the service had a complaints log which detailed any resulting actions and who was responsible for them. We were told complaints and issues were discussed at the monthly staff meeting.

We reviewed the complaints file and noted the service had no current complaints. The manager told us any complaints would be resolved within 10 days of receipt. We were told people's complaints were acknowledged within two days by letter.

We saw each person's information pack contained a satisfaction questionnaire to be completed when they were discharged from the service. This meant the service had a continual process of monitoring its performance and receiving comments of dissatisfaction. We reviewed the most recent summary of responses and noted over 80% indicated they knew about the complaints procedure whilst 4% stated they did not know about it.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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