

Blyth Valley Disabled Forum Ltd

Blyth Valley Disabled Forum

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

Blyth Valley Disabled Forum is a domiciliary care service, providing care to people in their own homes. At the time of the inspection the service provided care to around 270 people.

We carried out this announced inspection on 12 and 13 August 2015. At the last inspection of this service, in November 2013, we found the provider was meeting all of the regulations we inspected.

A registered manager was in place. 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.

People told us they felt safe with staff from the service. Staff had undertaken training in how to recognise and respond to any potential abuse. Procedures were in place to protect people from financial abuse.

Summary of findings

There were enough staff to carry out the visits to people's homes. People told us staff were reliable and punctual. A recruitment and selection policy was in place, but this had not always been followed, as some staff files we reviewed contained only one reference.

Processes were in place to manage medicines appropriately and we observed staff wearing personal protective equipment to minimise the spread of infection.

People told us staff were sufficiently skilled to care for them and meet their needs. Staff training was monitored and kept up to date. Staff were given opportunities to further develop their skills and knowledge. Staff met with their manager regularly in supervisions sessions and their conduct was monitored through observations.

Whilst the manager told us that all of the people supported by the service had the capacity to make their own decisions, she was aware of the process which should be followed if this was not the case.

People told us staff were friendly and considerate. They told us staff went out of their way to provide them with a quality service. People were given information about what to expect from the service and were provided with details on a weekly basis as to which staff would attend their visits.

Care records were specific and included people's preferences and choices.

People's needs had been assessed to determine the support they needed. Their needs were monitored to ensure they received the right care. People told us the service was responsive to any changes in the service that they requested, such as changing the times of their visits.

People told us their care was usually carried out by a small team of care workers who knew them well. They told us when their usual staff were unavailable, staff who carried out their personal care were aware of the support they required.

Complaints had been recorded, investigated and responded to. People were encouraged to share their feedback through a yearly survey.

People told us the office was well managed and efficient. In addition to the registered manager there were a team of staff in place to ensure smooth operating of the service. People and staff told us they were always able to contact the office whenever they needed to.

Systems were in place to monitor the quality of the service which was provided. Audits and checks were carried out on care records. Observations and monitoring visits were regularly held in people's own home to ensure staff practice was appropriate and that people were happy with the service they received.

Staff and people who used the service were represented on a forum in place to discuss future developments of the service and to suggest improvements.

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.

All staff received regular training on how to keep people safe and how to respond where there were any concerns that people could be at risk.

There were enough staff to deliver the service. People told us staff always attended their visits and that they were rarely late. We saw from staff files that some staff only had one reference in place, which did not meet the details in the provider's recruitment and selection procedure.

Medicines were managed appropriately and a policy to reduce the risk of infection was followed.

Good



Is the service effective?

The service was effective.

Staff training was up to date. Staff were given opportunities for undertaking training in their areas of interest and to further their development.

New staff completed induction training and shadowed experienced staff. Feedback was gathered about their performance and capabilities before they were able to work on their own. Staff met with their manager regularly to discuss their role and performance.

The manager was aware of the principles of the Mental Capacity Act 2005 (MCA).

Good



Is the service caring?

The service was caring.

People told us staff were kind and considerate. They told us staff knew them and their needs very well.

People had been included in planning their own care. Care records documented people's preferences and choices.

People were given information about what they could expect from the service. They were also told in advance which staff were scheduled to carry out their care.

Good



Is the service responsive?

The service was responsive.

Care records were easy to understand and were personalised. People's needs were monitored to ensure the care they received met their needs.

People told us they were supported by a small team of core staff who carried out their care.

People and relatives' feedback was gathered via a yearly satisfaction survey. Complaints had been investigated and responded to.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

A registered manager was in place and supported by a team of senior staff. People told us the service was managed very well.

Systems were in place to monitor the quality of the service which was provided.

A forum was in place made up of members of staff and people who used the service to put forward ideas to improve the service.

Blyth Valley Disabled Forum

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out on 12 and 13 August 2015. The provider was given 48 hours' notice because the location provided care in people's own homes and we needed to be sure that someone would be available in the agency office.

We visited the agency office and people who used the service, in their own homes on 12 August 2015. We returned to the agency office on 13 August 2015.

The inspection visit was carried out by one inspector. Following the visit an expert-by-experience telephoned people who used the service and their relatives. 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 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 any improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We reviewed information we had received from third parties. We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch. We used the information that they provided us with to inform the planning of this inspection. After the inspection visit we spoke with a medicine manager at a GP practice.

During the inspection we visited three people in their own homes. We telephoned 17 people who used the service and three people's relatives. We spoke with the registered manager, the deputy manager and seven care workers. We reviewed seven people's care records including their medicines administration records. We looked at ten staff personnel files and a range of other records in relation to the management of the service.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe when staff from the service visited their home. People told us the service was reliable and efficient which made them feel safe and well cared for. One person said, “Yes I feel safe with the staff. These people are gems. Nothing is too much trouble for them.” Another person said, “I’ve never worried with any of the staff. They are very trustworthy. They do right by you.”

Training records showed all staff had received training about how to recognise signs of potential abuse and how to respond in these situations. Staff we spoke with confirmed they had undertaken this training and were able to describe to us appropriate steps they would take if they had any concerns about people’s safety or wellbeing.

Arrangements were in place to protect people from potential financial abuse. When staff made purchases for people, such as buying groceries, they were required to record the purchase and attach the receipt to a finance record which people were also asked to sign. These records were checked every three months to ensure that receipts had been recorded and monies had been handled appropriately. All staff had signed the finance policy to show they had read and understood what was expected of them when handling people’s money.

Disciplinary records showed any concerns about staff conduct had been responded to promptly. Investigations had been carried out and detailed records had been recorded. Staff told us they would not hesitate to raise any concerns over staff practice with their manager and felt any issues raised would be taken seriously.

Accidents and incidents were recorded and monitored and appropriate action had been taken, where necessary, to reduce the likelihood of accidents reoccurring. Assessments had been carried out to identify any risks to people when receiving care and how they had been reduced or mitigated. For example, one person had been identified as at risk of falling over, staff had been given information about ensuring the floor was clear of hazards and leaving drinks within reaching distance to reduce the risk of the person falling, as well as details about how to

respond and who to contact if the person did fall over. Risks to staff, specifically related to delivering care in people’s homes had also been assessed, such as the risks relating to lone working or interacting with people’s pets.

The provider’s contingency plans identified how the service would respond if it was disrupted, due to poor weather or a staff shortage. The manager explained that most staff lived within walking or cycling distance of people who used the service and therefore visits would not be disrupted in the case of poor weather or staff vehicle breakdowns.

There were enough staff to carry out the planned visits to people’s homes. The manager told us there had been no occasions where staff had not attended people’s planned visits in the previous three months. People we spoke with confirmed that staff always attended their visits. They told us the service was very reliable and punctual and that they never felt rushed by staff. One person said, “They are always here when they say they will be. When I’m meant to get two staff they are both here, I’ve never been left short.” People told us if staff were delayed for any reason they were always informed by staff from the agency office. One person said, “Even in an emergency, we would not be left waiting for long, and we’ve never been let down.”

A recruitment policy and procedure was in place to ensure that people were supported by staff who had the skills, knowledge and experience to meet their needs. However the provider’s policy had not always been followed. For instance, in some cases only one reference had been obtained from staff’s previous employers, as opposed to the two references as specified in the recruitment policy. The manager explained that an employee who no longer worked for the service had previously had responsibility for checking references and this had not been done appropriately. They gave their assurances that they would revisit all staff personnel files to make sure they meet the provider’s recruitment specifications and where second references were required, these would be obtained retrospectively.

Checks had been undertaken with the Disclosure and Barring Service (DBS) as to whether applicants had a criminal record or were barred from working with vulnerable people. Some staff had started working at the service before their DBS check had been returned, but the manager was able to evidence they were receiving induction training and shadowing other staff members as opposed to working alone with people. Whilst we were

Is the service safe?

satisfied that measures were in place to ensure that new staff did not work with vulnerable people unsupervised until DBS checks were received, the manager acknowledged that the recruitment policy was not specific regarding this process. The manager told us they were in the process of updating all of the service's policies and procedures.

Processes were in place so that medicines were managed appropriately. Staff responsible for administering medicines had received training in the safe handling of medicines. Regular observations of staff practice included senior staff observing staff administering medicines to ensure they were competent in doing so. Staff understanding and skills were assessed through

knowledge tests and observations to ensure staff were competent in administering medicines. Where people were assisted by staff with their medicines, care plans were in place to describe to staff what medicines had been prescribed and how they should be taken. People told us they were happy with the support they received with their medicines telling us staff were very efficient. One person said, 'I take my own tablets, but the girls do prompt me, just to make sure. It stops me forgetting.'

We observed care delivery in three people's homes. We saw staff had access to, and used, appropriate personal protective equipment to minimise the risk of spreading infection.

Is the service effective?

Our findings

All of the people we spoke with told us they felt staff were well trained and delivered a good quality service at all times. One person said, "I've never had anyone come to me who didn't know what they were doing. I think they're all very well suited to the job."

Staff training information was recorded and managed by office staff. They monitored the dates staff had undertaken their training, arranged courses for staff to attend when it was due for renewal. Training records showed that care and safety related training, such as moving and handling, health and safety, food hygiene and safeguarding people from abuse, was up to date. Staff confirmed that training was well managed and scheduled for them in advance so their skills remained up to date. One staff member said, "They are very on the ball with training." Another staff member told us, "My training is always up to date. It's arranged in advance, so if my first aid is due in 3 months, they'll plan my training in before it goes out of date and let me know when it is booked. They work around your hours so it doesn't interfere with our visits."

Staff had also undertaken training in areas related to the needs of the people they supported. We saw most staff had undertaken training in dementia care and end of life care, and half of the staff team had received training in mental health needs.

Most staff had been awarded, or were working towards, diplomas in health and social care (or had the equivalent qualification through an NVQ). Staff we spoke with told us there were lots of opportunities to undertake training to expand on their knowledge and skills. One staff member said, "They are putting me through my level 3 (health and social care) at their expense. It's really beyond what they need to do for me. Level 2 is sufficient for the role I'm doing, but I mentioned I was interested and they were happy to put me through it." Another staff member said, "They are good with training. Anything you want they will get." The manager told us they were proud of the training opportunities they could offer their staff and said, "We believe that well trained staff are better equipped to provide a service of a high standard as they have the knowledge, competence and confidence to carry out their role. In turn this enables clients to feel safe in the knowledge that they are receiving services from carers who know what they are doing."

New employees attended induction training and shadowed experienced care workers before they were able to work on their own. Staff we spoke with told us this meant new staff were well prepared for their roles. One staff member said, "New staff will go and watch how things are done. They will work with another carer for a week or two. For as long as they need until they are ready to work alone. I've taken quite a few new starters out with me. We get paperwork to complete and we have to sign off to show that we've observed them doing certain tasks properly. Before they are ready to work by themselves the managers will ask us if they need any more training. They take our feedback seriously. I thought one person needed more catheter training and they arranged that along with some practical observations before they were able to go on visits by themselves."

Staff supervision sessions were held regularly, through a mixture of office based one to one discussions and monitoring observation sessions in people's homes. Records from supervisions sessions showed that in addition to staff having the opportunity to discuss their role and the care they provided, they were also asked about policies and procedures to ensure their knowledge of these areas was up to date.

Staff who had worked at the service for over a year had attended an appraisal where they were asked to reflect on their performance and to discuss any personal development needs. Staff we spoke with confirmed they had attended regular supervision sessions as well as receiving an appraisal within the previous year. Staff told us the management of the service was supportive and that they could contact the agency office if they needed any support. The office was open seven days a week, so staff could call in at any time if they wanted to discuss any issues face to face.

The manager was aware of the principles of the Mental Capacity Act 2005 (MCA). The MCA protects and supports people who may not be able to make decisions for themselves. Where people lack the mental capacity to make their own decisions related to specific areas of care, the MCA legislation protects people to ensure that decision making about these areas is made in people's 'best interests' in the form of best interest discussions. The manager told us that all of the people they supported had capacity to make their own decisions, but was able to talk us through the process they would follow if this was not the

Is the service effective?

case. We saw approximately half of the staff team had undertaken training in mental capacity awareness. The manager told us that this area of training had been identified as a priority and that they were arranging for all staff to receive this training in the coming months.

Where people were supported with their meals, their nutritional needs had been assessed. Staff had undertaken food hygiene and safety training. People and their relatives told us they were happy with how staff from the service supported them with their meals. One relative told us their relative did not have much of an appetite, and often

refused to eat initially. They told us, “They [Staff] will work hard encouraging her to eat, or trying to find something that she fancies. They don't rush her, but will gently coax her. I'm impressed with that, as it makes such a difference.”

A person said, “I have prepared meals delivered to me, which they heat up. It's always done well, and I'm given a choice whenever they can.” A number of people told us that their carers made sure they kept their fluid intake up, with one lady saying, “She'll [Staff member] always make me a nice cup of tea, and she leaves a cold drink when she goes too.”

Is the service caring?

Our findings

People told us staff were very caring and considerate. One person said, "I call them 'my little angels', because that is what they are. They do very well for me, and I'm more than satisfied." Another person told us, "I don't think of them as my carers now, they're just very good friends." A third person said, "There are carers, and then there are people that actually care. That's what I've got here. The staff who visit me are excellent."

We visited three people's homes and observed staff delivering their care. We saw staff greeted people warmly and were friendly and talkative whilst carrying out their tasks. Staff appeared to know people very well, talking with them about their family and enquiring how they were. People appeared relaxed and comfortable with staff, sharing jokes and teasing the staff. One person we visited spoke very highly of the staff. They said, "The staff are excellent, I get on with them so well. They continued, "We're always like this. I can have a laugh with them. It makes all of the difference to get on with the carers. They are often the only people I see all day, so I'm so grateful that I've got such good ones."

People told us about times when they felt staff had gone out of their way to make their experience better. One relative told us the service supported two of their family members who lived near to each other and did as much as they could to enable the family members to spend time together. They said, "A few weeks ago we were in the garden. The carers were going to [Relative's] after they'd been here. They saw that it was a nice day, so they offered to bring [Relative] down to ours. They brought them down during the morning call, we spent the day in the garden and then they took them back up during the later visit. They were thrilled to be out with us. The carers go out of their way like that to do as much as they can for us." Another person told us how staff were happy to help with other aspects than just their care, they said, "My girls [Staff] have given me advice about bus timetables, and all sorts in the past."

People told us if staff finished their tasks before the end of their allotted time they would not rush off, but instead they would stay and talk with them. One relative told us, "If they finish early, most of them will sit and have a chat with them then, that's what they really want. Or they'll ask them what

else they can do." A staff member we spoke with told us they often used any spare time they had between visits to spend with people. They said, "I've just sat with a person for an extra half an hour because their lunch visit had been interrupted by an OT (Occupational Therapist) and they needed someone to talk to. I didn't have a visit for an hour so I waited with them."

People had been included in planning their own care. Their views and preferences had been detailed within assessments and care plans. For example, one person's care plan, relating to their morning routine stated, "Make two cups of tea to go into a flask. Leave this on the table next to [Person's name]. Then make another cup and serve it straight away as [Person's name] likes it nice and hot." People told us that they felt very involved in all aspects of their care, they said they would always be listened to if they had any problems, or needed extra help on a particular day.

People had been provided with information about the service. All of the people we spoke with told us their care records were kept in their own home and that they could look at them at any time. Care files contained information about the service including the telephone numbers for the agency office and what they should expect from the service. Information had also been provided to people about how they could make a complaint if they needed to.

People were given a rota on a weekly basis about which staff were scheduled to visit their home. The manager explained that this was occasionally subject to change, if staff were unavailable to work at short notice for any reason, but that whenever possible people would be telephoned in advance to let them know about the change of scheduled staff. The manager told us that this was something they thought they did well as a service, they said, "It's important that people know who will be visiting, and who they can expect."

People told us staff treated them and their home with respect. One person said, "They couldn't do more. They are very respectful." During the visits we attended with staff we saw they accessed keys to some people's homes so they could let themselves in. We saw that once they were in the house they knocked on the person's bedroom door and spoke quietly, checking that the person was awake and asking if they could come in. In this way we saw staff were considerate of people's privacy.

Is the service responsive?

Our findings

People told us that the staff met their needs. A family member we spoke with said, “In my opinion, my [relative] has the best of care all the time. I can’t say fairer than that.” A person told us, “The girls have to put pressure stockings on me, which are not easy to get on, but they have persisted, never making a fuss, and my legs are much better as a result.”

Care records showed that the care planned for people was based on their individual needs. When people began using the service their needs were assessed by one of the care coordinators who visited the person to determine the level of care and support they would need from staff. Care plans were then prepared which stated how staff should provide their support.

Care plans contained a good level of detail, with specific information about how staff should deliver people’s care. Staff told us care plans provided them with enough information to be able to meet people’s needs. One staff member said, “The care plans are easy to follow. They have everything we need to know in there. If there was anything I was unsure of I could call the office for more info, but generally I find the records are enough.”

People’s needs were reviewed on a regular basis. Care coordinators visited people in their homes at least once every three months to discuss their needs and the care they received. Care plans had been updated and rewritten to reflect where people’s needs had changed. Staff we spoke with told us any changes were communicated to them well and that agency office staff would call them to advise any changes to people’s care plans, for example if their prescribed medicines had changed.

People told us the service was flexible to their needs, if they needed to change their service in any way. One person said, “I do have hospital visits occasionally, and if I ring them, they’ll change the times with no fuss. It’s always worked well.” One relative told us they had contacted the agency office to request that a particular member of staff did not visit them again, and that a new care worker had been arranged for them. They said, “There was a personality clash with one of the staff. It wasn’t anything

about the way they did the job, it was just that she clashed with [Relatives’ name] they didn’t really get on and I could tell she wasn’t as comfortable with her as she was with the other staff who visit. I only had to contact the office once and she didn’t come again.”

People we spoke with told us staff knew their needs. They told us they had a small number of regular carers, which made their care feel personal. One person said, “I like the staff who visit me. I have about six in total, as they visit me four times a day. They all do a smashing job.” One person described their care as a ‘good seven-day service’, telling us their care was delivered to a consistently high standard, even at the weekends, or at holiday times. Another person said, “When my girl’s on holiday it still works absolutely fine. They send someone else, and it’s just as good.”

We reviewed the complaints records. Detailed information had been recorded such as the nature of the complaint, how it was being dealt with and whether it had been resolved. The original complaint and any communication from the service or details of investigations had also been recorded. We saw complaints had been responded to within a timely manner and resolved in line with the complaints policy.

Most people we spoke with told us they had never had any reason to make a complaint, but felt confident that, should a need occur, they would know how to complain, and told us they believed that this would be taken seriously. One person said, “I most certainly would complain if necessary, the office would sort things out, I’m sure.” Another person said, “I’ve had two daily visits now for four years and I’ve not had a single thing to complain about in all that time, isn’t that wonderful?”

Three people we spoke with told us they had made a complaint, and all three people said it had been resolved to their satisfaction. One person said, “I don’t really want to go into detail, but the office dealt with it very well, and I have no problems at all now.”

People were encouraged to share their experiences of the service. Satisfaction surveys were sent annually to people who used service and their relatives. We saw results from the most recent questionnaires, sent in November 2014, were very positive.

Is the service well-led?

Our findings

A registered manager was in post both days of our inspection visit and assisted us with our enquiries. The manager had formally registered with Care Quality Commission in January 2011, and had worked within the service for over 20 years. She told us she had been supported by the organisation to access a wide range of training to broaden her skills in management, including attaining the registered manager award in 2008, a qualification which was aimed specifically for managing and leading care services. The manager was supported by a range of other staff within the agency office, including a deputy manager, four care co-ordinators and finance, human resources and administrative staff.

The provider of the service is a registered charity. A board of directors and trustees were in place with the responsibility for ensuring the charity met its aims. The charity's website listed their aims as to provide services to people who are 'disadvantaged and disabled allowing them to gain access to activities and the wider community'. The domiciliary care agency was one of seven of the charity's projects. The board of directors for the charity met on a weekly basis to discuss the domiciliary care service in addition to the other charity provisions.

Checks were carried out to monitor the quality of the service provided. Care records were audited to check paperwork has been completed correctly. Staff conduct and practice was assessed through regular observations carried out in people's homes. People were visited by the care coordinator at least once every three months and had been asked their views on the staff who supported them, their experiences with the agency office and if there were any ways they thought the service could improve. People we spoke with confirmed that staff from the agency office had canvassed their opinion on the service. One person said, "The office staff pop out occasionally. They are a nice bunch as well. They are just checking that I'm happy with everything."

People we spoke with praised the organisation and administration skills of the agency. Their comments included, "It all runs like clockwork," "Nothing ever seems to go badly wrong" and "There always seems to be a back-up plan to cope with emergencies." People told us when they contacted the agency office that staff were "very helpful" and "professional and efficient."

Staff we spoke with told us they were given good support by the agency office staff and could contact them whenever they needed. One staff member said, "They do an absolutely fabulous job. I would not want their job. They have to juggle so much, but they do it well. If we raise anything we're always given an outcome, if they need to change the rota they let you know in good time." Another member of staff said, "It's a good place to work. The support is good. They do their best for staff and for the client."

Staff feedback on the quality of the service was gathered through an annual staff survey, discussions in supervision sessions and a suggestions box where they could put forward ideas for improvements to the service. We saw the staff team had been asked to vote on certain issues before decisions had been made. Staff were also represented on a forum in place to discuss future plans for the service. The forum was made up of nominated staff, trustees of the charity and people who used the service. The forum met on a monthly basis and had introduced new initiatives, such as a staff newsletter and a drop in clinic where staff and people who used the service could discuss any issues they wanted to raise with the forum members.

Staff told us they felt valued within the service. People who used the service told us the staff who supported them had worked at the organisation for many years, and of the seven staff we spoke with four had worked for the company for over 5 years.

The service had met the criteria for the Investors in People status since 1999. The Investors in People status is an assessment framework which reflects good practices in employers.