

Derbyshire County Council

Erewash (DCC Home Care Services)

Inspection report

Derbyshire County Council
Mercian Close
Ilkeston
Derbyshire
DE7 8HG

Date of inspection visit:
12 October 2016
13 October 2016

Date of publication:
01 November 2016

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

We inspected this service on 12 and 13 October 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care in people's homes to older people and people with debilitating illness and long term conditions such as dementia. The service is available in the Erewash region of Derbyshire. At the time of the inspection 146 people were being supported by the service.

This was the first inspection visit since the service registered with us in October 2014.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and staff knew how to raise any concerns to protect people from harm. We saw that risk assessments were in place to provide guidance to the equipment which was provided. When required staff had raised concerns and other equipment had been provided to support people. People told us they received support from a regular group of carers. The service ensured there was a thorough recruitment check undertaken before staff commenced their employment. When medicine support was required we saw that it was provided to meet individual's level of support.

Staff had received training to support people's needs and new staff received an induction to enable them to be confident in their role. This involved a training package, support from experienced staff and continued support. Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people and when relevant best interest decisions had been made. Where required people received a choice of meals and records were maintained to support people's nutrition. People were supported to maintain their health and wellbeing with ongoing healthcare support.

People had established positive caring relationships with the staff. People were encouraged to be independent and have their needs met in a way they choose. Respect for the person was maintained and people's dignity was upheld.

Assessments and person centred care plans had been completed to identify the care needs of the person. The service supported people to pursue their hobbies and interests. A complaints procedure was available and any concerns raised had been addressed.

The service had an open approach and clear values which staff felt supported them in their role. People were given the opportunity to provide feedback on their care and the service. A range of audits were used to monitor the quality of the service and were used to develop improvements to the service.

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.

People felt safe when they received support from the service and staff knew how to raise any concerns to protect people from harm. Risk assessments were in place to provide guidance for equipment to reduce any risks and keep people safe. There was enough staff to enable people to receive regular staff to support their needs. The service ensured there was a thorough recruitment check undertaken before staff commenced their employment. Medicine administration was provided to meet individual's level of support.

Good ●

Is the service effective?

The service was effective

Staff were trained to support people's needs and new staff received an induction to enable them to be confident in their role. Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people. Where required people received a choice of meals and records were maintained to support people's nutrition. People were supported to maintain their health and wellbeing with ongoing healthcare support.

Good ●

Is the service caring?

The service was caring

People had established positive caring relationships with the staff. People were encouraged to be independent and have their needs met in a way they choose. Respect for the person was maintained and people's dignity was upheld.

Good ●

Is the service responsive?

The service was responsive

Assessments and person centred care plans had been completed to identify the care needs of the person. The service supported people to pursue their hobbies and interests. A complaints procedure was available and any concerns raised had been addressed.

Good ●

Is the service well-led?

The service was well led.

The service had an open approach and clear values which staff felt supported them in their role. People were given the opportunity to provide feedback on their care and the service. A range of audits were used to monitor the quality of the service and were used to develop improvements to the service.

Good 

Erewash (DCC Home Care Services)

Detailed findings

Background to this inspection

We carried out this inspection visit 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 inspection visit took place on 12 and 13 October 2016 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. We visited six people in their homes and made telephone calls to a further five people. We spoke with three relatives. We sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with five care staff, three domiciliary service organisers and the registered manager. We looked at care records for four people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks

Is the service safe?

Our findings

People told us they felt safe when they received care. One person told us, "All the staff are marvellous and I feel safe." A relative we spoke with said, "I know I can trust the staff. [name] is safe with them." Where people had a number code to enable staff to enter the property, we saw there was a system in place to maintain people's safety and security. One person said, "I always feel safe, I have a key safe and it's only the staff that have the number. It's good to have the security." A relative told us, "I think [name] is very safe, so it is good we have the key safe, as they cannot get to the door."

Staff we spoke with understood about safeguarding and how to report any concerns. One staff member said, "We need to make sure everything is written down, it's on a need to know basis." The staff we spoke with had raised concerns in the past and felt supported by the actions taken.

The registered manager told us about a new system which had been introduced for safeguarding, they told us, "It makes the process clearer on who takes responsibility and steps." We saw the process had been used to reflect safeguarding concerns which had been raised and the actions taken to protect people from harm.

Within people's home we saw that risks to their safety had been assessed. For example we saw when a piece of equipment was used to transfer a person there was a separate assessments which detailed the equipment to be used and guidance for the staff. One person told us, "I feel confident in the hoist, the staff are well trained." A relative told us, "When two people are required for the transfer they never do it alone and the office always send someone who knows [name]" Staff we spoke with were clear about the process to reduce risks. One staff member said, "If it's not safe, we request another assessment." This meant the service ensured the safety for staff and the people they supported.

People told us the carers came at the set time and that they had regular staff to support them. One person told us, "I have regular staff and I get a weekly schedule." A relative told us, "[Name] has regular carers and always one that is familiar with their needs." We spoke with the registered manager who told us, "We provide services to the staff levels we have." They went on to explain how they have some flexibility within staff contracts and when required share staff across the geographical areas. We saw the service was recruiting to support some vacancies identified within the service.

The service provided an out of office hour's emergency service. We saw that this information was displayed in the care folders within people's homes. On the system the domiciliary service managers ensured all relevant information was available to the out of hour's staff to support them in responding to any out of hours calls. For example if a staff member calls in sick, a replacement can be found using the available information. This means that people are responded to and are supported to receive consistent care.

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. This included a DBS check and references. A DBS provides a check relating to any previous criminal records. One staff member told us, "It was a long process with all the checks, but it's thorough."

People were supported to take their medicines and have creams applied. People we visited showed us that they had their medicines delivered to them in blister packs. One person told us, "They sort all my medicine out, they never miss." Staff told us they had undertaken medicine training and their competence had been checked to ensure they supported people safely.

Is the service effective?

Our findings

People who used the service told us they felt the staff were trained to support them. One person said, "Staff are well trained, they have regular training. They know the equipment and what they are doing." Staff told us they were provided with training. One staff member told us they had been on a food hygiene course following their request as they supported people with different diets. Another staff member told us about a new piece of equipment they had learnt about following some recent moving and handling training. When staff took on new roles we saw they received a level of support. The staff member told us, "I have had a lot of training and support from the team to enable me to learn this new role." This mean the provider ensured staff received the correct training to support their roles.

The provider had a structured induction for new employees which involved training, shadowing experienced staff and observations by senior staff to check their progress. We spoke with the registered manager who told us, "Our procedures enable us to extend someone's probation or offer additional training and mentoring to enable staff to feel confident in their role." We saw that the service used the new national care certificate for all new staff. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

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.□

We checked whether the provider was working within the principles of the MCA. Staff had received training in the act and knew about people's individual capacity to make decisions. They understood their responsibilities to support people to make their own decisions. Staff had received training in the act. One staff member told us, "You assume capacity unless assessed differently. People can make some decision however they may need support with life changing ones." We saw that assessments had been completed and support from relevant professionals had been considered when required in ensuring any decision were in the person's best interest. This showed the staff and manager understood their responsibilities to comply with the Act.

We observed that staff asked consent before they supported people. One person found the decisions difficult; we saw staff took the time to explain each step of the transfer or the stage of the care being provided. One staff member told us, "We try and give people choices, even if they are about a T shirt or the type of drink."

People who received support with mealtime visits told us staff offered them choice and encouraged them to eat and drink enough to maintain good health. One person said, "Yes I always get a choice. I choose the day before so that it can be taken from the freezer." We saw when required referrals had been made to health

care professionals and staff had recorded people's level of nutritional intake to support their assessment for ongoing support.

When people's needs changed, the staff took prompt action to ensure they were referred to relevant health services. For example we were told during transfers for one person they experienced discomfort. We saw a new piece of equipment had been ordered to support the person's comfort when transferring and this reduced the risk to staff. This meant that people were supported with their wellbeing.

Is the service caring?

Our findings

People told us they had positive relationships with the staff. One person said, "We can always have a laugh. They treat me how you would want to be treated." They added, "I feel if I treat them well, they will treat me well too." A relative told us, "The staff are fantastic. They really understand my relative and their dementia. They have adapted with their needs." Staff members we spoke with told us they enjoyed their role. One staff member said, "I love the job. Being in people's homes with their things. People are really interesting. Some fascinating stories."

People told us the staff kept in contact with their families when their needs changed. For example one person had set up a communication book so that messages could be relayed to support the needs of the person receiving the service. The relative told us, "[Name] is unable to tell me their needs, so we have the book. Staff let me know any information and if they require anything getting to support them."

Some people had family members as their advocate. We saw these contacts and relationship were recorded and that when appropriate they had been included in information about the person's care or decision making. This showed staff involved people's families in their care

People told us their privacy and dignity was respected. One person said, "Dignity and respect without a doubt." They added, "They know the line of respect and they don't cross it." A relative said, "Very respectful, I am full of praise for the team."

Staff we spoke with told us how they ensure they respected people. One staff member said, "Closing the curtains, speaking to people and letting them decide what they want and how." Another staff member said, "It's their home, even with their permission and the key, I always knock and call before entering someone's home."

We saw that the service had achieved the local authority dignity award. To achieve the award the service had to provide details around the level of training, examples of actions they had taken to develop understanding of people's dignity and ongoing learning. This shows the service is committed to developing a positive culture in dignity and respect.

Is the service responsive?

Our findings

People told us staff knew about their needs and preferences. One person told us, "The staff have a very positive attitude, they pick up on that. They let me do the things I can do. It's all very discreetly done." Staff told us they found the care plans very informative. One staff member said, "I always read them. It helps to build a relationship, like knowing a person is hard of hearing or sight impaired can help you to respond to them." Another staff members said, "If I have been off or not visited that person for a few days, I always read the logs, you get to know people and can see any changes."

The domiciliary service organisers (DSO) told us they complete the care plan with the person. One DSO said, "When we visit we confirm how the person chooses to have their care. As staff have the relationship with people they feedback any core issues." They added, "The service is flexible as people's needs change." People told us and we saw that package of care had been changed to meet people's needs. One relative told us, "I had the service increased; I could not managed on my own. I was putting myself and [name] at risk."

People told us they had their care plans reviewed. One person said, "We have an annual review of the care plan. We talk about it and make any changes. I am very happy with the process." Another person said, "I get regular visits from the DSO and you can get hold of them if you need to talk things through."

People told us the staff supported them to follow their interests and hobbies. We saw how the service was flexible to link up with relatives to enable them to go out with the person. For example the cinema or theatre. The relative said, "It's great, we go out and when we get back I know I have the support with their personal needs." The service also supported relatives to access their hobbies. One person told us, "It enables me to get out for a short time, and I can relax as I know [name] is cared for."

People told us they felt able to raise any concerns. One person said, "I am happy to raise any concerns and know it would be listen to." The service had a complaints procedure, a leaflet relating to how to raise a complaint was available in the care folder within the home. We saw that any complaints which had been raised had been investigated and any resolution had been communicated to the people involved. For example several complaints had been received relating to the delivery timeframe of the weekly schedule. The schedule was arriving after the week had commenced. The provider investigated the postal concerns and these have now been resolved. This showed the provider addressed any concerns.

Is the service well-led?

Our findings

All the staff we spoke with from the care staff to the manager confirmed they received support from their respective manager. One staff member said, "I have regular supervision. It's really useful we talk about my training needs and any concerns I have with people." Another staff member said, "If it's ever cancelled, it's always rearranged." We saw the service used a planning tool for supervisions called 'my plan' this supported a structured agenda to cover all aspects of the work or the staffs individual goals. Staff we spoke with confirmed these plans were used.

The service had a whistle blowing policy. Staff felt able to raise any concerns. One staff member said, "It's not about reporting, it's about raising a concern and dealing with it tactfully." Staff we spoke with felt comfortable speaking to colleagues direct or the manager. A whistle blowing policy is a policy to protect staff if they have information of concern.

The DSO's told us they had regular patch meetings with staff. A patch meeting is based on the geographical locations of the staff teams. These meetings covered a range of topics linked to any audits, feedback or policy changes. For example a new medicine error form had been introduced. This was an agenda item on the next meeting with examples to support staff in this area. One staff member said, "There are polices and procedures available to support you." Any staff equipment requirements were available to support staffs role. One person said, "Each year we get new uniforms. This year we have had a complete change; this colour has been chosen to be more effective with people who have dementia." The new colour was a vibrant green.

The provider had suitable systems in place to assess and monitor the safety and quality of the service people received. The registered manager told us they sign off all the care plans and meet with their DSO's to review a range of quality audits. For example a medicine audit showed that some medicines had not been signed for. We saw this item was discussed at a team meeting and monitored through continued audits of the medicine charts. The service had completed a health and safety audit. The report reflected on some areas for improvements and we saw these had been addressed. For example observational sessions being recorded with remedial actions.

The DSO's used a rostering tool to plan the work for the staff linked to people's requirements. One DSO told us, "The system has fail safe areas which mean a call cannot be missed." We saw how the system worked and provided case notes, information relevant to the person and staffing details. This meant staff had the tools to support the allocation of the calls to support people.

We saw that people were asked about the quality of the service they received. Any requested changes had been supported. We spoke with the registered manager who told us they were looking into developing an anonymous style survey, which was currently being piloted by the re-ablement team. This showed the provider was looking to seek people's opinion on the service they provided.

The provider was piloting a dementia specific service in one of their other geographical locations. The

registered manager told us, "We hope to develop a similar scheme here. It's a service which bridges the gap between the community and fulltime care." This shows that the provider looked to make improvements in the service provision based around the needs of the people.