

Derbyshire County Council

Southcroft Homecare Team (DCC Homecare Service)

Inspection report

Cemetery Lane
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Date of inspection visit:

18 July 2016

19 July 2016

Date of publication:

27 September 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

This inspection was carried out between the 18 and 19 July 2016. The inspection was announced, and we gave the provider 48 hours' notice to ensure there was a manager available to assist with the inspection process. When we last inspected the service in February 2014, we found them to be meeting the standards. At this inspection we found them to be meeting the standards.

Southcroft Homecare Team (DCC Homecare Service) is a domiciliary care service providing re-ablement support and care for disabled adults. Re-ablement is about helping people regain the ability to look after themselves following illness or injury. The service is managed from an office in Ripley and covers the Amber Valley and Erewash districts. The service is registered to provide personal care. There were 65 people using the service at the time of our inspection visit, not all received personal care.

There were two registered managers at the service. 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 who used the service were complimentary about the staff and the standard of support they provided. People felt staff supported them in the decisions about their care.

The principles and requirements of the Mental Capacity Act (2005) were being met. People were supported by staff who knew them well. Staff helped ensure people's safety and supported them to make day-to-day decisions.

People felt safe and secure using the service. The provider had and followed a recruitment procedure to help ensure the staff recruited were suitable to work with vulnerable people in their own homes. There were systems and procedures in place, which were followed, to ensure appropriate pre-employment checks were made prior to staff working with the people who used the service. Staff understood how to protect people from potential harm and how to report any concerns.

People told us how much they valued the service they received. They said the staff understood and respected their individual needs. People were supported by staff who promoted and respected their dignity and privacy.

The registered managers ensured all staff had a full understanding of people's needs and had the knowledge and skills to meet them. Training records were up to date and the registered managers ensured staff attended training deemed necessary to deliver care to the people. Staff felt the registered managers provided formal and informal support.

There was a well-established management structure in place which ensured the staff had support when

they needed it. Staff were clear about their roles and responsibilities and how to provide people with good support.

The provider had systems and checks in place to ensure the service delivered was safe and of good quality. People were involved in giving their views about the service. There was a positive, open and inclusive culture at 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?

Good ●

The service was safe.

People felt safe with the staff who provided them with care and support. Staff understood local safeguarding procedures and the requirement to report any concerns and keep people safe. The provider's recruitment procedures were followed, to ensure staff were suitable to work with people in their own homes. Medicines were managed in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to effectively assist people. People were happy with the care and support they received and felt staff supported them in the decisions about their care. When necessary, people were supported to make and attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

People told us how much they valued the service they received and said the staff understood and respected their individual needs. People felt their dignity and privacy was respected and maintained by the staff.

Is the service responsive?

Good ●

The service was responsive.

People told us they received personalised care and support to meet their needs and staff were aware of their needs. People knew how to raise a concern about the care and the service they received. Any complaints were responded to and actions recorded. People's needs were assessed before any support was provided, to ensure the service was able to meet their needs.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to provide feedback about the services they received. Monitoring systems were in place to ensure people were happy with the service they received. The service had two registered managers in post and they provided people with continuity and staff with effective leadership.

Southcroft Homecare Team (DCC Homecare Service)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on the 18 and 19 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of 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.

We reviewed information we held about the service, which included a review of the previous report for this service and a review of notifications they had sent us. A notification is information about important events which the provider is required to send us by law. 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 improvements they plan to make. The PIR also provides data about the organisation and service. We reviewed this information as part of our inspection planning.

We spoke with sixteen people who used the service, one relative, four support staff and the two registered managers. We looked at care plans for seven people who used the service and reviewed the provider's recruitment processes. We looked at the training records for all staff employed by the service and information on how the service was managed. We also spoke with a social care professional.

Is the service safe?

Our findings

The service provided personal care as well as rehabilitation and enablement support to people who live in their own homes. People who used the service said they felt safe and supported by staff members. One person told us, "I don't think I would feel safe anymore to have my wash on my own if my carer wasn't here to support me. I know my family worry about me and were relieved when I reluctantly agreed to have a carer coming in the morning to help me." Another person told us, "Before [name] started working with me I could not face going outside on my own or with anybody else. [Staff name] has been so supportive and caring and I have now got to the stage where I am comfortable to go out for short periods of time on my own and still feel safe and not worried. I couldn't have done this without [staff name]." A member of staff told us, "We work together with people to make sure they are safe." They went on to say, "We encourage positive risk taking, but don't compromise on safety." People told us they knew what to do and who to contact, if they did not feel safe.

People told us they had faith in the staff who visited and supported them. One person told us, "If I had any worries, I would pick up the phone and ask to speak to the manager who has been to see me on a number of occasions over the past two years." They went on to tell us, "I have always found I have been able to talk to her quite easily and I am sure she would listen to any concerns that I had." Another person told us, "I know there is a leaflet in my folder that says about how to complain but I think if I had a problem I would probably ring the office and ask to speak to one of the managers to see if we can sort it out first." People said they were sure if they had any concerns regarding personal safety, staff would take their concerns seriously and take action. Staff knew the signs and indicators of abuse. They told us they received training in safeguarding and understood their responsibilities should they suspect a person was at risk of harm. We saw training records supported they had attended training regarding safeguarding people. A member of staff told us, "We have training in safeguarding and recognising signs of abuse; I also carry a prompt card so I know who to contact and what I need to do." This showed staff recognised the importance of safeguarding people and reporting any concerns they may have.

People told us they received the support and assistance of staff at the time when it was needed. One person told us, "When I started with the agency a manager came to visit and asked me what time I would like somebody to call. They were able to sort my care out so my carer comes at the times that suit me." People and staff told us there were enough staff to meet people's individual needs. People told us there was a rare occasion when staff had arrived late at their home, but went on to say there was a reason for the lateness and it was not the norm. One person told us, "My carer can be a little late occasionally because the traffic round here is not very good or they get held up with the previous client, but I am going nowhere so it really doesn't bother me." Another person said, "Usually if they are going to be really late a lady from the office will call me to let me know." A third person told us, "Having the rota coming every week means that I can see who should be coming which at least means I haven't been forgotten about." Staff felt there was sufficient numbers of staff to safely support people. A staff member told us, "Staffing levels are adequate for the numbers of people we support." They went on to tell us, "We don't offer people a service if we don't have the staff." The registered managers both confirmed they will only offer people a service if they (registered

managers) are sure the service can meet the person's needs and there are staff available. A social care professional told us, "Southcroft team would not accept a service user, if they could not guarantee the time for the person." This showed the registered managers would not agree to offer people a service, if they were unable to fulfil the request.

There was an effective recruitment process in place to confirm staff who were employed were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff confirmed they did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. A review of records showed the appropriate pre-employment checks had been made.

At the time of our inspection only one person was supported by staff with their medicines. The service kept copies of medicines administration records (MAR) so they could be audited and to ensure they had been completed accurately. We were only able to review one person's MAR chart and saw there were no gaps in recording. The staff and registered managers were familiar with the provider's policy and procedure in relation to medicines management. This meant the person had received their medicines according to the prescriber's instructions.

We saw people's care records contained risk assessments which were used to assist in the reduction of potential risks. For example, we saw risk assessments were in place in relation to environmental issues to staff needed to be aware of. We saw assessments informed staff in how to provide people with care in manner that met their specific needs, along with reducing the potential risk of accident or injury.

Is the service effective?

Our findings

People described staff as professional, well trained and very supportive. People we spoke with felt the staff had the skills and knowledge to meet their needs. One person told us, "I think my carers are well-trained for what I need them to help me with." Another person told us, "My support worker is very good and has a lot more knowledge particularly around the filling out of support applications that I have to do." Staff we spoke with all confirmed the registered managers encouraged and supported them to attend training. One staff member told us, "I don't think we can have too much training." Staff were able to list courses they had attended and were able to tell us about particular training they had found most useful. One staff member told us they had attended a specialist training course in relation to risk assessment and people at high risk of domestic violence. The staff member told us the training was interesting and informative; the staff member was able to identify how the training would be relevant in practice. The registered managers and staff shared their knowledge in participation in team meetings. This gave the team the opportunity to confirm their understanding and learn from team colleagues.

We saw new members of staff completed an induction and a period of shadowing alongside an experienced member of staff. One person told us, "I never mind having somebody new, they will usually come along with one of my regular carers to see what it is I need help with first." A member of staff told us, "I completed an induction and training before working with people. I then shadowed for a period of time and when I felt ready, started to work on my own with people." There was an expectation of the provider that new staff undertook the Care Certificate as part of the development of their caring role. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This showed the provider recognised the need to ensure staff had the necessary training and skills to meet people's needs.

We saw, when required, capacity assessments had been completed; people's views and beliefs had been sought and taken into account in relation to best interest decisions. There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA). The 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 asked staff to tell us what they understood about the MCA. Staff told us they received training about the MCA. One staff member told us, "People are deemed to have capacity, unless it has been proved otherwise." Another staff member told us, "We (staff) are careful not to impose our own standards on the person." The staff member went on to say, "Staff discuss decisions with people and make them aware of any potential risks. We (staff) encourage people to make their own decisions." This showed the service was working within the principles of the MCA.

People who required assistance with meal preparation told us the staff were supportive of their needs and

provided them with the level of support they needed. One person told us, "My carer will organise me some lunch and some dinner. She will usually remind me what I have got and then ask what it is I fancy to eat. I must admit, my appetite goes up and down a bit these days so sometimes I will have something very light but another time I will fancy a meal." Another person told us, "My support worker helps me go and do my shopping. I'm a bit of a junk food addict but she will try and encourage me to buy healthier things and will also help me find easy to cook recipes that I can do for myself." A staff member told us they helped and supported people to have a healthy diet. They told us, "Most people are self-sufficient, but we (staff) will help people if we are required to." They went on to say, "We work with people towards promoting their independence." This showed people were supported with decisions around what they ate and drank; staff supported people to have a balanced diet.

People told us, when required, they were supported by staff to attend health care appointments. One person told us, "My support worker took me to an appointment last week. It wasn't actually on her job description to do this, but [staff name] knew I was running late and didn't want me to panic because I easily get upset." They went on to tell us, "[Staff name] went out of their way to make sure that I arrived on time. I don't know what I would have done without [staff name] on that occasion." Another person told us, "My support worker helped me make appointments to see my doctor and other healthcare professionals. Before [staff name] started work with me I wasn't able to do this on my own. [Staff name] came with me to appointments to start with and is still only a phone call away if I find myself panicking or if I get too nervous about anything." A third person told us, "My support worker will usually phone me up and ask me what it is I need support with that week. So if I've got certain appointments that I need help to get to, she will then arrange to come and be with me at that time." A staff member told us, "We (staff) make referrals to relevant healthcare professionals on people's behalf." The staff gave examples of making referrals to pain clinic, falls teams and GPs. We saw information in people's care plans confirmed people were supported with making and attending healthcare appointments.

Is the service caring?

Our findings

People spoke in a positive manner about the staff who provided them with support. One person told us, "Without my support workers help, I would still be here isolated at home not wanting to go out or even talk to other people." They went on to tell us, "I can't tell you how grateful I have been for [staff name] help over the last few months, I don't know what I would have done without [staff name]." A staff member told us, "We work holistically with people." The staff member went on to explain they worked with and focused on the whole person. The focus of the service was positive and problem solving and not problem focused.

One of the registered managers told us, "Staff have a degree of autonomy to accommodate people's needs, choice and preferences." They went on to tell us, "We (staff) work with people however long they need us; we want the person to achieve their goals and aspirations." This showed there was a focus on providing people with a service to meet their needs.

People told us the staff understood and respected their individual needs. One person told us, "My carer always makes sure that I feel ready to get started in the morning and if I don't then she will go and do some other jobs in the kitchen and will then come back to me to see if I feel ready for my wash." Another person told us, "My carers will always make sure that they have time to make me a cup of tea before they leave in the morning and I have some fresh water ready for later on. They don't have to do this, but they always make sure there is time to do it anyway." A staff member told us, "I treat people how I would want and expect to be treated."

People told us how much they valued the service they received. People felt staff were kind, caring and compassionate. One person told us, "I can't tell you how grateful I have been for her help over the last few months; I don't know what I would have done without her." People told us they had a small number of regular staff who they saw most of the time. People told us they generally had identified staff who worked with them over an agreed period of time and until the person was able to achieve and maintain their independence.

We spoke with staff about how they promoted people's dignity and privacy. One staff member told us, "I respect people's dignity and privacy at all times." The staff member went on to tell us, "We (staff) work with the person and find out what their priority is; we respect and involve the person." Another staff member told us, "We (staff) work with people in a person centred way; we gear people's care and support to their own wishes, wants, needs and aspirations." A third staff member told us, "We are mindful of visiting and being guests in people's homes; we (the team) focus on the person and treat people with respect." We saw the service and staff had previously been awarded the Derbyshire Dignity Award. The registered manager showed us supporting information for the revalidation of the award. This showed us the provider understood the importance of upholding and respecting people's dignity.

Is the service responsive?

Our findings

People told us their needs were met by the staff who visited them and they felt the staff understood their needs. Comments included, "Absolutely wonderful service, it's made such a difference to my life," and, "The staff understand my needs" and "I have achieved my goals, I would not be where I am today without the support of the Southcroft homecare team." People told us their needs were being met by staff who knew them.

People told us they were asked if they had any preference of whether they were supported by male or female staff. One person told us, "I was asked, but I really don't mind whether it's a male or female carer and to be honest I have both in the small team of regular carers that usually come to look after me." Another person told us, "I was certainly asked if I preferred male or female carers and I said that really I would rather have a female carer because they were helping me have my wash every morning." The person told us their request for a female staff member was supported. This showed the service was aware of involving people and supporting their decisions relating to their care and support.

Staff we spoke with confirmed their knowledge of the people they supported; they understood people's likes, dislikes and preferences. Staff demonstrated to us, through examples, how they supported people, by encouraging them to do as much as they were able, for themselves. One person told us, "My carer has been supporting me to make college applications and is also helping me to fill in my personal Independence payment application." They went on to tell us, "I really hope to eventually be able to do these tasks on my own but she has helped me to focus and concentrate on what it is important to put in these applications." A staff member told us they had previously had discussions with one person as to what they were interested in and what they would like to become involved in. The person had expressed an interest in gardening. During our inspection visit, one of the staff supported the person to attend a local allotment group. This showed the staff understood the need to support people to follow their interests.

People received care that was responsive to their individual care needs and requirements. One person told us, "When the manager visits me for a review meeting she always asks me how I think things are going and whether there is anything I am not happy with or need changing." Another person told us, "I have seen a manager a number of times; she usually comes every few months to make sure that I am happy with everything." They went on to tell us, "[Registered manager] comes to see if anything has changed in my circumstances that would need the care I have also changing."

People's needs were assessed prior to the service providing any support, to ensure the service was able to meet people's needs. People told us they were included in the assessment of their individual needs. One person told us, "My care plan is looked at when I have my regular review meetings with one of the managers." They went on to tell us, "We always have a look at it and see if there is anything that is out of date or anything that has changed as a result of my changing circumstances." Another person told us, "My file lives here where the carers complete the records and sign every time they visit." Records we looked at confirmed people had been involved in developing and reviewing their support plans.

People we spoke with confirmed, if they wanted to complain, they would feel confident the provider and the registered managers would deal with the concerns seriously. One person told us, "I've never had to make a formal complaint, but a few months ago I did ask to change a carer because we just weren't getting on together very well. It was nothing against the work [staff] was doing, [staff] just wasn't very chatty and I just felt that I needed a change." The person went on to tell us, "I spoke with one of the managers and she never made any fuss about it but just said that she wouldn't send [staff member] to me again. I was pleased with the way they handled the issue for me." Another person told us, "The manager who I have seen on a number of occasions is very approachable and if I did have any issues I would not hesitate to pick up the phone and ask [registered manager] to see me so that we could have a chat about it. Knowing [registered manager] I'm sure (they) would listen and do something about it." Staff told us, "If I ever had any concern or complaint from anyone, I would alert managers." Staff were confident the registered managers would act on any concerns in a professional manner and follow the providers procedures.

The registered managers told us, when people first used the service, a leaflet was provided about how to complain. People confirmed, they were provided with the complaints form and were made aware of how to make a complaint and were confident any concerns raised would be addressed. We saw there had been one complaint recorded. The registered managers were able to provide us with information about the complaint. We saw the provider's complaints procedure had been followed; an investigation was conducted and the outcome was documented. The registered managers told us they had used the information from the investigation as learning.

We saw the service had received a number of compliments from people who had used the service. On the day of our inspection, the service received a 'Thank you' card and box of chocolates from a person who had been receiving support. We saw the receipt of the gift was recorded in the person's support plan, in accordance with the provider's guidelines.

Is the service well-led?

Our findings

People told us their needs were met by the staff who visited them and they felt the staff understood their needs. Comments included, "Absolutely wonderful service, it's made such a difference to my life," and, "The staff understand my needs" and "I have achieved my goals, I would not be where I am today without the support of the Southcroft homecare team." People told us their needs were being met by staff who knew them.

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