

Derbyshire County Council

# Southcroft Homecare Team (DCC Homecare Service)

## Inspection report

Cemetery Lane  
Amber Valley Social Services  
Ripley  
Derbyshire  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Southcroft Homecare Team also known as, Southcroft Independence Matters 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 provides care and support for up to 12 weeks, to people living in their own homes. The service aims to help people regain confidence and independence with daily living tasks such as, personal care, medication management and meal preparation. Where appropriate the service helps people to gain access to other services to further support their independence. 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 30 people using the service, although not all received personal care. The service was providing personal care to one person at the time of the inspection.

People's experience of using this service:

A key role of the service was to liaise with other services, such as health and social care services, welfare rights and housing organisations to ensure support was provided to people in a holistic way. People's relatives told us the service was very good at this. Staff received training and support they said was effective and equipped them for their roles. People were supported in eating a healthy diet and maintaining good health.

We found the provider ensured care was delivered in a safe way. People were protected against the risk of abuse. Staff underwent pre-employment checks to make sure they were of good character and suitable to work with people in their own homes. Risks were assessed and well managed. Staff had received appropriate training in relation to health and safety and the prevention and control of infection. Staff followed protocols for the safe management of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff told us they received training and support to ensure they had the skills and knowledge to carry out their role effectively. The registered managers fostered a culture of openness and continuous improvement. There was effective communication between staff and managers. Although there was a need to underpin this further, by more regular team meetings and staff supervision.

People received support which was tailored to their needs, delivered by staff who treated them with respect and understood their goals and aspirations. People's relatives told us they felt the staff were caring, and said their family members received care and support in a way which suited them. Staff exhibited a passion for their roles. People's feedback was regularly sought, so that they could contribute to ongoing improvements

within the service.

More information is in the full report

Rating at last inspection:

At the last inspection the service was rated Good (27/09/2016).

Why we inspected:

All services rated as good are re-inspected within two years of our previous inspection.

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

## 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.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings, below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings, below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our Well Led findings, below.

Good ●

# Southcroft Homecare Team (DCC Homecare Service)

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by an adult social care inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

#### Notice of inspection:

We gave the service notice of this inspection visit to be sure that the registered managers would be available.

#### What we did:

On 26 February 2019 we visited the office location to see the registered managers and staff; and to review care records and policies and procedures.

Before the inspection 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.

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.

At the inspection visit we looked at two people's care records

We looked at audits and quality assurance reports

We spoke with two members of staff

We spoke with both registered managers.

As the two people who had recently received personal care or were receiving personal care from the service were unable to communicate their opinion by telephone, after the inspection we spoke with their relatives, to seek their views.

We sought feedback from the service's partner professionals including healthcare, housing and welfare rights staff.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt the service was safe.
- The provider had systems and processes in place that helped reduce the risk of harm to people and followed local safeguarding reporting protocols.
- Staff were aware of their role in safeguarding people.
- The provider had developed and trained their staff to understand and properly apply safeguarding policies and procedures.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and plans were in place to help manage the risks.
- People's care records included risk assessments which were used to assist in the reduction of potential risks.
- People's risk assessments were reviewed and regularly updated, and monitored as part of the service's audit system. Any shortfalls were identified and addressed.
- Staff and managers were aware of how to manage risk within the service.

Staffing and recruitment

- The registered managers confirmed they would only offer a service if they were sure there were staff available to meet the person's needs.
- People's relatives told us their family members consistently received care from the same staff. This helped to build positive relationships and provide consistency of support.
- 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.
- The recruitment process included checks to people's work history, references, Disclosure and Barring Service (DBS) certificate and their identification.

Using medicines safely

- Staff followed protocols for the safe management of medicines.
- Medicines systems were organised and people were receiving their medicines when they should.
- Each person's support plans included information about any medicines they were prescribed and clear guidance about the support people required from staff.

- Managers carried out audits of medication records and observed staff practice, to ensure people were receiving their medicines safely.

#### Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE) such as disposable gloves and aprons to help in the prevention and control of the spread of infection.
- Staff received training in infection prevention and control.

#### Learning lessons when things go wrong

- Systems were in place to support the analysis of any accidents and incidents, to support planning and to reduce the risk of reoccurrences.
- The service had recently started using a new electronic recording system, which was able to produce reports of trends associated with accidents and incidents.
- The registered managers encouraged reflective practice after each accident or incident to support staff and consider any lessons learnt.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff understood people's diverse values, beliefs and preferences and people's care and support was planned in partnership with them.
- People were happy with the way care and support was assessed and delivered. For instance, one person's relative said, "They [staff] have got to know [my family member] very well and are sympathetic to [family member's] needs."
- People's needs and preferences were assessed and staff had time to get to know them before providing their care.
- Support plans were person-centred. This meant care was planned and delivered in line with people's individual needs.

Staff support: induction, training, skills and experience

- People were confident about the staff's training and competence. For instance, one person's relative said, "The staff are highly competent and well trained."
- Staff told us they received a good induction and training programme, which helped equip them to carry out their roles. They also said they were encouraged and supported to undertake additional non-mandatory training to enhance their skills.
- The records we saw showed staff received training in the core subjects, as well as other areas, relevant to the needs of people who used the service.
- Staff praised the standard of support they received from the registered managers and said they were given opportunities to review their individual work and development needs.
- Staff confirmed they spent time in the office daily and usually spoke with the registered managers.
- The registered managers told us, due to pressure of work, the planned one to one staff supervision sessions did not always take place. This was an area they were working on improving.

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

- Where people needed support with nutrition and hydration they were supported to receive a balanced diet, taking into consideration their preferences and dietary requirements.
- People's support plans included their needs and preferences in relation to food and drink.

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

- Helping people to gain access to other relevant support agencies was a key role of the service and people's relatives told us the staff in the service were very good at this.
- The staff liaised with organisations such as welfare rights, healthcare, housing and other support organisations. The records we saw confirmed this was done effectively and helped to make sure support was provided to people in a holistic way.
- Staff had a good knowledge of the healthcare needs of the people they supported.
- Advice provided by healthcare professionals was incorporated into people's support plans, so staff were providing care and support which met people's health needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. The service provides support to people within a community setting therefore, any decision to deprive a person of their liberty within the community must be legally authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found that people's capacity to make decisions was assumed unless there was evidence to suggest otherwise.
- The service obtained and evidenced people's consent to their care.
- Where people did not have capacity to make a particular decision, decisions were made in people's best interests, in line with the MCA. This often involved those who were important to people, such as close relatives, advocates and health and social care professionals.
- Staff we asked were aware of the importance of obtaining consent when providing care and support, and had received appropriate training.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's relatives gave very positive feedback about the staff. One person's relative said, "They [staff] are incredibly caring." Another relative said they were "Fantastic."
- Staff had received training in equality and diversity, and records showed that people's rights were considered when their care and support was being assessed and planned.
- Equality, diversity and human rights were at the forefront of how support was provided. The registered managers and all members of the team were committed to a person-centred culture.
- Staff promoted equality and human rights in how people from different backgrounds were supported. For example, people who identified as lesbian, gay, bisexual or transgender. The inclusive and supportive approach of the service was evident throughout people's support planning.
- All staff members we spoke with exhibited a passion for their roles and spoke about people with warmth and respect.

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

- People were involved in making decisions about their care.
- The records we saw showed that people's views were central to how their care was assessed, planned, and delivered.
- Those who were important to people, such as close relatives were involved, where appropriate. Both relatives confirmed they and their family member had met with the staff to put together their family member's care plan.
- When managers carried out checks during people's care calls, they asked the person for their views about how their care and support was being delivered.

Respecting and promoting people's privacy, dignity and independence

- People's plans placed a strong emphasis on treating people with dignity, respecting their privacy and encouraging people to be as independent as possible.
- Staff we spoke with gave good examples of how they promoted people's privacy, dignity and independence.
- Managers checked whether staff members upheld people's privacy and dignity when they observed staffs' practice during care visits.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

- The support plans we looked at showed each person's needs and preferences had been taken into consideration.
- Staff we spoke with gave good examples of how they promoted choice when caring for people.
- Staff told us they checked with people when providing care, to enable people to have control over the care they received.
- Managers obtained the views of people using the service during their observations of staffs' practice at care visits.
- One person's relative said, "They [staff] do a fantastic job with [my family member], who has got to know them, and welcomes them into the house."

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear.
- The registered managers told us the service had received no complaints in the preceding twelve months.
- Information about how previous complaints had been dealt with showed complaints were taken seriously, thoroughly investigated, analysed for themes and patterns, and used to improve the service.
- The relatives we spoke with said they had no concerns or complaints about the service. One person's relative said, "The staff are great. I have nothing but praise for them." Another relative said, "They have been very good. I have no complaints."
- People's relatives said the staff and managers were very approachable and they would be confident to raise any concerns, should they need to.

End of life care and support

- As the service was a re-ablement support and care service it did not provide end of life care to people.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider, Derbyshire County Council, had a clear set of principles and values. These included listening to people, ensuring services were caring and promoting people's safety and health.
- Staff we spoke with during our inspection answered our queries in an open, helpful and professional way. They demonstrated a good understanding of the Council's values and gave examples in their practice.
- The registered managers made sure care was tailored to people's individual needs.
- The provider had systems in place to monitor the quality and safety of the service.
- Care was audited by means of observations of care visits and audits of documentation.
- Actions were taken to address any shortfalls or areas for improvement identified by these audits.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Everybody we spoke with felt the service was managed well and had a good opinion of the registered managers.
- All staff had clear job descriptions.
- Staff we spoke with had a good understanding of their roles and responsibilities.
- The registered managers were knowledgeable about regulatory requirements and their responsibility in ensuring they were complied with.

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

- People's relatives told us they experienced good levels of involvement and consultation in the service.
- People were asked to complete a survey regarding their satisfaction with the service and the resultant outcomes and their feedback was used to improve the service.
- Staff told us they felt valued and supported by the registered managers, who sought and valued their views.
- The registered managers told us, due to pressure of work, planned staff meetings did not take place as often as they would like. This was an area they were working on improving.

Continuous learning and improving care

- The registered managers were keen to promote a learning culture and committed to continuous improvement.
- There was a culture of learning from incidents, complaints and feedback, which all staff contributed to
- Staff praised the learning opportunities available to them.
- Managers told us they encouraged staff development and training, and minutes of staff supervision evidenced this.

#### Working in partnership with others

- The service worked well in partnership with other organisations to make sure they met people's needs.
- We received very positive feedback about the service from the service's partner professionals including healthcare, housing and welfare rights staff. For instance, one professional said the service was, "Superb."
- We were told of several examples of the service working with others to ensure people's whole care and support package helped them to remain in their own homes.