Dudley Metropolitan Borough Council

# Dudley MBC Home Care Services

## 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 |

# Summary of findings

## Overall summary

The inspection took place on 11 August 2016 and was announced. We gave the service 48 hours' notice of the inspection because the manager is often out of the office supporting staff . We needed to be sure that they would be in. The last inspection of the service took place on 9 December 2013 and the provider was complaint in all areas inspected.

Dudley MBC is a domiciliary care service registered to provide personal care to people living in their own homes. The care provided is urgent, short term care only. The service currently provides care to 68 people.

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 were supported by sufficient numbers of care staff who had undergone recruitment checks to ensure they were safe to work. Care staff understood how to report abuse and manage risks to keep people safe. People were supported with their medications by care staff that had been trained in how to support with this safely.

Care staff had received appropriate training and supervision to ensure they could support people effectively. Care staff ensured people's rights were upheld in line with the Mental Capacity Act 2005 and that people were supported with meals and had access to healthcare services where required.

People spoke positively about the service and felt it was well led. care staff felt supported by the registered manager and were aware of how to whistle blow if needed.

People were supported by care staff who were kind, caring and treated them with dignity. People were supported to maintain their independence where possible.

People were involved in the assessment of their care. Care staff knew people's needs and understood how to deliver care in line with people's preferences.

Where complaints were made, these were investigated fully by the registered manager. People were supported to provide feedback on their experience of the service.

The provider had a complaints process in place to people were able to make a complaint

The provider had a system in place to be able to gather people's views on the quality of the service

There were systems in place to monitor the quality of the service and the registered manager had clear

plans for the future development of 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 were supported by care staff who knew how to report concerns and manage risks.

People had access to regular care staff who had undergone recruitment checks to ensure they were safe to work.

People were supported with their medication as prescribed.

### Is the service effective?

Good

The service was effective.

Care staff received the appropriate training and supervision to ensure they had the skills and knowledge required to support people.

People had their rights upheld in line with the Mental Capacity Act 2005.

People were supported with meals and to access healthcare services where required.

### Is the service caring?

Good

The service was caring.

People were supported by care staff who were kind and caring.

Care staff treated people with dignity and promoted people's independence.

People would be supported to access advocacy services if required.

### Is the service responsive?

Good

The service was responsive.

People were supported in the assessment of their care. Care staff

knew people's care needs well.

The provider had a complaints process so people were able to raise a concern.

## Is the service well-led?

Good

The service was well led.

People spoke positively about the service and felt it was well-led.

Care staff felt supported by the registered manager and were comfortable in raising concerns when needed.

There were systems in place to monitor the quality of the service and people were supported to provide feedback on their experience of the service.

# Dudley MBC Home Care Services

**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 inspection took place on 11 August 2016 and was announced. We gave the service 48 hours' notice of the inspection because the manager is often out of the office supporting staff. We needed to be sure that they would be in. The inspection was carried out by 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

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 reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority for this service to obtain their views.

We spoke with eight people who receive support from the service, two relatives, three members of care staff and the registered manager. We looked at five people's care records, staff recruitment and training records, records held on complaints and accidents and incidents. We also looked at quality assurance audits completed.

Good

# Is the service safe?

## Our findings

People told us that they felt staff when staff visited them in their home. One person told us, "They [care staff] make sure that my door is locked and secure so that I am safe". Another person said, "I am so pleased, I would welcome them [care staff] into my home any time [as I feel safe]". A relative told us, "I have no worries or concerns about the care they provide for my relative".

Care staff we spoke with understood how to recognise abuse and knew what action they should take if they suspected someone was at risk of harm. One member of the care staff told us, "If there is a safeguarding concern, we would contact whoever was on duty and report it straightaway. We would come into the office and fill in the paper work and then the duty officer will take the appropriate measures". Care staff told us and records confirmed that training had been provided to care staff on how to safeguard people from abuse. We saw that where concerns were identified, the registered manager had taken the appropriate action to report this and keep people safe.

People told us that care staff helped them to manage risks and keep them safe. One person told us, "The carers [care staff] keep me safe by walking alongside me as I have a walking frame and I am not always steady on my feet". Care staff displayed a good understanding of the risks posed to people and how to manage these to keep people safe. Care staff gave examples of how they supported people to manage risk that included; assessing the environment and moving any hazards; requesting further equipment if needed and ensuring people have access to their 'telecare' call alarm in case of emergency. Risk assessments were in place for people. We saw that these were individual to the person and that information was provided as to how the person should be supported. The risk assessments looked at areas such as personal care, medication and food preparation. Where accidents and incidents occurred, a record was kept of the actions taken to reduce the risk of reoccurrence. Actions taken following incidents included; seeking healthcare support, involving the health and safety office and updating risk assessments.

Recruitment systems were in place to ensure that unsuitable care staff were not employed by the service. Care staff told us that prior to commencing work, they were required to provide references and complete a check with the Disclosure and Barring Service (DBS). The DBS check would identify if a prospective employee had a criminal record or had been barred from working with adults. Records we looked at confirmed these checks were completed. We saw that care staff who had been employed by the service for a number of years had updated their DBS check to ensure they remained safe to work.

People told us that they had regular care staff visit their home and that they always arrived at the same time. People told us that due to the service being provided on an urgent basis, they had not agreed set times for care staff to visit but found that they came at the same time each time. One person told us, "They [care staff] do not give a time when they are going to call and see me but it is always at the same time each day". Another person said, "It is the same carer's most days and they never miss coming and are rarely late". Other people we spoke with confirmed that care staff always stay with them for the amount of time they have agreed. One person explained, "They [care staff] stop for the time they are supposed to and if they finished what they need to do, they will fill in paperwork". We looked at rotas held by the service and saw that people

had regular care staff visit their home. The registered manager confirmed that where possible, people had the same care staff visit their home to ensure continuity.

Some people we spoke with were supported by care staff with their medication. The people we spoke with were satisfied with this support. One person said, "They [care staff] prompt me to take my medication and stay with me until I have taken it". Care staff confirmed they had received training in how to give medication safely and were able to explain how they do this. We saw that each person was assessed to see if they could be supported to take their medication independently and if they could, care staff encouraged them to do this. We looked at four people's medication records and saw that these had all been completed accurately to evidence that people had been provided with the right support. Records we looked at confirmed that care staff were observed giving medication by a manager to ensure that they remained competent in providing this support safely.

Good

# Is the service effective?

## Our findings

People and their relatives told us they felt care staff were well trained and had the skills and knowledge required to support them effectively. One person told us, "I feel they [care staff] are good at doing their job". Another person said, "I think what the staff do for me is very good and I think they are well trained as they know what to do for me".

Care staff we spoke with told us that prior to starting work, they were required to complete an induction to introduce them to the role. As all of the care staff we spoke with had worked for the service over a number of years, they explained that the induction process now is different to the one they had received but felt that the induction given was enough to equip care staff for the role.

Staff we spoke with also spoke positively about the training they were provided with. One care staff member told us, "We get loads of training". Another care staff member said, "The training definitely equips you for the role. As soon as there are any changes in legislation, we get put on updates to the training, even if we only did the training the week before". Care staff told us that in addition to their training, they received training that was specific to the needs of the people they supported. For example, care staff had received training in tissue viability, completing health observations and stoma care. Care staff told us that they work closely with health professionals to ensure they can support people effectively. Care staff explained that they had worked alongside community nurses to learn about skin bundles and that they had also visited a local hospital to receive training from hospital staff in completing observations. Records we looked at confirmed that training was provided to care staff.

The provider had told us in their provider information return (PIR) that they were developing a training action plan to further develop care staff skills and we saw that this had since been implemented. The registered manager told us, "We have a training action plan. Due to the changing needs of the people we have, we are planning future training based on what people need". This training plan included training in drugs and alcohol misuse, as well as training in equipment such as emergency call systems.

Care staff told us they received regular supervision with their manager to discuss their training needs. One member of care staff told us, "We have supervisions and get asked if there is anything else we would like to learn and they [the provider] do their best to get that training for you". Supervision is a formal meeting where staff and their manager are able to discuss work concerns. Records we looked at confirmed that these discussions with staff took place.

There were effective communication systems in place to ensure that staff had the information they needed to support people. One member of the care staff told us, "For new care packages, the seniors will give us the referral information if we are in the office but if not, we get a phone call with the details of who the person is, what support they need and why". Another care staff member said, "If there are any changes to people's care needs, the risk assessments will be updated and it will be documented on the person's diary sheet. We will also send a message to the next care staff member to visit to make them aware". The staff member explained that this ensured they were informed of any changes to people's needs. All the care staff we spoke

with felt the communication methods were effective and ensured they had the information required to support people.

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. People told us that care staff sought their consent before providing their support. One person told us, "They [care staff] tell me what they would like to do and ask if that is ok". Another person said, "When they [care staff] are completing tasks with me they say what they intend on doing and ask if that's alright with me". Care staff we spoke with told us they had received training in MCA and displayed a good understanding of the MCA and the different ways they can support people to make their own decisions. One member of care staff explained, "We gain consent through talking, telling people what we are going to do and asking if they are happy for us to do it. If they don't want us to do it, that's their choice". Another care staff member told us they support some people who cannot verbally give consent and so gave examples of how they support the person to make decisions. This included; writing things down, using flash cards and encouraging gestures such as nodding. No one who received support had a DoLS in place but staff had received training in this and understood how they should support people with these authorisations in place.

One person told us, "If I ask them, [care staff] they will leave me with something handy like a drink or a snack". Some people we spoke with received support with their meals and were happy with how this support was provided. People who did not receive support with meals told us that staff would always leave them with access to food and drinks if required. One person said, "When the carer [care staff] goes, she makes sure I have drinks and snacks until they come back later". Care staff we spoke with understood the dietary requirements of the people they supported. One member of care staff said, "We have a front sheet that tells us any dietary requirements and then we just ensure that we give people choices [of meals] from what they have available". Records we looked at held information about people's specific dietary needs and how staff should support them.

People and their relatives told us that care staff would support them to access healthcare services if needed. One person told us, "I am sure if I wasn't feeling well they [care staff] would call the doctor for me". A relative we spoke with said, "If they [care staff] have any concerns about my relatives health or wellbeing then they talk to me so I can do something about it". Care staff we spoke with understood the actions they would need to take if they had concerns about people's health and records we looked at showed that they took appropriate action when needed. For example, we saw that care staff had called an ambulance for one person on their arrival to their home due to concerns they had about their well-being. We saw that staff then followed this up after leaving the person to ensure that they had received the required medical attention.

Good

# Is the service caring?

## Our findings

People told us that care staff were kind and caring to them. One person told us, "They [care staff] are patient, kind, caring, loving and compassionate; something you can't learn". Another person said, "They are caring, loving and a great bunch of girls that look after me, second to none". Relatives also spoke positively about care staff and one relative told us, "They [care staff] are polite, caring and compassionate, I can't fault them". Care staff we spoke with displayed warmth when discussing the people they support and spoke about people in a caring way. One member of care staff told us, "It is a good feeling when a care package ends and you know that you have left people in a better position than when they started and they are now stable".

People told us that they were involved in their care and gave examples of how care staff ensured they are given choices with regards to their support. One person told us, "They [care staff] help me to choose the clothes that I want to wear each day". Another person said, "[care staff] do my breakfast and I choose [what to eat]". Other people we spoke with told us that care staff always gave them the chance to ask for extra help during their visits. One person said, "They [care staff] make sure everything is alright and ask if I need anything else doing". Care staff we spoke to were able to explain how they ensure people are involved in their care. One member of care staff explained, "Daily, we give people choices on things like what they would like to wear and when they would like to receive their support". We saw that records held about people's care reminded care staff of the importance of involving people in their care and included prompts such as 'Carers should discuss choices' and 'Participation in decisions is important.'

People and their relatives told us that care staff treated people with dignity. One relative told us, "They [care staff] are so respectful that during the shower, they respect my relatives privacy while my relative washes their private bits and they [care staff] just do the parts my relative can't reach". Care staff we spoke with had a good understanding of the importance of treating people with dignity and could explain how they promote this. One member of care staff told us, "We always gain consent for everything, we never assume, show people respect and give privacy". Other care staff explained how they ensure people are covered with a towel during personal care and given privacy to do their own personal care when requested.

Care staff told us that they encouraged people to maintain their independence where possible. One member of care staff told us, "We are not here to take people's independence. What people can do, we encourage them to continue with". Records we looked at had identified what people were able to do for themselves and where they required assistance from care staff and care staff we spoke with confirmed they followed this information to encourage people's independence.

People we spoke with were aware of advocacy services but did not currently require this support. One person told us, "If I needed someone to talk for me like an advocate, my family would do this but I have no worries so it is not needed". The registered manager informed us that they would know how to refer people to advocacy services if required.

Good

# Is the service responsive?

## Our findings

The provider told us in their PIR that people would receive an assessment of support prior to receiving care and people we spoke with confirmed that this was the case. One person told us, "When I first needed help. They came to see me and see what I needed them to do for me". Another person said, "Care staff support me with my needs as we agreed weeks ago [when the care started]". Care staff we spoke with were responsible for completing these initial assessments and told us how they ensured people were involved. One member of care staff told us, "We involve people initially on our first visit by talking to them about what they can and can't do and what they would like help with". Records we looked at confirmed that these assessments took place. As the service only provided short term and urgent care to people, there was no review process in place. However the registered manager told us, "If a person is receiving support from us longer than we expected, then we always go back to the person who referred the person to us and they will review to find the person longer term care".

People and their relatives told us that care staff were responsive to their needs and would make changes to the care provided when needed. One relative told us, "I needed to change the time that the carer called due to a hospital appointment and they did it straight away which was great for us". This was confirmed by care staff who told us, "We have some people who when you go to them, they do not want to get up, so we call the office and make arrangements to go back later. It is all about their choices". Another person told us, "They [care staff] sometimes call in to see me around midday, they don't have too and again, it is to make sure that everything is alright".

People told us that care staff knew their needs well and always provided the care that had been agreed during the initial assessment. One person told us, "I get all of the care that I need and what had been agreed when the service first started". A relative we spoke with said, "The care has been provided as we discussed some weeks ago [when care staff first began visiting]". Care staff we spoke with displayed a good understanding of people's needs and how these should be met in line with people's preferences. Records we looked at held personalised information about how people liked their care to be delivered.

People and relatives we spoke with were aware of how to make a complaint but told us they had never needed to do this. One person told us, "If I had any problems or worries I would talk to the carer who would help me". A relative we spoke with said, "I have no worries or concerns about the care they [care staff] provide for my relative". Care staff we spoke with were aware of the complaints procedure and the action they should take to support people to make a complaint. One member of care staff told us, "There is a complaints form in people's folders that they can complete or we offer to help them to contact the office and then give them privacy to make the call". We looked at the records kept on complaints and saw that complaints made had been investigated fully by the registered manager and that an outcome was given to the person making the complaint. We saw that the registered manager also kept a log of issues raised by people that they had not wanted to make a formal complaint about, so that the registered manager could ensure any complaints, whether formal or not, were looked into.

Good

# Is the service well-led?

## Our findings

People and their relatives spoke positively about the service and felt that it was well led. One person told us, "How can I best say what I feel about my care? I think I've died and gone to heaven". Another person told us, "It is a great care service that they provide".

Care staff we spoke with understood their role and responsibilities and felt supported in their role. One member of care staff told us, "They are all approachable [the management team] and I have never felt that I couldn't approach them". Care staff confirmed that they met with management often to discuss their work and that a manager was always available outside of office hours if they needed support. One member of care staff told us, "We have quite a few team meetings and a handover everyday with seniors where we can come and speak to someone". Another member of care staff said, "There is always a manager available out of hours if we need anything".

We saw that there was an open culture at the service. Care staff told us they would be confident in raising concerns with the registered manager and that they had been informed of how to whistle-blow. The registered manager told us they encouraged care staff to raise concerns. The registered manager told us, "I encourage staff to raise concerns through staff surgeries. There are days where all of the managers are free so staff can come and see us. Staff are also free to come in at any time and see me". Care staff we spoke with confirmed this. One member of care staff told us, "I do feel confident in raising concerns". Another member of care staff said, "We have all had copies of the whistleblowing policy and what we should do if we need to whistle blow". The registered manager was aware of her legal responsibility to notify us of incidents that occur at the service and we saw that she had done this where required.

We asked the provider to complete 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 provider had completed and returned their PIR to us within the timescale we gave and our findings reflected the information given to us.

We saw that there were systems in place to monitor the quality of the service. We saw that medication logs and daily records completed by care staff were checked to ensure that records were completed correctly and any issues identified had been acted upon. The registered manager analysed records kept on accidents, incidents and complaints to identify any patterns and ensure that appropriate action had been taken. The registered manager also completed observations on staff delivering care to ensure that they remained competent in their role. Records we looked at confirmed that these checks took place.

We saw that people had been provided with questionnaires to gather feedback on their experience of the service. The responses given had been analysed and an action plan was being completed to ensure that any areas for improvement could be acted upon. We saw that action plans from previous questionnaires had been completed and that the registered manager had acted on people's feedback\z.

The provider told us in their PIR that they had implemented a 'peer challenge' and we saw that this had

been completed. The peer challenge involved inviting professionals from other local authorities to visit the service and make suggestions about what they think could be improved upon based on their experiences of delivering care. We saw that this visit had recently taken place and that the provider was awaiting the suggestions but had plans to use the feedback given to make further improvements to the service.

The registered manager had clear plans for the future development of the service. A team plan had been developed that set out the service objectives for the year and we saw that the registered manager was working towards meeting these objectives. This included working with other professionals to prevent unnecessary hospital admissions and to increase the number of people who are in control of their own care. The registered manager spoke positively about her plans and told us, "We aim to be valuable; to help people remain at home and prevent people from having to go into hospital. We want to involve people in their care and give them choices about whether they want to remain at home".