

Worcestershire County Council

Home Care Service

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

About the service: Home Care Service provides care and support for people living in their own homes or within a supported living setting. Home Care Service provided specialist services for people living with dementia, short term services promoting independence and, supported living for people with mental health conditions, physical disabilities or who had learning disabilities. At the time of the inspection there was 112 people receiving personal care from the service.

People's experience of using this service: People and their relatives told us they were happy with the care and support they received from the Home Care Service. One person said, "They are brilliant and do a remarkable job, I really can't fault them, they are very organised."

People received their care from a consistent staff team who they could build trusting relationships with. Everyone told us staff were caring and patient.

The provider ensured people received a safe service with systems and processes in place which helped to minimise risks. Staff effectively reported any safeguarding matters. The registered managers thoroughly investigated any concerns and resolved these matters. All incidents were critically analysed, lessons were learnt and embedded into practice.

People were supported by staff who had the skills and experience to help them to maintain and develop their independence. Staff treated people as individuals and respected their privacy and lifestyle choices.

Medicines systems were organised and people were receiving their medicines when they should. The provider was following national guidance for the receipt, storage, administration and disposal of medicines.

People were involved in decisions about the care they received and staff knew how to communicate with each person to help them to make choices.

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.

The provider was open and approachable which enabled people to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with a member of staff or the provider.

The management structure in the service ensured people and staff had access to, and support from, a competent management team. The provider monitored quality, sought people's views and planned ongoing improvements.

Rating at last inspection: Good (Last report published 10 August 2016).

Why we inspected: We inspected the service as part of our inspection schedule for 'Good' rated services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Home Care 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 completed by one adult social care inspector and one 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.

Service and service type: Home Care Service provides a domiciliary care service for people living in their own homes and a supported living setting. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support needs.

The service had three registered managers, all 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 48 hours' notice of the inspection to ensure the registered managers and office staff would be available for our visit.

What we did: We asked the provider to complete a Provider Information Return (PIR). This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications received from the service. A notification is a record about important events, which the provider is required to send us by law.

We contacted the local authority safeguarding team and Healthwatch to gain their views. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with 11 people who used the service via telephone, five people's relatives and the three registered managers. We also sought and gained the views from 31 staff members.

We looked at a selection of records which included;

- Six care and support plans.
- Three people's medication administration records.
- A sample of completed satisfaction surveys.
- Staff recruitment, training and supervision records for four staff.
- Records of accidents, incidents, complaints and compliments.
- Audits and quality assurance reports.
- Records of management and provider meetings.

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; Staffing and recruitment.

- People told us they felt safe with the services provided. One person said, "I feel completely safe with the staff. They know what they are doing, their manner and professionalism is very good."
- Staff told us they would not hesitate to report any safeguarding concerns to the management team and were confident action would be taken to keep people safe.
- The provider worked with other relevant authorities to make sure people were protected from abuse and avoidable harm.
- The provider had a robust recruitment process which helped to minimise risks to people. All staff were checked before they began work for the service to ensure they had the appropriate skills and character to work with people.
- There were sufficient staff to meet people's needs. Staff told us they worked flexibly and were supported to respond to changes in people's needs when required. One relative said, "My relative has dementia and the staff understand that you cannot rush [person's name], they always take their time so that [person's name] doesn't become agitated."

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Care plans and risk assessments were up to date and regularly reviewed to ensure they reflected people's current needs. Staff were provided with clear guidance of actions they should take to manage and support people with health conditions such as epilepsy.
- Staff could explain to us how they minimised risks to people's health and well-being.
- Staff received training which ensured the safe use of equipment. This included the use of specialist equipment to support people to live at home safely with complex healthcare needs.
- The provider had contingency plans in place to support people in emergency situations for example, adverse weather conditions or electrical failures in the team office.
- People were protected from the risk of infection because staff had received training about infection control and followed safe practices. Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons.

Using medicines safely.

- People who required help to take medicines received support from staff who had received specific training.
- Staff kept records of when medicines were received, administered, prompted or refused. These were reported to the management team which helped them to monitor the effectiveness of prescribed medicines and take action when needed.
- People were happy with how their medicines were managed. One person said, "I need help with my medicines and the staff do this very well, because of this I get my tablets at the right time."
- A relative said, "Staff give my [relative's name] their tablets three times a day and support with their insulin."

They do it very well and I do not have one concern about the way they manage [relative's name's] medicines."

Learning lessons when things go wrong.

- Effective arrangements were in place to learn when things went wrong.
- Where accidents and incidents occurred, the management and quality monitoring teams would look at these, learn lessons from them and ensure any changes were shared with the whole staff team.

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.

- People's needs were fully assessed before they began to use the service. This helped to make sure the service had the staff available to provide personalised care in accordance with needs and wishes.
- People's care and support plans clearly set out their needs and preferences for how they wished to be supported.
- People received support in accordance with their assessed needs because staff understood the importance of care plans and made sure they were kept up to date.

Staff support: induction, training, skills and experience.

- People were supported by staff who had the skills and knowledge to effectively and safely support them, for example, one person needed the use of a mobile hoist to help them to move and staff had received specific training in how to safely operate this equipment.
- New staff completed an induction programme when they began work and had opportunities to shadow more experienced staff.
- The majority of staff said the management team were approachable and they were always able to contact someone if they required advice or support. One member of said, "Yes I feel fully supported, if a person's needs change I can speak to the management team or call centre who make sure this is acted on and shared with everyone."
- Staff were supported through regular supervision and appraisal.

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. Where a person is living in their own home including supported living, it is still possible to deprive the person of their liberty in their best interests. Application for authorisation must be made to 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.

- The majority of people could make decisions for themselves and staff respected their choices.
- Where people lacked the mental capacity to make specific decisions staff worked with others to make sure decisions made were in the person's best interests. This included healthcare professionals and people's

relatives.

- Staff worked in a way which respected people's wishes. People were supported to take positive risks which enhanced their independence.
- Care plans clearly set out how staff should support people to make choices.

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

- When people required support with their meals, staff provided this safely and considered people's choices with the meals they were given and the level of support required.
- One relative said, "I make sure there is a selection of food available at [person's name] house. The staff always offer them a choice at every mealtime."
- Staff worked with other health professionals to make sure people received food and drinks according to their needs. Care plans were updated following assessments by a speech and language therapist (SALT) to reflect any recommendations needed to minimise risks for people.
- Care plans showed staff monitored people's health and reported any concerns.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.

- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people.
- People had regular access to healthcare services when they needed it.
- The staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence.

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; respecting equality and diversity.

- Staff received training in equality and diversity. People's cultural and spiritual needs were respected.
- The provider had systems to monitor staff practices to ensure they were kind and caring.
- People said staff were respectful and treated them with kindness. One person said, "The staff are very respectful and polite, they don't rush me and I look forward to them coming."
- The service had received many compliments about the support they provided. These included; praising staff for visiting in the snow and for helping people to regain their independence after being in hospital.

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

- Staff used appropriate communication methods to support people to be involved in their care planning and reviews.
- People and their representatives were involved in all decisions about their support. One relative said, "They were always reviewing my care and the help they gave me. They told me what they thought, we discussed things and gradually I got to do more for myself."

Respecting and promoting people's privacy, dignity and independence.

- Staff could clearly explain how they respected people's right to have privacy and dignity promoted. One member of staff said, "I treat everyone with dignity and respect their diversity. I always listen to people's views as everyone has differing values and cultures that I may not be aware of. I always try to build a rapport with people to ensure I am person centred in my approach."
- One person said, "Staff understand I need to be private at times. They make sure the door is shut when I am using the bathroom, leave me to get on with things but keep checking to make sure I'm OK."
- Staff helped people to develop their independence. Care plans reflected the steps staff should take to encourage people to be independent.
- People received care and support from a consistent staff team which helped people to regain their confidence and independence. One person said, "The staff are helping me to get better, in fact to the stage I was before I went into hospital and they are doing it very well."

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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff had an excellent knowledge of people and their personal preferences and needs.
- Care was planned around people's preferred routines and staff were always flexible to accommodate people's wishes. One relative said, "My [relative's name] has lived in the supported living service for six years, in that time staff have supported them around their routines whilst also encouraging them to become independent."
- The provider worked in partnership with a range of other professionals and made sure people were supported to access local services and activities to prevent isolation.
- People living in the supported living service were supported to gain meaningful employment and access a wide range of community services which helped them to be valued members of their community.
- Care plans showed people were fully involved in planning their care and changes were made when needs or wishes changed.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified and recorded in care plans.

Improving care quality in response to complaints or concerns.

- People felt able to share any concerns with staff who supported them. People knew how to make a complaint and felt they would be listened to by the management team.
- The provider encouraged an open culture where people and their relative's felt able to raise issues.
- The service had received one complaint since the last inspection which appropriate action had been taken by the provider.

End of life care and support.

- Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- When required, people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.

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 with openness; and how the provider understands and acts on their duty of candour responsibility.

- People received personalised care. Staff were committed to providing care which was individual to the person and their needs.
- The provider had a good knowledge of the staff team and promoted their values through meetings, supervisions and formal staff appraisals.
- The provider understood their responsibilities under the duty of candour and were open and honest about any lessons that needed to be learnt because of any incident which had placed a person at risk of harm.

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

- The management team carried out observational visits to monitor quality and individual staff performance. This helped to ensure people received a consistent level of support.
- Communication within the service was good. One relative said, "A good care plan has been put together and is in a folder in our home. It contains the details of my [relatives' name] care needs, including medication. The staff regularly write in it."
- People benefited from a management team who were committed to on-going improvements. There were regular management meetings where service improvements were discussed and planned.
- The provider regularly monitored the quality of the services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- The management team spent time with people who used the service and staff. This allowed them to gain people's views and involve people in any changes being made to the service.
- People could share their views through feedback surveys. The results of the surveys showed a high level of satisfaction with the services.

Working in partnership with others.

- The management team had developed and maintained good links with healthcare professionals and the local community which people benefitted from.
- The staff worked in partnership with people and relatives. One relative said, "They always seem to be reviewing how things are going. The whole process was very involving of me."