

Derbyshire County Council

DCC High Peak Home Care

Inspection report

Eccles Fold Resource Centre
Manchester Road
High Peak
SK23 9TJ

Tel: 01629532065

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

DCC High Peak Home Care is a domiciliary care agency. It provides care to people living in their own houses and flats and also at two extra care facilities in the High Peak area of Derbyshire. The service supports younger adults, older people, people living with dementia and people with physical disabilities living in their own homes. Most people received a short-term reablement service following a period of hospitalisation or illness. At the time of the inspection, there were 92 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received safe care and support. Staff had received training on safeguarding adults and were aware of their responsibilities to protect people from avoidable harm. Risks associated with people's individual needs had been assessed and planned for. Up to date guidance was available for staff to follow. Learning from mistakes took place to reduce the risk of recurrence.

People told us they were happy with their care and felt involved in care planning and delivery. People told us they received their calls on time and by staff who they felt were suitably qualified. Care plans were personalised and contained person-centred information. There were sufficient staff to meet people's individual needs. People received support in line with national best practice guidance, in the administration of their medicines. Safe recruitment procedures were used, to support in making recruitment decisions.

People's care and support reflected their individual assessed needs. Where people received support with reablement needs, choice and independence were promoted. The provider understood that staff required mandatory training, and this was made available to staff, by provision of online workbooks and one to one training. Information was shared with external healthcare professionals, to support people with their ongoing healthcare needs.

People consistently gave good reports about the staff providing their care. They described staff as being caring and patient. People told us they were involved in decisions about the care and support they received. People received care and support that respected their individual preferences and lifestyle choices.

Roles, responsibility and accountability arrangements were made clear. Systems for identifying, capturing and managing risk were effective, with regular reviews of care plans, daily logs and medicine records. A complaints procedure enabled people to raise any complaints and any received were fully investigated. Quality assurance systems and processes were used to monitor quality and safety. The registered manager was aware of their registration regulatory responsibilities. Staff were positive about the leadership and support provided by their managers.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they were asked for their consent prior to any services being provided. The provider was working within the Mental Capacity Act (MCA) and we saw where capacity assessments had been completed if there was any doubt that people were unable to make their own choices.

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 September 2021). At the last three inspections, breaches of Regulations were found. The provider had completed an action plan to show what they would do and by when to improve. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since the last inspection. During this inspection the provider demonstrated that significant improvements have been made. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an announced focused inspection of this service on 11 January 2022. We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to confirm they now met legal requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for DCC High Peak Home Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ●

DCC High Peak Home Care

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and two Experts 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and extra care housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager 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. This was because we needed to be sure that the registered manager or senior staff member would be in the office to support the inspection. Inspection activity started on 07 January 2022 and ended on 21 January 2022. We visited the location's office on 11 January 2022.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. This included the action plans they had submitted following their last inspection. We sought feedback from professionals who

worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 19 people using the service and three family members about their experience of using the service. We reviewed four medicine records and six care records. We spoke with eight members of staff including the registered manager, Domiciliary Service Organiser (DSO) and care staff.

We reviewed a range of records. This included 10 people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care and support. Staff had received training on safeguarding adults and were aware of their responsibilities to protect people from avoidable harm. One person told us, "They help me stay safe and go out of their way to help me".
- Safeguarding referrals were made appropriately. When this happened investigations were completed and outcomes to prevent recurrence were recorded and feedback to those involved.

Assessing risk, safety monitoring and management

- Risks associated with people's individual needs had been assessed and planned for. Up to date guidance was available for staff to follow. We saw evidence risk assessments were updated and changes were made to care plans as required.
- Environmental risk assessments were carried out in people's homes, to ensure people and staff were safe. This included any hazards in the home environment which may have posed a risk to staff working there, as well as any issues with access to properties, or poor street lighting.
- Care plans were personalised and contained person-centred information and people told us they felt fully involved. One family member told us, "[Name] has a good care plan as I've looked at it, and they do review it and make any necessary changes."
- A call monitoring and scheduling system was in place to monitor call times and provide an alert to any late/missed calls. This meant that people could be informed if there was a delay with their planned call and could be updated by the office. One person told us, "When they run late, they usually let me know."

Staffing and recruitment

- There were sufficient staff to meet people's individual needs. People told us they received their calls on time and were supported by regular staff who they felt were suitably qualified. One person said, "I do feel very happy with the carers who come and I always know who they are, no strangers".
- Staff told us the scheduling had been challenging, however they now felt supported by their direct managers when concerns were raised around the distance between calls in rural areas.
- Staff told us if they needed support, they knew who to go to. One staff said, "If there are any concern's we send a message to duty and it says who to ring. We can talk to any of the DSO (Domiciliary service organisers) or managers, they're all brilliant."
- Staff were safely recruited. We saw safe recruitment procedures were used, including the use of DBS and references to support in making safe recruitment decisions. (Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.)

- The provider understood that staff required mandatory training, and this was made available to staff, by provision of online workbooks and specific one to one training.

Using medicines safely

- Medicines were safely managed. People received support in line with national best practice guidance, in the administration of their medicines.
- Staff had received medicines training and completed assessments for competency in administration, these were recorded to ensure staff fully understood their responsibilities.
- Medicine administration records were completed by staff for each administration. Processes were in place to monitor and review people's medicine administration record (MAR) these were audited by managers. Appropriate actions were taken in the case of any medicine error.

Preventing and controlling infection

- Staff had access to and followed clear, up to date policies in relation to preventing and controlling infection.
- Staff were up to date with training in this area. People and staff told us there was a regular supply of Personal Protective Equipment (PPE) and staff wore this appropriately when supporting people.

Learning lessons when things go wrong

- Learning from mistakes took place to reduce the risk of recurrence. All accidents and incidents were reviewed and any themes or trends fed back to senior staff, so this could be shared within the team.
- Contingency plans were in place to ensure that the service continued to run in adverse weather conditions, or during any staff shortages. People whose care needs were identified as being time critical had been identified, to ensure calls to them were prioritised.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support reflected their individual assessed needs. Where people received support with reablement, choice and independence was seen to be promoted. People consistently gave good reports about staff providing their care. They described staff as being caring and patient. One person said, "The carers seem to know how to look after me and they know how I like things done."
- People told us they were happy with their care and felt involved and included in care planning and delivery. People told us they received their calls on time and were supported by staff who they felt were suitably qualified.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records demonstrated the provider identified and documented any communication impairment. Steps were implemented to ensure people were able to access relevant information in a way they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- If this was part of the agreed care, the provider had supported and encouraged people to access the local community to follow their interests.

Improving care quality in response to complaints or concerns

- A complaints procedure enabled people to raise any complaints and any received were fully investigated. Most people told us they were aware of the procedure for making complaints and how to make one if required. One person told us, "If there was anything serious, I would ring the office, they always respond and are quick to reply."
- We saw when a complaint had been raised, the registered manager thoroughly investigated the allegations, before detailing any outcome, or improvement they would make. Complaints were monitored as part of the auditing process.

End of life care and support

- At the time of inspection there was no one receiving end of life care. We saw the service supported people, by documenting any expressed wishes. Where people did not want active treatment, or be resuscitated, a copy of this decision was held in their care file and on the electronic system to ensure this was acted on.
- Training for staff for end of life care was completed and support was available for staff if they needed any additional guidance.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last three inspections the provider had failed to embed suitable systems were in place to ensure the service was reviewed, that safety was effectively managed or where improvements could be made. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

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

- Management roles, responsibility and accountability arrangements were now clear. Systems for identifying and managing risk were effective and robust. A quality performance dashboard was supporting senior managers in oversight across all areas.
- There was a system in place to assess the quality of care for all people using the service. Care notes and MAR charts were reviewed on a regular basis. We saw examples of care records being audited weekly and twice monthly auditing of MAR charts.
- There was an analysis of call times and a review of any missed or late calls. People told us staff arrived on time. The registered manager showed us her analysis and audits of accident and incident records to help identify any themes and trends.
- Staff told us there was sufficient information given to them before they went into people's homes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff now told us the service was well-led and they were clear on who to contact and how they could achieve this.
- We reviewed information for the start of a short term package supporting people living with dementia and were told after the initial visit, people were paired with specific carers who shared similar interests and this had been working well.
- The registered manager and her team had a very visible presence and led by example. Staff told us they appreciated this. One staff said, "They know how hard it is in our role, because they have done the job and understand the pressures."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their registration regulatory responsibilities and submitted notifications as required.

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

- The staff felt comfortable raising any issues of concern and were familiar with the service's whistleblowing procedure. Whistle blowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service.
- Staff were positive about the leadership and support provided by their managers. One staff told us they felt their manager was, "Very supportive and really understood how things are." They told us they felt really supported by their close-knit team. Another said, "We really feel appreciated, valued and supported."
- The provider had a system in place to monitor staff performance through supervision, appraisals and spot checks.

Continuous learning and improving care

- Staff had completed their mandatory training, and this was overseen by the provider's governance systems to remind staff when they needed further refresher training. The staff which were approaching their renewal were booked onto the next training available. Staff received competency observations by their managers.
- One of the staff expressed how despite their managers not having the same access to information as the care staff did, when there was a recent change to the system and staff were struggling, everyone at the office was very supportive.

Working in partnership with others

- Information was shared with external healthcare professionals, to support people with their ongoing healthcare needs. One person told us, "I wasn't feeling very well and my carer rang 111 for advice and between the call handler and the carer they sorted out my problem - the call handler was very complimentary about my carer."