Derbyshire County Council

Chesterfield (DCC 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:
Chesterfield (DCC Home Care) is a domiciliary care service which provides personal care to people living in and around the Chesterfield area. This can be either on a long-term basis or as a short term reablement package, which is designed to assist people regaining independence after a hospital stay, injury or illness. There were 303 people receiving personal care at the time of our inspection.

People's experience of using this service:
People told us they felt safe with the staff who supported them. Staff had undertaken safeguarding training which was periodically refreshed. They understood their role and responsibility to keep people safe from harm. Care records contained guidance for staff about how to support people safely and minimise risks to people.

Recruitment processes helped the employer make safer decisions when employing new staff. Staff had completed a structured induction and had access to ongoing training and support, to help develop their knowledge and skills. However, not all staff had completed refresher training in a timely manner. Regular support sessions and staff meetings had also taken place.

Medication was administered or prompted by staff who had been trained to carry out this role and whose competency was periodically checked.

There were enough staff employed to ensure people received consistent and timely care. People told us staff usually arrived within the agreed times and did what was expected of them.

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 understood the importance of gaining people's consent and acting in their best interest.

People were happy with the support they received from staff regarding meal preparation. Staff were aware of people's dietary requirements. Where people were at risk staff monitored their food and fluid intake and shared information with relevant healthcare professionals.

People were very happy with the quality of the care the service provided and how it was run. They told us care workers met their needs and supported them to meet their aims and objectives. People told us their privacy and dignity was always respected and staff were competent in their work, caring, friendly and helpful.

People spoke highly of the staff who provided care and support, as well as the staff based in the office. Staff had built positive relationships with the people they supported. Staff supported people to retain or improve their independence. People were actively involved in planning and reviewing their care. This helped to

ensure care was provided in accordance with their wishes.

People were enabled to raise complaints and concerns. People we spoke with said they would feel comfortable raising concerns, if they had any. When concerns had been raised the correct procedure had been used to record, investigate and resolve issues.

There were systems in place to continuously assess and monitor the quality of the service. This included obtaining people's views and checking staff were following the correct procedures.

Staff provided positive feedback about how the service was run. They told us they enjoyed their jobs and they worked very well together as a team.

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

Rating at last inspection: Good (report published 19 May 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

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

Chesterfield (DCC 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 carried out by an adult social care inspector. Another inspector and an expert by experience made calls to people using the service, relatives and staff. 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:
Chesterfield (DCC Home Care) is a domiciliary care service which provides personal care to people living in their own houses and flats in the community. This includes older people, people living with dementia and people requiring short term support on discharge from hospital.

The service also provides personal care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation 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 service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Notice of inspection:
To make sure key staff were available to assist in the inspection the provider was given short notice of the inspection. The inspection started on 27 February 2019 with a visit to the service's office and to people living in extra care housing. It ended on 14 March 2019, following calls to people using the service, relatives and staff.

What we did:
We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also contacted professionals who worked with the service to support people, as well as Healthwatch (Derbyshire). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On the day of our site visit we spoke with the registered manager and 10 senior staff who were based there. We looked at care records relating to three people who used the service, the medication system, staff training records and information relating to the management of the service. This included, records of accidents, incidents and complaints, audits and quality assurance reports. We also visited three people in their homes to obtain their views about the care they received and to look at their care records.

Over the following two weeks we spoke with seven people who used the service, seven relatives and 12 care workers, to gain their views of the service.

After inspection:
To help us get a clearer picture of the way the service was operating we considered additional information provided by the management team about the quality monitoring system at the service and staff training.

Good

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
• Systems in place to safeguard people from abuse were effective. The registered manager said they monitored safeguarding incidents, but there was no safeguarding log used to allow a quick overview of concerns raised and outcomes. The registered manager said they would introduce a log straightaway.
• Care staff knew who to inform if they witnessed abuse or had an allegation of abuse reported to them. They told us they had received periodic safeguarding training, as well as regular updates about the latest guidance.

Assessing risk, safety monitoring and management
• Risks to people's health, welfare and safety were well managed.
• Everyone we spoke with told us they felt staff supported them safely. Comments included, "I have had them [the service] for eleven years now. I feel very safe with them, they are like family to me now" and "They are extremely good with [family member]. I think he is very safe in their hands, especially when they are using the hoist."
• People's care plans contained risk assessments detailing equipment used and the level of support they required to manage identified risks.
• Staff were aware of risks to people and knew how to support them in a safe way, while maintaining their freedom and promoting independence. Their comments included, "I can inform the supervisors about any issues and they do a re-assessment" and "The team leaders always re-assess when needed, then they normally notify me. I always check the record though as I don't always see the same clients."

Staffing and recruitment
• The provider continued to recruit staff safely. This included obtaining pre-employment checks prior to staff commencinged employment, to make sure they were of good character and suitable for their roles. A care worker told us they had completed a six-week training programme, which included shadowing an experienced member of staff. They added, "My manager made sure I was confident before I went out by myself."
• People told us there were enough staff employed to ensure they received care and support at agreed times. One person said, "They are never very late, just a little if held up elsewhere. They don't dash in and out." A relative commented, "By and large they are on time, they can be a bit off, but it's not a problem. They always stay and do everything needed."

Using medicines safely
• Medication was administered safely.
• People told us they received their medication on time and were happy with how they supported them with it.

• Staff responsible for administering medicines had received appropriate training. Competency checks were also carried out as part of ongoing monitoring of staff's performance.
• Senior staff carried out audits of medication records to ensure people were receiving their medicines safely.

Preventing and controlling infection
• Measures were in place to prevent and control the spread of infection.
• Staff were aware of and followed the infection control policy and procedure.
• People we spoke with confirmed staff wore personal protective equipment (PPE) when providing personal care, such as gloves and aprons. This reduced the risk of cross infection.

Learning lessons when things go wrong
• The service learned from past incidents and accidents to enable them to support people better.
• Staff reported accidents and incidents to their line manager and completed an online form that went to the Health and Safety team. The registered manager said once the team had completed their investigation the outcome was shared with them, so they could take any action required.
• Staff told us, "I report them to my team leader. Sometimes I have to fill in the form then the team leader investigates. I feel action is taken" and "We get told about incidents and accidents in our patch meetings, if they are relevant."

Good

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 had been assessed at the beginning of their care package and had been reviewed periodically to make sure care and support was delivered appropriately.
• Information gathered had been used to develop care plans, which ensured people's preferences and diverse needs were met. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
• People praised the way staff supported them and felt they were treated appropriately.

Staff support: induction, training, skills and experience
• People were supported by staff who had the skills and knowledge to support people effectively. However, training records did not always demonstrate refresher training had been completed in the timescales laid out by the provider. The registered manager said this was due to a lack of training places. We saw further training had been requested, but had not been confirmed at the time of the inspection.
• People spoke positively about the way staff delivered their care. Their comments included, "They are well trained, they do exactly what they are meant to do" and "Very well trained indeed."
• New staff had completed a structured induction programme.
• Patch meetings and one to one supervision sessions provided staff with support and information. Staff said they found these meetings valuable.

Supporting people to eat and drink enough to maintain a balanced diet
• Where appropriate people were supported by staff to maintain a healthy and balanced diet.
• When a nutritional risk had been identified staff recorded the person's food and fluid intake. If people were not consuming enough food and fluid, this was closely monitored, and advice sought from relevant community healthcare professionals.
• People told us they were happy with the way staff supported them. A relative said, "[Family member] needs prompting to eat. They [care staff] are very good at encouraging her, very patient with her."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• Staff worked in partnership with other healthcare professionals.
• People had access to a variety of healthcare professionals, with their involvement clearly recorded in care files. One person said, "They [staff] work with other people, district nurses, occupational therapist and social worker sometimes." Another person commented, "They [staff] have literally saved my life. They recognised I was having a heart attack and called the ambulance. She [care worker] waited with me until it came."
• Staff were clear about their role in involving healthcare professionals such as GP's, occupational therapists

and district nurses, when required.

Ensuring consent to care and treatment in line with law and guidance
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.
• The service was working within the principles of the MCA appropriate to the needs of the people they supported.
• People's consent was obtained as part of planning their care and on a daily basis. A relative told us, "They ask if it is ok [to support person] before they do anything."
• Most staff had completed MCA training and were confident in the topic. Staff confirmed they obtained people`s consent before they offered any support.

Good

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.

Respecting and promoting people's privacy, dignity and independence
• Everyone we spoke with said staff were very respectful of their privacy and dignity and promoted independence where ever possible. One person told us, "Even though they [staff] have known me a long time, they still speak to me with respect and never cross the line." A relative commented, "I think they [staff] are all very respectful [in the way they treat family member], but will have a laugh and a joke too. They also respect her dignity by giving her choices so she feels she has some control over her life."
• It was clear from people's comments staff had formed strong relationships with people and clearly knew them well. They used their knowledge of people's personal preferences to care for them in the way they liked. A care worker told us, "I tend to see the same clients so can build up a relationship. We always shadow [an experienced care worker] to start off with so we get to know things. Also, there is a lot of detail in the care plans."
• People were encouraged to maintain and improve their independence. One person said, "I do as much as possible for myself, just to keep going. It depends what kind of day I am having." A relative told us, "They will let [family member] try to eat a meal herself, but if she starts struggling they will step in and encourage her."
• The service had been awarded the Bronze level dignity award. This is aimed to raise awareness and promote dignity and respect.

Ensuring people are well treated and supported; equality and diversity
• The provider recognised people's diversity and promoted this in their policies.
• Care records showed people's rights were considered when their care was being planned.
• The service had recognised people's diverse needs. For example, the registered manager had arranged for an interpreter to be part of the care planning and review process for someone whose first language was not English.
• Staff were caring and compassionate with the people they supported and their families. One person said, "I don't know what I would do without them, they are very, very caring girls." Relatives were also complimentary about the staff who supported their family members. Comments included, "They are all lovely girls, very kind and caring and they go the extra mile for us" and "Very caring people, both carers and management. The carers bring the outside world into [family member's] world and I am grateful for that."

Supporting people to express their views and be involved in making decisions about their care
• People were involved in making decisions about their care, this was reflected in their care records. One person told us, "Even though everything is run of the mill now, they do listen if I need anything different."
• Staff encouraged people to make choices in the way they received their care and people's choices were respected.
• When people could not speak for themselves relatives had been involved in making sure their care was

planned as they preferred. One relative commented, "I can ring anytime to speak to them [staff] and they keep me informed too. I feel my views are heard."

Good

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
• People received person centred care that was tailored to their individual needs and preferences.
• Following assessment each person had a care plan developed to meet their needs and wishes. Plans sampled contained individualised plans that reflected the care people told us they were receiving.
• People told us they were very happy with the service they received.
• People confirmed they had a copy of their care plan in their home and it was reviewed periodically. Relatives comments included, "Yes, [family member] has a care plan. I am here for the review, it is updated regularly" and "[Family member] has a care plan and it has been updated recently because of her changing needs [needed more help with medication]."
• People said visit times were usually consistent and care was provided by a team of regular staff. One person told us, "Usually I have the same girls, which I like." A relative commented, "[Family member] has the same pool of carers and they seem to be pretty consistent. She has a rota every week to tell her who is going. If anyone new starts, they shadow a regular one [care worker] for a while."
• Staff consistently confirmed care plans reflected people's current needs, gave complete guidance for staff and were reviewed at least annually, or as people's needs changed. One care worker told us, "The support plans are vital if communication is difficult. These are often completed with families."

Improving care quality in response to complaints or concerns
• People were enabled to raised concerns and complaints.
• The provider's complaints procedure was given to each person at the beginning of the care package and their views were sought at review meetings and through surveys.
• One complaint had been recorded over the last 12 months. This had been investigated and addressed, providing the complainant with a response to their concerns.
• Numerous compliments had been received, which the registered manager had shared with staff involved in supporting the person concerned.
• Everyone we spoke with was clear about how to raise a complaint, but told us they had not had to do so. Relative's comments included, "I would have no hesitation in complaining if we had a problem, but have never needed to" and "No, never needed to [complain], but I would ring [manager] and speak to her if I had any concerns at all."

End of life care and support
• At the time of the inspection the service was not supporting anyone with end of life care needs.
• Most staff had completed training in this topic as part of their induction to the service. However, the training record did not evidence all staff had received this training. The registered manager said they would look at this when updating the training matrix.

Good

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The service had a registered manager, who was supported by a team of domiciliary service organisers. The management team and care staff knew their roles and responsibilities.
• The management team attended management meetings and home care workshops to share experiences with other services.
• Most people we spoke with knew who the registered manager was and felt they could approach them, or any of the team. One relative said "Yes, the manager is more than helpful she is amazing. I was having problems arranging some respite and she stepped in and arranged it for me. Wonderful lady" and "[The manager] and her team are outstanding. I have sent an email to her giving my opinion."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• The registered manager promoted the values of the service, which the staff followed in practice.
• Staff demonstrated a good understanding of the provider's values and were open and honest when answering our questions. They said the service was very open and they were encouraged to raise concerns.
• There was a whistleblowing policy and staff felt confident any concerns would be taken seriously.
• All the staff we spoke with told us they thought highly of the management team. Comments included, "My manager is absolutely amazing. I get 100% support" and "They are fantastic. I love working here."
• Policies were in place to support and guide staff in the delivery of care to people and the operation and management of the service.
• The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider engaged with people using the service, and staff to ensure people's voice was taken into consideration.
• Periodic surveys had taken place to gain people's opinion. The outcomes had been analysed and a summary of the findings had been used to look at what people thought the service did well, or what could be improved. The summary for the survey completed in the autumn of 2018 showed positive responses and comments from people.
• Everyone we spoke with said they would recommend the service. When we asked people, what was best about the service their comments included, "It is a good all round reliable service. The carers are excellent",

"It is all excellent, but I do think it stems from the excellent manager in post. They all go above and beyond and the service is timely and transparent" and "I give them 10 out of 10, it is an excellent service."
• Staff had regular meetings and opportunities to share their ideas and discuss how the service could improve.

Continuous learning and improving care
• Checks and audits carried out by the management team helped to make sure areas for improvement were identified and plans put in place to address any shortfalls. However, identified gaps in staff refresher training in some topics was still outstanding due to lack of places.
• In January 2019 the service had improved the way it recorded missed calls. This recorded why each call had been missed and the action taken by staff.
• Audits had also been completed at provider level, such as a health and safety audit in October 2018. The registered manager said areas needing action had been added to the service's overall action plan and described how they had or were addressing them.
• The registered manager told us they used feedback from complaints, reviews and other feedback from people to improve the service provided.
• Staff attended regular meetings to keep them abreast of changes and share information. Minutes from a recent meeting showed topics such as staff training needs had been discussed.
• Compliments and feedback from people was shared with staff to give recognition to their achievements and give positive examples for staff to learn from.

Working in partnership with others
• The service had built up relationships and worked in partnership with health and social care professionals to make sure people received seamless person-centred care.
• The registered manager told us they were working with G.P. surgeries to improve communication. This included having a link person representing the service for each G.P. practice.
• A healthcare professional spoke highly about the team based at the office and the care staff. They said, "I would always highly recommend these teams. The domiciliary service organisers are very committed and dedicated and are a pleasure to work with. They know their service users very well and take time and patience to do the very best with their care team. We have an excellent relationship with the care team, we communicate frequently and update and inform each other. The carers are very dedicated, more experienced, more mature in approach than many other care agencies we work with. They also contact us directly so we have a good understanding of any concerns. It is an excellent service, I wish all our service users could have them as their care team."