Derbyshire County Council

DCC Chesterfield Home Care

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
DCC Chesterfield Home Care is a domiciliary care agency providing personal care to people in their own homes. The service supports younger and older people, including people with dementia. At the time of our inspection there were 92 people using the service. Some people using the service received short-term care packages which provided reablement support following a hospital stay or illness.

People's experience of using this service and what we found
Systems were in place to ensure people were safe from the risk of abuse. Staff had received training in recognising and reporting abuse and the provider's safeguarding policy was followed. Systems were in place to monitor medicines and ensure people received these safely. Staff adhered to safe infection prevention and control (IPC) practice. There were enough staff to meet the needs of the people using the service and people told us they received their care calls on time.

Assessments of people's needs were completed which identified and assessed risks to people. This information was used to create detailed care plans and guidance for staff on supporting people. Staff received appropriate training to carry out their role. The service had established networks with health and social care professionals which gave people accesss to a wide range of support. People were supported to have maximum choice and control of their lives and staff supported them to maintain their independence; the policies and systems in the service supported this practice.

Staff were compassionate and information about people was written respectfully. Staff promoted people's independence wherever possible.

People and their relatives were involved in setting personalised goals and making decisions about their care, which was regularly reviewed. People fed back the service supported them to maintain relationships which were important to them. There was a complaints policy in place which was shared with people. Staff understood what good end of life care looked like.

Quality assurance systems were in place to monitor the quality of the service, this meant risks were identified and prompt action was taken to mitigate them. We saw how the provider and registered manager used technology effectively to ensure effective oversight of key service information. People's feedback was actively sought and used to drive improvement.

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

Rating at last inspection
This service was registered with us on 11 November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

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?

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.

DCC Chesterfield 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 two inspectors.

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 specialist housing.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave a short period notice of the inspection. This was because we needed to make sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we held about the service. We sought feedback from professionals who work with

the service. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with two people and four relatives of people who used the service. We sought feedback from two professionals that work with the service. We spoke with 11 staff members, including the registered manager, domiciliary service organisers (DSO's) and care workers. We reviewed a range of records, including 12 people's care records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service were reviewed including policies and procedures.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives told us they felt safe using the service.
- There was a safeguarding policy in place which was followed. When people were identified as at risk of potential abuse this was reported and investigated promptly. One professional told us, "If any concerns are raised then these are discussed, and the appropriate action and paperwork are completed and then they are continued to be monitored."
- Staff received safeguarding training. Staff we spoke with understood how to identify the signs of abuse and could explain the reporting process. One staff member told us, "If I had any concerns, I would report it straight away."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and enough guidance was in place for staff to follow to support people safely.
- Risk assessments were regularly reviewed and updated when there was a change in people's needs. For example, within 72 hours of starting with the service, a domiciliary service organiser (DSO) completed a review of the person's support to check all risks had been identified and assessed.
- Environmental risk assessments were carried out in people's homes. These reviewed any potential hazards within the environment that may have restricted access or posed a risk. Records showed staff followed these risk assessments to ensure safety.

Staffing and recruitment

- There were sufficient staff to meet people's needs. The service and scheduling teams worked together to consider the geographical area, so people received a consistent and reliable service.
- People and relatives told us care staff were reliable. A live system was in place to monitor care calls, therefore any late or missed calls were picked up and action was taken quickly.
- The provider had safe recruitment processes in place. Records showed pre-employment checks and a Disclosure Barring Service (DBS) were undertaken prior to staff starting employment. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems were in place to oversee the safety of medicines within the service. For example, the registered manager completed regular audits of medicine administration records (MAR's). When concerns were

identified, effective action was taken to improve safety such as increased training for staff.
● The provider's medicine policy clearly outlined the responsibilities of staff members in relation to medicines. This policy was understood and followed by staff, promoting safety. The registered manager told us they were confident staff reported any concerns to them promptly.
● Staff received medicines training and regular competency checks. Staff fed back positively about the training and told us this supported them to feel confident in administering medicines.

Preventing and controlling infection
● People were protected from the risk of infection. Staff had received infection prevention and control (IPC) training and their feedback confirmed they understood what good IPC practice looked like. People told us staff always wore appropriate protective equipment (PPE) when supporting them.
● There was an up to date risk assessment in place which also covered COVID-19. This provided guidance and support for the service to ensure it was protecting people and staff from the risks of infection.
● We were assured that the provider's IPC was up to date and reflected current government IPC guidance.

Learning lessons when things go wrong
● Lessons were learnt when things went wrong. Accidents and incidents were consistently reported by staff and then reviewed by the registered manager. This meant early action could be taken to improve safety. The registered manager told us, "I get all of the incident forms and I'm continually monitoring. For example, we have one person who has had a fall. I will be looking at the risk assessment and seeing what else we can do to support [person]."
● Systems were in place to analyse accidents and incidents. The registered manager showed us how the provider's technology allowed them to effectively review this information and identify themes and trends.
● Learning was shared with staff. For example, we saw how medicines errors which had been reported prompted a refresh of staff knowledge.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; Supporting people to eat and drink enough to maintain a balanced diet

- Full assessments of people's needs were carried out. These were supported by information shared by professionals, assessments completed by DSO's and feedback from people themselves. We found these assessments reflected people's diverse needs and were reviewed regularly.
- People were supported to eat and drink enough. Where required, we found care records to provide guidance for staff on how to support people with this need. This included how and when to raise concerns about malnutrition, such as referring to relevant professionals.

Staff support: induction, training, skills and experience

- Staff were suitably trained to carry out their roles and completed an induction when they started with the service. Where staff training was due to expire, the registered manager assured us training had been sourced.
- People, staff and professionals reflected positively on the training staff received and felt it equipped them for the role. One staff member told us, "training is brilliant", a professional told us, "[Staff] are very experienced and have been trained to carry out their role, if there is something that they need training in, the DSO's will arrange that particular training for the care staff to complete."

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

- The service worked collaboratively with other agencies to meet people's needs. One professional told us, "The DSO's I work with are excellent, they communicate on a daily basis as well as support with referring individuals to other agencies as well as support with the reviewing process."
- Staff also worked collaboratively within the organisation to meet people's needs. We saw examples of people using the short-term service transition to using other services, such as an interim or longer-term service where appropriate. These teams communicated well which then ensured smooth transitions for people.
- Regular multi-disciplinary team (MDT) meetings took place with a range of health and social care professionals. These meetings were used to discuss people's needs and seek advice where needed.
- Records showed that appropriate and timely referrals were made to a range of healthcare services. For example, staff liaised with professionals such as GP's, district nurses, pharmacies, tissue viability nurses, speech and language therapists and mental health professionals. This meant people were supported to achieve good outcomes in relation to their health.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA
- The service worked within the principles of the MCA. People were involved in decisions about their care and consent was sought before care was delivered.
- Where people lacked capacity to make decisions, the service liaised with appropriate people and professionals to ensure a mental capacity assessment was undertaken and best interest decisions were made. We were assured people were supported in the least restrictive way.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The service provided compassionate care. We received consistent feedback that staff were kind and caring. A relative told us "[Staff] are all very nice people." A professional told us "[Staff] are all very kind and caring as well as very empathetic and supportive too each other".
- The provider sought feedback from people regarding how they were treated. We reviewed results from a recent quality survey which found 100% of people said staff treated them with dignity and respect.
- People's care plans were written respectfully and explored people's diverse needs. For example, care plans showed detailed information on peoples emotional needs and relationships important to them.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged to express their views. People and their relatives were involved in making decisions about their care. For example, people were consulted about what support they wanted from their relatives and what support they wanted from the service.
- People's privacy and dignity was respected. Within people's care records there was a prompt for staff to always think about privacy, dignity and independence. People and relatives feedback confirmed staff followed this prompt.
- A strong focus of the service was to promote independence. As some people using the service were in receipt of short term reablement support, regaining their independence was identified as a goal for them. One staff member told us "Our focus is on encouraging people to get back their independence."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 were supported to make person centred goals. These were then monitored by staff and discussed at regular MDT meetings to identify where additional support may be required to help people to achieve their identified goals. A professional told us, "Staff will promote as much independence as possible and help people to reach their goals."

● Regular reviews of people's care were held. This ensured people received the right support in line with their goals. For example, we reviewed the care plan of a person who did not feel safe using a walking aid. We saw their care was reviewed and the person was supported to use a wheelchair. Guidance was updated to reflect this change.

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.

● The service complied with Accessible Information Standard. People's commination needs were identified in care plans. Staff gave us examples of when additional resources were provided to support people's communication needs, such as flash cards and use of an amplifier.

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

● Important relationships were identified, and people were supported to maintain these. One person using the service told us about the positive impact the service had not only on their physical health, but mental health and relationships too.

● The service was able to monitor if a person was at risk of social isolation. We were told if people were identified as requiring further support to avoid social isolation, referrals to relevant organisations would be made.

Improving care quality in response to complaints or concerns

● The service had not received any complaints at the time of the inspection. However, there was a complaints policy in place which was shared with people when they started with the service. People and relatives told us whilst they did not have any reason to complain, they knew how to if necessary and felt confident they would be listened to.

End of life care and support

● At the time of inspection, no one using the service was considered to be reaching the end of their lives. However, the provider had an up to date end of life policy in place which reflected best practice guidance. Staff received end of life care training and were able to explain what good end of life care looked like.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the service. Staff told us they enjoyed their jobs, one staff member told us, "I love my job." Another said, "I absolutely love working there and I am not just saying it."
- Relatives reflected positively on their experience of the service. One told us, "Absolutely excellent, can't fault them at all. Second to none." Another said, "'They've been spot on if they had a fall or were not well, they always contact me. I wish I could keep the service long term."
- Staff and professionals felt the service was well-led. We received positive feedback about the management. A professional told us "I feel that [managers] communicate and lead the team very well." One staff member told us "they [managers] are very supportive to us, can't praise managers enough."
- People were supported to achieve good outcomes. A professional told us, "[Staff] are responsive to people's needs and will often go 'above and beyond' to meet those needs. Staff will promote as much independence as possible and help people to reach their goals."

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 understood their responsibilities to complete statutory notifications.
- We received feedback that the service was open and honest when things went wrong. For example, one relative told us, "When [relative] had a fall last year, they rang me straight away." Another said, "[Service] has been spot on if [relative] has had a fall or not well they always contact me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor the performance and outcomes of the service. For example, the registered manager completed bi-monthly audits which allowed them to assess the quality of the service. This included reviews of people's care plans, recruitment files and medicine audits.
- Technology was used effectively, and we saw how it had been developed to support service oversight. The registered manager showed us how they were able to pull various reports to review key service information, such as falls or training data. They also demonstrated a new feature in the technology that meant any outstanding actions were flagged on the system, this ensured they were followed up.
- Management and DSO's had a clear understanding of their roles and responsibilities and demonstrated a commitment to continuous learning and improving care.
- Action plans were used effectively to drive improvements. The provider completed annual audits to

ensure they maintained oversight. Where shortfalls were identified, a clear action plan was produced. The provider then followed up within the timescales and checked to ensure actions were completed and signed off.

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

● People were engaged in the running of the service. Regular questionnaires were sent out requesting feedback. DSO's said they would make adjustments to support people to feedback where needed, for example having a face to face meeting.

● Feedback was analysed and used to drive improvement. The registered manager explained how this feedback was used to make changes to the service. They told us, "I would bring [feedback] up in a team meeting, for example say 22% are feeling they are not getting their independence and confidence, I would want to explore if carers are not trained enough, do they not have time to do their tasks."

● Staff had regular supervisions and team meetings to allow for discussion and feedback. They had access to resources, for example, a provider bulletin was issued regularly with service updates and an opportunity for staff to share feedback.

Working in partnership with others

●The service worked in partnership with a wide range of professionals. Professionals we spoke with reflected positively on their working relationships with the service.

● The service effectively communicated with other agencies. This meant people had a smooth experience throughout their care journey. For example, DSO's liaised with the hospital discharge team on admission, through to when the person was moving on from the service.