Hampshire County Council

Community Response Team North

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: Community Response Team North (CRT North) is a domiciliary care agency run by Hampshire County Council which specialises in providing a short term reablement service in Alton, Bordon, Aldershot and surrounding areas. The Community Response Team North primarily provides short term personal care and reablement services to people discharged from hospital. At the time of the inspection 57 people were using the service.

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

People's experience of using this service:
Where people required support to manage and administer their prescribed medicines, this was managed safety and in line with best practice guidance.

Oversight of staff training was not always effective to ensure all staff completed their training in line with the providers timescales. However, we received feedback from people that the care provided was of good quality from experienced staff who knew them well. Following feedback we received assurance that immediate action was taken to address this.

People's safety was promoted through personalised risk assessments. This included risks to people and environmental risk. Where risks were identified there was clear guidance for staff to follow to reduce the risks to people.

People's rights and freedoms were protected and there were systems in place to ensure compliance with the principles of The Mental Capacity Act 2005 when people required additional support with their decision making.

People's care records focused on their strengths and independence building and people were supported to regularly review their progress.

There were clear systems and processes in place to protect people from the risk of abuse. Staff had a good understanding of how to keep people safe and how to raise any concerns.

People and relatives consistently told us they were happy with the care and support provided and spoke positively of the relationships they had built with care staff.

Staff ensured people were treated with dignity and respect and people were supported to maintain their privacy when care was provided.

People were actively encouraged to make their own choices and decisions, and care plans were responsive to people's changing needs.

There was a clear management structure in place and staff consistently told us they felt supported and valued in their roles.

Rating at last inspection:
This service was previously rated as Good at the last comprehensive inspection. That report was published on 29 November 2016.

Why we inspected:
This was a planned inspection based on the previous inspection rating of 'Good'.

Follow up:
We will continue to monitor the service and will inspect the service again based on the inspection rating of 'good' and take into account any additional information we receive.

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**

Community Response Team North

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: This inspection was carried out by one inspector and an expert by experience with an area of expertise in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience contacted people and their relatives to seek feedback on people's experience of using the service.

Service and service type: Community Response Team North is a domiciliary care agency. It provides responsive short term reablement and personal care to people in their own homes which included people living with dementia, mental health needs, physical disabilities, sensory impairments, older adults and younger adults.

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: This inspection was announced, and we gave the provider 24 hours' notice of the inspection activity as we needed to be sure staff would be available. Office location visits took place on the 29 May and 03 June 2019 to speak with the registered manager, review care records and policies and procedures. This also included visits to four peoples home. Telephone contact with people and their relatives who use the service was completed on 31 May 2019 to gather feedback of people's experiences of the care and support provided.

What we did: Before the inspection we reviewed the information we had received about the service,

including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered 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.

During the inspection we gathered information from:

Six people using the service, including four home visits
Ten relatives
The registered manager
Five members of staff
Medicine Administration Records (MARS)
Care records for six people
Staff training records
Four staff records including recruitment practices

After the inspection we gathered information from:
Telephone contact with two care staff
Feedback from one local authority social care professional

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.

Assessing risk, safety monitoring and management:
• People had personalised risk assessments which included information of known risks or possible risks to people for each care task they required support with.
• Where risks to people were identified, care plans clearly outlined steps staff should take to prevent or reduce possible risks to people.
• Where people required additional support, for example to manage mobility needs using moving and handling equipment, care plans and risk assessments were robust and detailed. Records included input as appropriate from other professionals such as occupational therapists.
• Environmental risk assessments were carried out to ensure people and staffs safety when in the home.

Using medicines safely:
• Staff received training in safe administration of medicines and underwent annual observed competency reviews to check people's medicines were managed safely.
• People's needs for support around managing their medicines were clearly identified. Where people were independent with this task or had support from family and friends this was clearly recorded.
• Where people had medicines prescribed on an 'as required' basis, for example topical creams, records provided information on where and when these should be applied.
• When staff supported people to receive their medicines, information was consistently and accurately recorded in their medicines record.
• Where people were prescribed paraffin-based creams, risk assessments were in place to identify and reduce the risks around safe storage and application of these creams, as these products are known to be flammable when exposed to a source of ignition.

Systems and processes to safeguard people from the risk of abuse:
• People and relatives we spoke with consistently told us they felt the care provided was safe. A person told us, "Absolutely none [concerns for the care provided], they are kindness itself" and a relative commented, "No concerns about safety, [staff are] nice respectful people."
• There were appropriate systems in place to protect people from abuse. This included good communication with the appropriate professionals within the local authority and health commissioners to ensure people were safeguarded.
• Staff we spoke with knew how to raise concerns with the registered manager and senior care staff. One staff member told us, "I would report anything I wasn't happy with to the team leader, I know they would take any concerns seriously but if they didn't I wouldn't hesitate to take it further."

Staffing and recruitment:
• People's care calls were not time specific unless their needs required this, for example to support time

specific medicines. This enabled care staff to offer flexibility in care times and support given depending on each person need's or preferences where possible. For example, a person told us the service was, "Accommodating, they [staff] came early today as I had to go to [out]."
• There was an electronic roster system in place which linked to secure staff smart phone devices. This informed staff of their planned care calls daily and any information or updates they may need to know to support people.
• Staff signed in and out of care calls using their electronic device. This enabled senior staff to be aware of care staff's whereabouts and safety.
• There was a clear recruitment pathway for new employees. This included disclosure and barring service (DBS) checks for new staff before commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in health and social care.

Preventing and controlling infection:
• Staff had access to personal protective equipment such as disposable gloves and aprons, and we observed staff used these consistently when providing care to people.
• Staff received training in infection control and food hygiene

Learning lessons when things go wrong:
• When accidents, incidents or near misses occurred we saw these were reviewed and responded to individually and formed part of the provider's senior management information sharing to drive improvement and outcomes for people using the service.
• The registered manager told us senior managers within Hampshire County Council received a three-monthly summary of all incidents which enabled them to identify and discuss if there were any trends or themes emerging and take appropriate action.
• Where reviews of accidents or incidents identified areas for improvement we saw actions had been taken. For example, the registered manager showed us where new systems had been put in place for recording people's admittance and discharge from hospital on their electronic care notes as a response to a previous safeguarding concern.

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.

Ensuring consent to care and treatment in line with law and guidance:
• Staff sought verbal consent from people before supporting them. For example, staff asked people if they were happy to receive their care before assisting with tasks.
• Where appropriate, people's care records were signed by the person to demonstrate their consent to the care and treatment proposed in their individual plans.

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.
• The registered manager told us where people were unable to make decisions as a result of their needs for care and support, systems were in place to ensure decision specific assessments of capacity were completed as required by the providers relevant community social care team.
• The registered manager showed us an example where this system had been effective. Records demonstrated where a decision specific assessment of capacity for a person enabled the staff to ensure action was taken in the person's best interest and this was clearly recorded.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People's needs were assessed by the provider before receiving care and treatment and personalised plans were in place to identify areas of support and skill development.
• Senior care staff visited people in their home before care was provided to inform them of the service and ensure care plans were in place to direct staff on tasks that people needed support with.
• The registered manager told us they operated a duty triage system for new referrals for people to use the service. This meant they ensured the relevant health and or social care professionals were available.

Staff support: induction, training, skills and experience:
• People told us they felt supported by trained and experienced staff. One person told us, "They [staff] come in twice, get me up and help me wash. [Staff] seem to have years of experience" and a relative commented, "I would say they [staff] are very experienced."
• Systems were in place to ensure new care staff were supported to gain confidence and knowledge through a planned induction pathway, which included shadowing more experienced staff and a training programme.
• Staff we spoke with told us they had access to appropriate training and could choose to complete additional training in areas of interest. One staff member said, "I never come away from training thinking it was a waste of time, it helps you think of different approaches to work with people."

• Supervision records showed staff received regular, planned supervision from senior staff members. Staff consistently told us they felt supported in their role.

Supporting people to eat and drink enough to maintain a balanced diet:
• People we spoke with who required support to manage their diet and nutrition told us care staff ensured their needs were met. One person said, "I have microwave meals and they [staff] will get them ready for me. They will get me a drink and always ask if there is anything else I need before they leave."
• Where people required support to re-build their skills in food preparation or to manage their diet and nutrition, care records clearly directed staff on the support and approaches people required to achieve this.
• The registered manager told us there was updated training available to staff on nutrition and hydration which was being rolled out to all care staff. A staff member we spoke with told us they had recently attended the new training and spoke positively of the information and learning from the course.

Staff working with other agencies to provide consistent, effective, timely care:
• The registered manager told us they had established positive relationships with a range of health and social care professionals. This included examples such as senior staff working in partnership with the local accident and emergency frailty team, to reduce the need for people to be admitted to hospital if care could be provided in their own home.
• Along with social care professionals and care staff, the Community Response Team North included an occupational therapist and adult health and care sensory services to ensure people using the service had access to appropriate support and resources as part of their reablement care plan where required.
• We saw the provider had effective systems in place to ensure people's longer-term needs were met where appropriate. Where people were identified to require on-going care and support, relevant health and social care referrals were made to support people's transition between services.
• This was confirmed by a person who told us, "[The registered manger] has been particularly helpful about end of [reablement offer], I have to fund my care now and she has said not to worry until I find suitable care. I really couldn't have asked for more."

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

Ensuring people are well treated and supported:
• People and their relatives spoke highly of the care provided and consistently commented on staff's positive attitude.
• We received comments such as, "[Staff are] very nice, [I'm] never rushed. It's an awful job which they do with great kindness and understanding"; "[Staff] are always cheerful, [It's a] pleasure to see them"; and "[Staff are] helpful and kind, [they] got to know how I wanted things done quickly."
• All staff spoke passionately about their role and were motivated to ensure people received good quality person centred care.
• During observed home visits we saw care staff had established positive relationships with people and their loved ones, demonstrated through relaxed and comfortable chatting and interest in people's day to day activities.

Supporting people to express their views and be involved in making decisions about their care:
• People and their relatives were involved in all aspects of their care planning where possible.
• People we spoke with said they hadn't needed to call the office, but knew the number or where they could find it if this was required.
• Senior care staff supported people to share their views and review their individual reablement goals through regular planned reviews as part of the reablement pathway.
• People were kept informed of their care and services available. We saw care plans included a booklet on "Community Response Service User Information" which provided a range of information on what people could expect from the service and how to get in touch with the local authority's contact centre.
• Along with their planned care calls, people could get in touch with senior care staff who operated an on-call system between 06.45 and 22.15 daily.

Respecting and promoting people's privacy, dignity and independence:
• People told us the care provided focused on reablement and achieving independence and care was removed appropriately when people's aims and objectives were safely met. One person told us, "I was very happy with what [staff] did, I don't need help anymore" and another person said "[Staff] came in to oversee me get up and shower, [I have] got it down to 3 days a week, I'm quite determined to do things for myself."
• People and relatives consistently told us staff were respectful and supported people to maintain their privacy and dignity. A relative commented, "[Staff are] very good about our privacy and respect our home."
• We received positive feedback from a local authority social care professional who praised staff for having a "supportive 'can do' approach to empowering service users to be as independent as possible."
• Supporting people to regain independence was at the core of the service's mission statement and service delivery.

• Staff were passionate and committed to providing strengths-based approaches to care. One staff member told us, "It's so rewarding when you see people re-abled, I'm always looking for ways people can do things for themselves. If someone's finding an activity difficult its about looking at what we can put in place or work on and not just doing it for them."
• During a home visit we observed a staff member support a person to maintain their independent skills and prepare breakfast. The staff member offered advice and reassurance which enabled the person to build on their confidence in the kitchen through basic instructions and encouragement.

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's care plans were person centred and included information on their likes, dislikes and preferences to meeting their care needs.
• A relative we spoke with told us that staff were flexible and responsive. They explained that staff had "bent over backwards" to provide an extra care call when they had contacted the office on an occasion for additional personal care support.
• Staff recorded detailed summaries of the care provided on each care call and approaches that had been successful to engage and support people to achieve their reablement aims and objectives.
• Regular reviews of people's care needs were carried out with senior care staff. This supported staff to work with people to increase or decrease the level of care and support they required in line with their individual reablement goals.

Improving care quality in response to complaints or concerns:
• There was a complaints procedure in place which was managed by Hampshire County Council's Adult Services Customer Care and Complaints office.
• Information on how to make a compliment or complaint was included in people's user information guide as part of their care plan.
• People we spoke with told us they knew how to raise a complaint if this was required, but people's feedback was consistently positive about the care they received.
• The registered manager told us they would be kept informed of any complaints or queries and would ensure any concerns were investigated and responded to in line with Hampshire County Councils policy.
• The registered manager promoted an open and transparent culture to service delivery. We reviewed records which demonstrated information on how to make a complaint was shared when appropriate.

End of life care and support:
• Due to the nature of the service there was nobody receiving palliative care at the time of the inspection.
• The registered manager told us people's health and social care needs are established at the point of referral and they would not be an appropriate service to support people back into the community for end of life care.
• However, if people experienced a change in their health needs the registered manager told us they would take appropriate steps to ensure the relevant health and social care professionals were informed and involved to provide people with compassionate care to meet their needs.

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:
• Systems were not always effective in ensuring oversight of staff training was always delivered in line with the providers training programme. However, we found no negative impact on the care and support people received which was confirmed by people and relatives we spoke with. Following feedback, we received assurances from the provider that a robust action plan was in place to address these findings. This included measures put in place to improve the on-going monitoring of staff's training and progress.
• There was a clear management structure in place which included the registered manager, senior staff and care staff. Staff were aware of the different roles, delegation of tasks and who they could seek advice and support from.
• The registered manager completed regular monitoring and oversight of the service delivery to ensure people received high quality care. This included reviewing people's care records, care reviews and decisions made regarding people's longer-term care needs or closure from the service.
• Senior staff with additional responsibilities completed regular spot checks of care provided to people in their own homes. This included observing staff's approaches to delivering people's care and support and reviewing people's care records to ensure people were receiving their care in line with their agreed care plan.
• There was a whole team approach to service delivery and promoting quality care and the registered manager commented on "the importance of the care staff knowing that they are the leaders, they [staff] are the ones dealing with tricky situations."
• Staff communicated effectively and there was an open and transparent culture to service delivery. This was supported by a range of meetings for individual teams and opportunities for wider networking and information sharing across other teams in the county.

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 had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.
• The registered manager spoke passionately about the quality of the staff and outcomes they supported people to achieve. Reablement and independence for people was a clear focus in all aspects of the care and support provided.
• Person centred-care was at the heart of service delivery and systems in place encouraged people to be involved as partners in their care planning and achieving their aims and objectives.

• Care staff consistently told us they felt supported by the registered manager and senior care staff. One staff member commented, "I just love the whole ethos of the job."

Continuous learning and improving care:
• Learning and innovation was encouraged by the registered manager and supported by the provider who had developed a Continuous Improvement Team (CIT). We spoke to a staff member who was a representative for the service at the CIT fortnightly meetings. They spoke positively about their involvement in sharing information and ideas and said, "Every week we have a ten-minute huddle as a team to talk about what could be done better, then its written up on our board to take forward to the next meeting."
• Where improvements were identified as part of operational reviews, we saw action was taken to try new approaches to the delivery of people's care. For example, there had been a change to the daily recordings book kept in people's home which staff completed after each care call. Records included headings such as diet and nutrition, personal care and medicines to ensure staff captured all the relevant information and support given. The registered manager told us the new recording tool enabled staff to quickly keep track of any themes or concerns and care could be monitored and reviewed more easily.

Working in partnership with others:
• The Community Response Team North is part of a large statutory organisation with access to an extensive range of resources and partnership working at its disposal. We saw that these resources and working partnerships with health and other organisations were used effectively to deliver care and positive outcomes for people.
• We received feedback from a local authority social care professional who told us, "The team has responded to crises which have occurred in the community. For example, we have had other care providers hand back packages of care at very short notice. Both the registered manager and The Community Response Team have responded in a professional and robust manner, to ensure that these packages of care are covered, and service users are safeguarded."