Gateshead Council

Domiciliary Care and PRIME Service

Inspection report

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31 January 2019

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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

This inspection took place on 23 and 31 January 2019 and was announced. This was to ensure someone would be available to speak with and show us records.

This service is a domiciliary care agency. The service provides long term domiciliary care, short term reablement services and rapid response to provide assistance to people in crisis.

Not everyone using Domiciliary Care and Prime Service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

On the days of our inspection there were 173 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Accidents and incidents were appropriately recorded and risk assessments were in place. Staff understood their responsibilities with regard to safeguarding and had been trained in adult protection.

Checks were carried out to ensure staff were following the providers policies and procedures when delivering care and support to people.

Appropriate arrangements were in place for the safe administration and storage of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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.

People were protected from the risk of poor nutrition. People had access to health and social care specialists.

People and family members were complimentary about the standard of care provided by Domiciliary and Care PRIME Service.

Staff treated people with dignity and respect. Supporting people to regain their independence was a key

aspect of the provider's reablement service. People's plans and wishes for their end of life care was recorded when necessary.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices were considered.

The provider had an effective complaints procedure in place, and people were aware of how to make a complaint.

The provider had a robust quality assurance process in place. Staff said they felt supported by the registered manager. People, family members and staff were regularly consulted about the quality of the service via meetings, reviews and surveys.

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 remained Good.	**Good**
Is the service effective? The service improved to Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Domiciliary Care and PRIME Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 23 January 2019 and ended on 31 January 2019. It included a visit to the provider's office on both these dates to speak with the registered manager and office staff; and to review care records and policies and procedures. The inspection was announced. One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

During our inspection we spoke with eight people who used the service and fifteen family members. In addition to the registered manager, we also spoke with the service manager, domiciliary care manager, two enablement officers, area supervisor, four care staff and one healthcare professional. We looked at the care records of eight people who used the service and the personnel files for four members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events, which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service and contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

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.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included, "I feel very safe, very comfortable. They are perfect. I couldn't criticise them [staff] for anything" and "Yes, I feel safe."

There were sufficient numbers of staff on duty to meet the needs of the people who used the service. We discussed staffing levels with the registered manager. Staffing levels varied depending on people's individual needs. An electronic monitoring system was in use, which meant call timeliness could be audited and reviewed. People and family members did not raise any concerns about staffing or timeliness. They told us they were visited by regular staff who arrived on time.

The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults.

Risks were well managed. Risk assessments were in place for people that described potential risks and actions to be taken to reduce the risk. Accidents and incidents were recorded electronically and analysed to identify any trends. The provider's health and safety committee had oversight of all accidents and incidents. This meant incidents could be reviewed and lessons learnt disseminated to staff.

We saw an example of how the service had identified an innovative way to keep a person safe. A staff member recommended the use of a 'buddy system' for when a person went out on their own. The buddy system is an electronic device that the person could carry in their coat, which was linked to a telemonitoring service and a family member's mobile phone. This gave the family member peace of mind regarding their relative's safety.

The provider had a safeguarding policy, and procedures were in place to keep people safe from harm. The registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect people from abuse.

Regular checks were carried out to ensure staff were wearing appropriate protective clothing, and following the provider's infection prevention and health and safety policies. People and family members told us staff followed safe hygiene practices and wore appropriate clothing.

The provider had a policy and procedure in place for business continuity. For example, in the event of bad weather. Weather alerts were monitored and people were prioritised based on their individual needs and risk.

Appropriate arrangements continued to be in place for the safe administration of medicines. Competency checks were carried out on staff at least four times per year. People and family members did not raise any

concerns about medicines.

Good

Is the service effective?

Our findings

People and family members were happy with the support provided by the care staff. Comments included, "I haven't had any problems with any of them. The staff are all very nice", "The PRIME team are absolutely brilliant", "I am pleased with the carers" and "As far as I am concerned the carers were absolutely brilliant."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager. It can include a review of performance and supervision in the workplace. New staff completed an induction to the role. Training was monitored and up to date. When training was due, we saw it was planned. People and family members told us the care staff were suitably trained and skilled for the role. Staff told us the training was good and if they wanted additional training, it would be provided.

Referrals came into the service from a variety of sources. People's needs were assessed by an enablement officer before they started using the service and were continually evaluated.

Some people were supported with their dietary needs. Staff prepared meals based on people's choice and preferences. One family member told us how staff had suggested and made different meals for their relative to prevent them from getting bored with eating the same food. Family members told us how staff supported their relatives to regain independence in the kitchen. Comments included, "At the moment the staff are supporting my [relative] to make a meal by watching the timing of things and helping them to choose what to cook" and "The carers help [relative] to prepare the meal and they involve them as well."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Mental capacity assessments were carried out and were decision specific. The registered manager and staff we spoke with demonstrated a good understanding of mental capacity.

People had access to healthcare services and received ongoing healthcare support. People told us they received support with their healthcare needs and provided examples of how staff had contacted healthcare professionals on their behalf.

Care records contained evidence of involvement from health and social care specialists including social workers, occupational therapists, speech and language therapists, and community nursing teams. The service had been involved in multi-disciplinary team meetings, which involved input from professionals from different clinical disciplines to make decisions regarding a person's care and support.

Good

Is the service caring?

Our findings

People and family members told us the service was caring. Comments included, "I am quite happy with the quality of care that I get", "The staff are very friendly and kind", "My [relative] thinks they are all very nice. They have an impact and they make their life better" and "They are absolutely wonderful with [name]. They are all very kind and very caring."

The registered manager had discussions with staff about what the 'mum's test' meant to them. The mum's test asks people working in social care to consider whether the service is good enough for their mum or loved one. Staff were asked to discuss with a family member about what they would expect from a care service and then feed this back as part of their supervision. A discussion then took place to see whether the service was meeting those expectations.

Respecting people's privacy and dignity was reviewed during spot checks carried out on staff. People were asked if they wanted to put together a list of rules they wanted staff to follow whilst providing support. People and family members told us staff respected privacy and dignity. One person told us, "Without a doubt, I get treated with respect." A family member told us, "I would say they gave [relative] dignity, punctuality and reliability."

Staff had taken part in virtual dementia training, where the member of staff was put in the position of someone living with dementia. Staff spoke positively about the experience and told us it had been very informative.

Supporting people to regain their independence was a key aspect of the provider's reablement service. Records described what people could do for themselves and what they required support with. For example, "I will need prompts of what to do when showering" and "I am able to dress myself but need help with small buttons and laces."

People had individual goals that included regaining independence. For example, to be able to complete and maintain personal hygiene needs, take medication with no support and to make their own meals. For one person, we saw these were not very detailed and described the support they required rather than actual goals. For example, "I require support with my meal" and "I require support to take my medication." We discussed these with the registered manager who told us they would review these goals.

People's preferences and choices were clearly documented in their care records. People told us they felt listened to. Comments included, "Very much so. I had a carer when I was feeling very low and she listened and she made me feel a lot better", "They have all been very nice" and "If I asked them to help me, they would do it."

The registered manager described how people were supported with their religious and spiritual needs. People's needs were documented in their care records and a staff member described in detail how one person was supported in accordance with their religious views.

Some of the people using the service at the time of our inspection had independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Good

Is the service responsive?

Our findings

Care records were regularly reviewed and evaluated, and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.

Records included important information about the person, such as their living arrangements, family history, things that were important to them, individual likes and dislikes, religion, and hobbies and interests. We saw these had been written in consultation with the person who used the service and their family members. People and family members confirmed they had been consulted and involved in care planning.

Support plans were comprehensive and detailed. Records were regularly updated with progress made towards individual goals. The service used the 'outcome star'. The outcome star is a recognised tool used for supporting and measuring change when working with people. It is reviewed in consultation with the person to obtain feedback on how they are feeling or how well they think they have progressed in a specific area. We saw how it had been used over time to identify the areas where a person felt more confident and areas where improvements were still required.

The provider had implemented an overnight service to support people to stay at home, rather than being admitted into residential care. This had been successful and additional staff were being recruited to complement the existing staff. We saw how other initiatives had been used to support people, reducing the need for long term services or residential care. For example, one person with poor eyesight regularly dropped their medicines on the floor. Staff discussed the use of a medicines carousel, specifically designed for people with poor eyesight, with their family member. This was put into use and had been a success.

The provider was aware of the accessible information standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. A translation and interpretation service was available for people who required it. Some people used assistive technology to support them with their communication needs, and communication cards were used for people living with dementia.

The service supported people with end of life needs. The choices people had made regarding their end of life care were recorded, including where they would like to be cared for, funeral plans, and who they wanted to be contacted.

People's interests and social activities were recorded. Staff supported some people to access the local community, such as going to the shops or bank.

The provider had an effective complaints procedure in place. Complaints recommendations and improvements documents were used to record recommendations and lessons learnt and to minimise the risk of a recurrence. People and family members told us they were given information on how to make a complaint but didn't have any complaints to make. The registered manager told us, "We embrace

complaints."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since March 2013.

The service was part of the Gateshead Care Partnership and worked closely with locality teams in the area. This included daily phone calls between the service and the locality teams to identify and discuss people at risk or with specific needs. Interventions could then be put in place and support provided to prevent a hospital admission. The registered manager told us this regular communication had prevented 15 hospital admissions.

The service had access to the local NHS equipment service. This meant they could request specific equipment, such as profiling beds, without waiting for a referral from a healthcare professional. The service used the 'Trusted assessor model', which is a national initiative designed to reduce delays when people are ready for discharge from hospital. The registered manager told us they were looking at introducing their own hospital to home transport to prevent unnecessary delays when people were being discharged from hospital.

The service had a positive culture that was person-centred and inclusive. People and family members spoke positively about the service and the management. Comments included, "Yes, I think it is well managed", "They seem to be well managed. Everybody seems to know what they are doing", "I am very happy with the service they provide. I have absolutely no complaints whatsoever" and "I do think the service is well managed. It's a very reliable service."

Staff we spoke with felt supported by the management team. Comments included, "There's always someone there to help [either in the office or on call]" and "The management are very approachable. We can contact them with anything at any time." Staff meetings and development days took place regularly. Staff had access to the provider's occupational health unit and were asked to complete surveys on subjects such as health and wellbeing. Staff were provided with essential reading files that include the provider's statement of purpose, policies and procedures, safeguarding, mental capacity and health and safety information. Staff were also given prompt cards, such as mental capacity and safeguarding, to carry with them.

A robust quality assurance process was in place that included health and safety, people and management, service delivery, care and support, and continuous improvement. The registered manager told us the current system was being reviewed to see how it could be improved.

People were able to feedback on the quality of the service. Feedback was obtained 72 hours after support commenced and questionnaires were sent to those people using the service long term. The results were analysed to identify any issues or trends so actions could be put in place. 'Mystery shopping' was used to check phone calls to the service were dealt with appropriately.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.