

Derbyshire County Council

# Petersham Community Team (DCC Homecare 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

Petersham Community Team (DCC Homecare Service) provides a domiciliary care service for adults with learning disability in two houses in or near to Long Eaton. We call this type of service 'supported living'. At the time of the inspection four people were being supported by the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People continued to receive a good service. People were kept safe from harm by appropriately recruited and trained staff. Risks to people's health and wellbeing were addressed and mitigated. People were supported with their medicines and to maintain cleanliness within their homes.

Staff were well trained and supported by their management team. Staff worked well with other health and social care professionals to enable good outcomes for people. People were supported to maintain a healthy and balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who treated them with kindness, dignity and respect. People were supported to maintain caring relationships with people who knew them well. People's independence was respected and encouraged as far as possible.

People received care which was person-centred and responsive to their needs. People knew how to make a complaint and felt confident they would be listened to.

Regular audits took place to measure the success of the service and to continue to develop it. People, staff and the registered manager described a culture which focussed on people and ensuring they received good care. Staff worked well with other health and social care professionals to support people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 22 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# Petersham Community Team (DCC Homecare 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. 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 Care Act 2014.

### Inspection team

The inspection was completed by one inspector.

### Service and service type

This service provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it was a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also needed to gain consent from people for a home visit from an inspector.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and care workers. We also observed care given to three other people using the service.

We reviewed care records for two people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints files and quality audits.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility around safeguarding and knew how to recognise abuse.
- People told us they felt safe. One person told us, "I like all the staff, they make me feel safe." A relative told us, "We feel [name] is absolutely safe. We are very lucky."
- We saw information about safeguarding in easy-read formats accessible for people around the office and in people's homes.

Assessing risk, safety monitoring and management

- Staff assessed, managed and regularly reviewed risks to people's health and wellbeing.
- We saw care records had up-to-date and appropriate risk assessments that were personalised for each person.
- We saw staff support people in line with the care plans and staff were able to tell us about risks to each person.
- We saw restrictions were minimised to maximise people's freedom. For example, one person liked to have their own space and staff had written a care plan to ensure their safety whilst alone in another room.
- Staff told us they were having positive behaviour support training to help support them with behaviours that may challenge. The registered manager told us how once everyone was trained, the positive behaviour care plans were being reviewed in line with the training given.

Staffing and recruitment

- Staff were sufficient in number and trained to be able to give care that met people's needs.
- A relative told us, "[Name] and I were given the opportunity to meet new staff before they started working with us. It is reassuring to have that as staff know [name's] quirks and ways."
- Staff told us management were responsive in changing staffing levels if needed. For example, when one person's behaviour deteriorated, management were able to move staff across to support this increased need.
- The registered manager told us how the staffing levels were calculated to ensure each person had a day of one to one hours.
- Appropriate pre-employment checks had been carried out on new members of staff to ensure they were suitable to work at the service.

Using medicines safely

- Systems to manage medicines were well organised and ensured safe and timely administration of

medicines to people.

- One person told us, "The staff look after my medicines, but they tell me what they are for."
- Staff were following safe protocols for the receipt, storage and disposal of medicines.
- When people went out for the day, staff followed a system to ensure people still receive their medicine as prescribed.
- When people were prescribed an 'as required' medication, the effectiveness was recorded to ensure appropriate use.

Preventing and controlling infection

- People were protected from the risks of harm by staff operating good infection prevention and control practices and following good food hygiene guidelines.
- In each of the premises we visited, the environment was clean and free from odours.

Learning lessons when things go wrong

- Lessons had been learnt following analysis of incidents.
- The management team kept a record of accidents and incidents. There was a clear description of the incident, actions taken, and lessons learnt.
- The registered manager told us how they review all accidents and incidents every three months to look for any trends and patterns.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People's needs and choices were met in line with national guidance and best practice, including registering the right support. People had care plans in place which promoted their independence and choice.
- People and their relatives were invited to be involved when care plans were reviewed. A relative told us, "The staff keep me involved." One person told us, "The staff help me get involved in my care plans. We plan goals for the future."
- Staff applied learning from training, which was in line with best practice. This led to good outcomes for people and supported them to have a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- Staff felt the training they received had equipped them well for their role. One staff member told us, "The training has really set me up to do my job here." Another staff member told us, "The training has been second to none."
- Training records showed us staff were able to attend specialist face to face training sessions such as autism awareness and dementia awareness. A staff member told us, "I liked the autism training and challenging behaviours training. I learnt a lot from them."
- All staff had a comprehensive induction at the start of their employment and did not work unsupervised until confident to do so.
- Staff had ongoing support through supervision and appraisals. A staff member told us, "I feel supported by the managers and our supervisions are worthwhile."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have balanced diet and could exercise genuine choice with meals.
- One person told us, "I make my own breakfast, but the staff make my dinner and tea. They always ask me what I want."
- A staff member told us how one person had difficulty communicating their meal choices, so staff would show them available meal options before preparing their meals.
- Staff showed understanding of people's dietary needs and these were clearly documented in care records. For example, one person required a beaker for drinks due to their risk of choking. We saw staff offer discreet support with drinking to this person.

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

- Staff worked collaboratively with other health and social care professionals to understand and meet people's needs.
- One person had been in hospital recently and the registered manager told us how the staff had worked with the hospital to support this person to be discharged to their respite service until safe to go home. The staff also accessed an advocate to support the person during their hospital admission. This meant the person was able to recover in familiar surroundings and there had been a positive outcome for their health and wellbeing.
- Care records showed staff made appropriate referrals to external agencies when appropriate and details of any correspondence was kept. For example, when an occupational therapist or physiotherapist visited.
- The registered manager told us how staff would be having training in catheter care to be able to support the district nurses with this.

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 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.

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.

- Staff demonstrated a good understanding of the principles of the MCA and we saw people were supported to make their own decisions. One staff member told us, "You always assume someone has capacity and you have to respect the fact that people can make unwise decisions also."
- A staff member told us, "You have to take your time to help [name] with decisions. I show them pictures and magazines to help with their choice."
- Where people did not have the capacity to consent to some decisions, we saw clear and appropriate assessments had taken place.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were treated with dignity and respect and staff had meaningful relationships with people.
- One person told us, "I really like the staff at home." A relative told us, "It is a great comfort to my family to know [name] is well looked after. We are delighted with the care he receives."
- We saw kind and caring interactions between staff and people throughout the inspection.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making everyday decisions and choices about how they lived their lives.
- One person told us, "I can get up when I want. I can go out with staff if I want to." A relative told us, "The staff don't make [name] do anything he doesn't want to."
- The registered manager told us how one person had been supported by an advocate to get a new pet. The person told us, "I feel lucky to have a new best friend."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and treated as individuals. Staff had clearly recorded people's protected characteristics in care plans and there was information on people's identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc.
- A staff member told us, "Dignity and respect are important. We always discuss enhancing this at team meetings."
- People were supported to be as independent as possible. One person told us, "The staff help me be independent. I like to shower by myself and staff give me privacy."
- The registered manager told us how all staff had achieved the Dignity award and they were working on getting the next level accreditation.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's support plans were person-centred and included preferences, interests and dislikes.
- One person told us, "The staff help me get involved in my care plans." A relative told us, "They keep me involved and have been very supportive."
- Staff appeared to know people well when we spoke with them.
- We read care records were personalised and considered both physical and emotional wellbeing. The registered manager and other staff reviewed care plans regularly.
- Care records included information about wishes and goals. One person told us, "We are planning to go on holiday."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard and could meet identified needs.
- One staff member told us, "[Name] is very visual with their communication so we use a communication book or pictures to help them." The registered manager told us how one person had developed their own Makaton (a form of language using signs) signs which staff knew.
- We saw staff communicate with people in line with their needs.

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

- People were supported to live full and active lives and to maintain relationships with people important to them.
- One person told us, "I like to go to the pub and I like to go on days out with [name]." They also told us, "I go to church because I am Christian." A relative told us, "[Name] has a very active life and gets out. The staff are very open to new activities if we suggest them."
- A staff member told us, "We have time and support to do activities that [name] and [name] want to do."
- The staff told us how people were supported to see their relatives as much as possible.

#### Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and felt confident they would be listened to.
- One person told us, "I would talk to the staff if I was upset." A relative told us, "When I have made complaints in the past, I speak to the staff and the registered manager follows it up. They have always been very helpful."
- We saw an easy-read workbook that people could use when they wanted to make a complaint. We saw these had been used for past complaints.
- Records showed us complaints were addressed, reviewed and followed up appropriately by the registered manager.

#### End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- Care records showed us end of life care planning was starting to be considered and we spoke with the registered manager about continuing this conversation with people and their families.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People, staff and the registered manager described a culture which focussed on people and ensuring they received good care.
- A staff member told us, "We all want what is best for [names]. We are all very caring staff and make sure they have good quality care and are the centre of everything." Another staff member told us, "Each property is very much their home. We are guests in their houses."
- Staff, people and their families spoke highly of the registered manager. One person told us, "The managers are all nice." A relative told us, "The managers and staff do a brilliant job."
- We saw the registered manager had relationships with people and interacted and communicated with people in an informal manner.

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 provider and registered manager were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- People, their relatives and visiting health and social care professionals were invited to give feedback. The provider then used this information to inform changes.
- The registered manager told us how they were planning to use the local day centre as a form of neutral support to help people complete surveys.
- People and their relatives were invited to take part in the interview process for potential new staff. One person told us, "I got involved in the interviews and really enjoyed it."
- The staff felt supported by the management team. One staff member told us, "We are supported by the managers and I am confident in them." Regular staff meetings were held to address concerns and enable staff to give feedback.
- The registered manager did 'safe and well' calls twice a day to check staff were supported and felt safe.
- There were strong links with the community. People attended the local day centre and one person told us how they were part of local club for their preferred hobby.

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

regulatory requirements; Continuous learning and improving care

- Staff were clear what their individual and team responsibilities were.
- The management staff held regular meetings to discuss the day to day events and address any concerns that may have arisen.
- The registered manager understood their responsibilities of registration with us. They ensured we received notifications about important events so that we could check they had taken appropriate action.
- Regular audits took place to measure the success of the service and to continue to develop it. These included medicines audits, care plan reviews and general cleanliness and hygiene of the environment.
- The registered manager did regular walkarounds and observations to help drive quality care.
- Audits were done regularly but on an informal basis due to the small size of the service. We spoke with the registered manager about formalising this process to ensure trends and patterns could be identified and relevant actions followed up.

Working in partnership with others

- The staff worked well with other health and social care professionals to support development and provide joined-up care for people.
- On the day of the inspection, we saw staff work with a group of health and social care workers to enable someone to have a timely and safe return home from respite services.
- The registered manager attended care forum meetings with other managers to share good practice.