

**NORTH LINCOLNSHIRE COUNCIL**

**ADULT SERVICES CABINET MEMBER**

**COMMUNITY SUPPORT TEAM INSPECTION OUTCOME**

**1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 To inform the Cabinet Member of the outcome of the Care Quality Commission (CQC) inspection of the Community Support Team
- 1.2 The inspection took place on 21 January 2016 under the Care Standards Act 2000
- 1.3 The service was given an overall rating of Good and was judged as Good in all five areas inspected.

**2. BACKGROUND INFORMATION**

- 2.1 The service provides short term Domiciliary Care service and is registered to provide personal care services to people who live in their own homes. This was the first inspection since Community Support Team moved into the purpose built centre at Winterton in March 2015, the service was last inspected in September 2013.
- 2.2 The aim of the service is to provide a short period of time limited rehabilitation and reablement support to help people remain living in the community and be as independent as possible. The service contributes to facilitating timely hospital discharge, and preventing unnecessary admission to hospital and to long-term care.
- 2.3 The Care Quality Commission is the national regulator for health and social care services. This is a new inspection regime and the inspection is carried out by looking at the following five key lines of enquiry.
  - Is a service safe?
  - Is it effective?
  - Is it caring?
  - Is it responsive?
  - and is it well led?

2.4 The overall outcome awarded at inspection can be one of four judgements, inadequate, requires improvement, good and outstanding.

2.5

At the time of the inspection the Inspector visited the office base for the service and spoke to the registered manager, a deputy manager, duty workers and support workers and visited the homes of two service users. The inspector also spoke to five other service users by telephone as well as reviewing care files of four service users. Training and recruitment records, policy documents, quality audits and other service information were also reviewed.

### 3. OPTIONS FOR CONSIDERATION

3.1 The CQC inspection took place on 21 January 2016, under the Care Standards Act 2000

### 4. SUMMARY OF THE KEY INSPECTION FINDINGS

4.1 The service was judged as **GOOD** in all five inspected areas.

**Safe:** Support staff had been recruited safely and understood their responsibilities to safeguard people from potential abuse.

**Effective:** People were supported by staff who received a range of training to enable them to help people achieve their personal goals.

**Caring:** People were actively involved in making decisions and choices about their support to enable them to engage and participate in their personal programmes of rehabilitation and re-enablement.

**Responsive:** People's needs were reviewed in partnership with them to enable their personal goals to be achieved and their independence to be maximised.

**Well led:** the registered manager was approachable and listened to ensured the service could continually improve.

### 5. ANALYSIS OF OPTIONS

5.1 This report is for information and there are no options for consideration

### 6. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

6.1 Financial – N/A

6.2 Staffing - N/A

**7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

7.1 N/A

**8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

8.1 The report is publically available and will be published on the council website and made available to relevant stakeholders

8.2 People who used the service told the inspector they trusted the staff and felt safe with them. One person told the inspector, “the service I get is brilliant. I feel very safe and am well looked after. Staff help me with mobilising and using my stick; they go through my exercises with me and give me confidence to have a go. The staff don’t do it for me (support with moving about) but are there when things go wrong.”

8.3 People said they were happy about the care and support they received. One person said “the service is absolutely excellent, staff treat me exceptionally well, they are not pushy and always ask how I want to do things, Staff obtained my consent when I first started using the service.”

8.4 The inspector reported that feedback received from people who used the service was universally positive about the approach delivered by the support staff. One individual said, “Staff are very kind, they helped me to manage and regain my independence.”

8.5 The inspector, checked if people could complain if they needed to and everyone said they knew how to raise a complaint if this was required, “I have never felt better, I know who to contact if I have a problem, it’s all in the book but have no reason to complain, the staff are lovely, they listen and are quick to respond, I have a wonderful team.”

**9. RECOMMENDATIONS**

9.1 That Cabinet receives the Inspection Report for North Lincolnshire Council Community Support Team.

9.2 The Cabinet Member may wish to write to the Registered Manager regarding the outcome of their inspection.

DIRECTOR OF PEOPLE

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Date: 7 March 2016

**Background Papers used in the preparation of this report:**

North Lincolnshire Council Community Support Team Inspection Report, CQC

## North Lincolnshire Council

# Community Support Team

## Inspection report

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Website: [www.northlincs.gov.uk](http://www.northlincs.gov.uk)

Date of inspection visit: 21 January 2016  
Date of publication: 10/03/2016

### 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	

### Overall summary

North Lincolnshire Council Community Support Team is a Domiciliary Care Agency registered to provide personal care to people who live in their own homes. The aim of the service is to provide a short period of time limited rehabilitation and re-ablement support, to help people remain living in the community and be as independent as possible.

This inspection was carried out on 21 January 2016. This is the first time the service was inspected at this location. The last time the service was inspected was September 2013 when it was based at another location and was found to be compliant with the regulations inspected.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Support staff had been recruited safely to ensure they did not pose a risk to people who used the service. A range of assessments were completed to enable support staff to protect people from harm. People were provided with information about how to contact the service out of normal office hours. Support staff had received training about how to recognise potential abuse and policies and procedures were available to guide them when reporting safeguarding concerns.

A range of training was provided for support staff to ensure they could safely carry out their roles. Support staff received regular supervision and appraisal of their skills to enable their performance to be monitored and help them develop their careers. Support staff contacted and involved healthcare professionals in the community when required, to ensure people's medical needs were appropriately promoted. Support staff communicated with people in a courteous and considerate way and obtained their consent when carrying out interventions and when providing care to people

People were involved and participated in making decisions and choices about their support to enable their

wishes and feelings to be promoted. People were supported to be as independent as possible by support staff who maintained their dignity and respected their confidentiality.

People's needs were assessed to ensure the service was able to meet them in a way that they understood and had been agreed. Support staff demonstrated a positive understanding of working with people's individual strengths and preferences to enable them to achieve their personal goals. People who used the service were able to raise concerns when required and were confident the registered provider would investigate and resolve these, when required.

A range of governance systems were in place to enable the quality of the service to be effectively monitored. Regular meetings took place to ensure support staff were aware of their professional roles and responsibilities. Management feedback to staff was delivered in a way that was positive and constructive and enabled the values of the registered provider's organisation to be upheld. People who used the service were consulted and encouraged to share their views about the service to enable it to develop and improve. Comments received from people who used the service were very positive and consistently good.

# Summary of findings

## 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.

Support staff had been recruited safely and understood their responsibilities to safeguard people from potential abuse.

Risks to people who used the service were assessed to enable support staff to manage these safely and protect people from harm.

Accidents and incidents were monitored to enable their potential reoccurrence to be minimised and promote the development of the service.

Good



### Is the service effective?

The service was effective.

People were supported by staff who received a range of training to enable them to help people achieve their personal goals.

Staff received regular supervision of their skills to enable them to reflect on their practice and develop their careers.

People were involved in making their own decisions and choices about their support.

Specialist equipment was provided to help people's dignity and independence to be promoted.

Good



### Is the service caring?

The service was caring.

People were actively involved in making decisions and choices about their support to enable them to engage and participate in their personal programmes of rehabilitation and re-enablement.

People told us their support staff treated them with great kindness and sensitive encouragement to enable them to achieve their goals.

People's individual needs were met in person centred way that focussed on their individual strengths and areas for personal development.

Good



### Is the service responsive?

The service was responsive.

People's needs were reviewed in partnership with them to enable their personal goals to be achieved and their independence to be maximised.

Support staff signposted and encouraged people to participate community health and wellbeing hubs to enable potential risks of social isolation to be reduced.

People were very positive about the service. A complaints policy was in place and people knew how to raise a concern or complaint if required.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The registered manager understood their responsibilities to report notifiable incidents when required.

Staff told us the registered manager was approachable and listened to them and that they were supported well.

A quality assurance system was in place that consisted of audits, checks and feedback from people to enable the service to take action to address shortfalls when required and ensure it could continually improve.

Good



# Community Support Team

## 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 registered 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.

This announced inspection was carried out by one adult social care inspector and took place on 21 January 2016. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to make sure the management team and staff were available for us to speak with.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the

local authority safeguarding and quality performance team as part of our inspection process, in order to obtain their views about the service and whether they had any concerns. They told us they had no on-going issues with the service. We also looked at details we held about the registered provider and looked at notifications submitted by them about significant issues affecting the people who used the service.

During our inspection we made a visit to the registered provider's office and spoke with the registered manager, a deputy manager, a team care coordinator, a duty team support worker and three support workers. We visited the homes of two of the people who used the service and subsequently spoke with five others by telephone.

We looked at the care files belonging to four people who used the service, staffing records and a selection of documentation relating to the management and running of the service, such as quality audits, minutes of team meetings and performance reports.

# Is the service safe?

## Our findings

All of the people who used the service and their relatives we spoke with were very positive about the service and stated they had good relationships with staff. People told us they trusted the staff and they felt safe with them. They told us that support staff were kind. One person told us their support staff were, “Like a family” to them and that office communication with them was good. They went on to say that they were contacted if there was likely to be a potential problem or a possible delay. People told us the service was delivered by regular support staff who were punctual and attended at regular times. They told us support staff did not rush and that they were provided with advance details of who was due to visit, to help them feel reassured.

One person told us, “The service I get is brilliant. I feel very safe and am well looked after. Staff help me with mobilising and using my stick; they go through my exercises with me and give me confidence to have a go. The staff don’t do it for me (support with moving about) but are there when things go wrong.” They went on to say, “Staff are very helpful and show me how to use my aids and equipment, they are good at finding things or making referrals for help.” This person told us they had used a personal alarm they had been issued with to summon assistance after a fall out of bed. They told us their alarm was answered quickly and that help was arranged for a relative to check they were alright.

There was evidence that safe recruitment procedures were followed before new staff were allowed to start work, to ensure they did not pose an identified risk to people who used the service. Staff files contained evidence of pre-employment checks, including clearance from the Disclosure and Barring Service (DBS) to ensure staff were not included on an official list that barred them from working with vulnerable adults. The registered manager told us DBS checks were renewed every three years. We found that references of new staff were appropriately followed up and that checks of their personal identity and past work experience were made, to enable gaps in their history to be explored before offers of employment were made.

A range of safeguarding courses were provided to enable staff to recognise and report potential issues of abuse and ensure people who used the service were protected from

harm. On the day of our inspection a group of staff attended a new course that had been developed by the registered provider to ensure their skills and knowledge on this element of practice was kept up to date. Staff were clear about their roles and responsibilities in this regard and were familiar with different forms of abuse. Staff told us they understood their duty to ‘blow the whistle’ about concerns or incidents of poor practice. They said they would raise potential concerns with the registered manager when required and were confident that appropriate action would be taken to follow issues up. We found a range of policies and protocols were available to help guide staff when reporting potential safeguarding concerns and there was evidence the service worked closely with the local authority safeguarding team to ensure potential issues were investigated and resolved.

We found the service followed a policy of positive risk taking and that assessments about known risks to people were completed to ensure staff knew how to support them safely and keep them free from harm. We saw assessments in people’s care files that centred on their individual needs and enabled staff to be provided with details about how to manage issues that were highlighted. We saw people’s risk assessments included moving and handling, medication, together with assessment of their domestic environment and fire safety, in order that potential hazards could be identified and action taken to minimise risks. The registered manager told us that risk assessments were completed with people before their support started and these were monitored and updated on an ongoing basis.

There was evidence that people who used the service were encouraged to take responsibility for managing their own medicines and that staff assistance was provided to them with this where required. We saw that training in medicines management was provided to staff and that their skills were assessed to ensure they were competent and able to support people safely in this regard. Where people were assisted to take their medicines by staff, we found that daily records and medication administration records were completed to ensure people received their medicines as prescribed.

We found there were enough skilled and competent staff to ensure people who used the service were supported safely. We were told the community support team staff worked in geographical teams and managed by individual senior community care coordinators. We found the service was

## Is the service safe?

delivered on a 24 hours a day basis, with night support met by a team of 'roving' support staff who were managed by a care coordinator based in the accident and emergency department of the local hospital. This helped ensure timely support was provided to enable the prevention of hospital admissions when appropriate. We found care coordinators worked flexibly with a range of medical staff for example; out of hours GP's, physiotherapy and occupational therapy staff, to ensure new referrals were appropriately screened and to enable arrangements to be put in place to support people at home. We were told the roving support staff made emergency visits to people in the community to carry out 'safe and well' assessments and put services in place when required. There was a duty system in place to enable

new referrals to be followed up and allocated to individual care coordinators and their teams. This ensured a programme of care and support could be developed to meet people's needs in a planned and holistic way.

People who used the service told us they had been provided with emergency contact details to enable them to contact the service for support out of normal working office hours. People told us support staff maintained contact with the office using their mobile phones and logged in and out when attending a visit which they signed to confirm they had been seen and were happy with the service delivered. This enabled care coordinators to monitor the length of their calls and ensure staff were safe when out working on their own.

# Is the service effective?

## Our findings

People who used the service told us they were happy with the care and support they received. People and their relatives spoke very highly of their support staff. People's comments included, "Staff are brilliant, I won't have a word said against them." "Staff are well trained and ever so good, they are very helpful and listen and speak to you with courtesy." One person told us, "The service is absolutely excellent, staff treat me exceptionally well, they are not pushy and always ask how I want to do things, Staff obtained my consent when I first started using the service."

People told us they felt support staff had the skills needed to carry out their roles. One person told us, "Without doubt they know what they are doing; they know how to handle things properly."

People who used the service said support staff involved them in making decisions and communicated with them well. People told us staff explained things clearly to enable them to understand and make informed choices about their support. We found support staff demonstrated a good understanding of the need to obtain consent from people who used the service before carrying out interventions. People said that decisions about their support were discussed and agreed at their initial 'meet and greet' assessment meeting, to ensure their wishes and feelings were respected.

Staff confirmed they were aware of the principles of The Mental Capacity Act 2005 and understood the requirements of this to ensure people's legal and human rights were protected and the importance of gaining consent and agreement from people about support that was delivered.

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. We checked whether the

service was working within the principles of the MCA and found that people's liberty was not being restricted and that the registered manager understood their responsibilities in relation to the MCA.

There was a training programme in place to enable support staff to be equipped with the skills needed to perform their roles and be clear about what was expected of them. We found the staff training programme was supported by the training department of the corporate registered provider that a wide range of mandatory and specialist courses were delivered to enable staff to carry out their work.

Staff were keen to show us details about their training and skills. We observed support staff had a good understanding and working knowledge of the issues faced by people who used the service. Support staff were positive about the training they received and demonstrated consideration and empathy for people and were confident and knowledgeable about their skills.

We found an induction programme was in place for new staff to complete that was based around the requirements of the Care Certificate. (The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.) The files of support staff contained evidence of regular supervision meetings with senior staff, to enable their performance to be monitored and their skills to be appraised. We saw elements of staff supervision included topics on health and safety, being in control, promoting people's independence and involvement in decisions and choices, reducing people's dependency and personal respect. We found observational assessments were carried out to ensure support staff skills were effectively maintained.

A duty support worker told us about a two day reflective supervision course they had recently attended to enable them to improve their practice and help them develop their career. We were told the staff induction programme included orientation, essential training, completion of workbooks, shadowing more experienced staff, together with mentoring from senior colleagues. An 'Employee Handbook' was provided for support staff, giving information about key policies and procedures and values and how they were expected to carry out their role.

## Is the service effective?

There was evidence staff uptake of training was monitored by the registered manager to ensure their skills were refreshed when this was required and a programme was in place to encourage staff to undertake additional nationally recognised qualifications that were linked to a nationally recognised scheme. We found all support staff undertook a two year diploma course in rehabilitation and re-ablement that had been developed in partnership with a local university to ensure they were able to effectively meet people's needs.

The care records belonging to people who used the service contained evidence that preventative action was taken by

support staff to ensure people's health needs were appropriately supported. People told us how staff involved community healthcare professionals, such as GP's and district nurses, when this was required.

We saw people's nutritional needs were assessed and kept under review. Members of support staff told us they provided emotional encouragement and practical assistance to ensure people maintained a healthy diet and enable their nutritional needs to be appropriately met. The registered manager told us about a bespoke training course on nutrition that was planned for support staff to enable people's dietary needs to be more effectively supported and improved.

# Is the service caring?

## Our findings

Feedback received from people who used the service was universally positive about the approach delivered by their support staff. People told us their independence was promoted and that they were treated with dignity by staff who maintained their confidentiality. People told us support workers were flexible and familiar with their individual preferences and respected their wishes for privacy.

People told us were provided with aids and adaptations to help them develop their skills. One person said, “Staff were absolutely amazing, I never knew that sort of support was available, it has been a bit of a journey for us, but anything that was needed staff would get. We worked together as a team and staff helped us develop a plan and meet our expectations.” People told us support staff communicated with them well and helped them set rehabilitation targets that enabled them to feel a sense of personal achievement. One person said, “Staff are really brilliant, they got me on my feet and helped me to move on.” Another person commented, “Staff are very kind, they helped me to manage and regain my independence.”

People told us they were provided with a welcome pack that gave information to help them understand the role of service and who to contact or make a complaint if this was required. We saw details included daily programmes or plans of care that focussed on people’s individual

strengths and needs, together with details about how their support was provided. People’s care records contained individual task sheets and assessments about known risks to help staff to protect them from harm. We found people’s support was reviewed at weekly progress meetings to enable their needs to be evaluated and enable alternative sources of support to be identified, such as use of assistive technology or provision of telecare equipment. This helped support staff to maximise people’s independence and enable their abilities for self-control to be developed.

Support staff who we spoke with were very positive about their roles and told us they, “Loved their jobs” in enabling people to reach their personal goals. People told us support staff interacted with them in a friendly and encouraging way whilst ensuring their confidentiality was appropriately upheld. There was evidence the registered provider placed a high importance on the promotion of people’s dignity and that all support staff completed core training that focussed on the provision of person centred support and the organisational values and maintenance of personal respect.

Support staff told us communication in the service was good. They showed us personal smart phones they were issued with to maintain office contact and enable them to receive and pass information on when required. There was evidence information about people was securely maintained and that details about their support was electronically stored on password protected computers.

# Is the service responsive?

## Our findings

People who used the service were very positive about the service they received. Everyone said they knew how to raise a complaint if this was required and were confident these would be appropriately addressed and resolved. One person told us, "I have never felt better, I know who to contact if I have a problem, it's all in the book but have no reason to complain, the staff are lovely, they listen and are quick to respond, I have a wonderful team." Another person told us they felt they were, "Well supported and couldn't fault the service."

There was a complaints policy in place giving people details about how to raise a complaint and ensure their concerns were acted on and listened to. We found this included acknowledgement and response times as well as what action to take if the complainant was not satisfied with the outcome of a complaint. There was evidence information about how to make a complaint was supplied to people at the start of their use of the service. We found the provider took action to follow up concerns and used complaints or feedback as an opportunity for learning and improving the service. Systems were in place to enable people to provide details on their experiences or raise issues about the service. Staff told us that information from this was used as part of their ongoing professional development, to ensure issues were addressed and appropriately acted on when required.

There was evidence people who used the service received personalised care and support that focussed on their individual strengths and areas for development. People told us they were involved in decisions about their support to ensure staff could support their individual wishes for independence and self-control. The care files of people showed that assessments of their needs were completed at

the start of their use of the service to ensure they were in agreement with what was provided and the service was able to meet their needs. We saw people's assessments covered areas of known risks such as skin integrity, mobility and falls in order to help staff promote their personal safety. There was evidence personal programmes were developed from people's assessments which were reviewed weekly, to enable people's progress to be monitored and evaluated.

Support staff demonstrated a good understanding of what mattered and was important to people to ensure they were supported in a way that was relevant to their individual needs. The registered manager told us support staff were autonomous and flexible and that visits to people were adjusted to ensure their differing and individual needs were appropriately met; this helped to enable staff to provide quality time for people and not rush.

People who used the service told us that staff had a good understanding of their individual needs and helped them develop their confidence and self-esteem and maximise their independence.

Staff told us people were encouraged to maintain their personal interests and hobbies and participate in local health and wellbeing community hubs to enable potential risks of social isolation to be reduced and enable their wellbeing to be positively promoted.

There was evidence the service worked in partnership with other services to ensure people's needs were appropriately met. The registered manager told how staff attended meetings and liaised with other professionals when people were due to be discharged from hospital or a rehabilitation and re-ablement centre associated with the service. This helped people's needs to be met in a smooth and integrated way when they returned to their homes.

# Is the service well-led?

## Our findings

We saw recent thank you cards and letters received from people who used the service with comments that included, “I want to thank you all for the kind support and rehabilitation that was provided for me. Everyone was so supportive and encouraging, as Christmas loomed I could not expect friends to call in all the time, so it was good to have contact with ladies from your team every day, without them I certainly would not have been able to manage on my own.” “This is to express my grateful thanks for all your help over many weeks. I don’t know how I could have managed without your wonderful care. Nothing was too much trouble.”

There were governance systems in place together with corporate administrative support structures to enable the aims of the service to be delivered, whilst enabling learning and improvement. We found systems and procedures were in place to enable the quality of the service to be monitored to ensure it was well led. There was evidence that a range of audits were carried out of different aspects of the service, together with management reports covering a range of key performance indicators such as incidents and accidents, staff training, complaints, medicines management, people’s care records, the environment and safety issues. This enabled trends and patterns to be analysed and helped improvements in the service to be implemented.

The registered manager had a wealth of knowledge and experience of health and social care services and was aware of their responsibilities under the Health and Social

Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. There was a vision and values statement in place based on supporting people’s needs in a collaborative way to ensure they were involved and at the centre of decisions concerning their support.

The register manager understood the need for involving people to enable the service to develop. We found that feedback was obtained from people following their use of the service and that 94% of the replies from 590 questionnaires sent out over the past year by the service, had been from people who reported were happy with the service delivered. An annual quality report was produced that identified future areas for development of the service following analysis of audits that were carried out.

There was evidence the registered manager placed a high importance on the development of an open and inclusive culture that encouraged staff to question practice and ensure communication was open and constructive. Staff told us the registered manager listened to them and was fair. We saw evidence of staff meetings with members of senior staff to enable their behaviours and attitudes to be monitored and their skills to be appraised.

Support staff told us that regular meetings were held to enable the registered manager to provide leadership and direction and ensure they were clear about their roles and responsibilities. We found support staff were very positive about the service and that they enjoyed their work. There was evidence staff were valued by the service and were put forward for national awards to enable their skills to be recognised and respected.