

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

HEART - Home Emergency Alarm Response Team

Mary Wollett Centre, Danum Road, Doncaster,
DN4 5HF

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Doncaster Metropolitan Borough Council
Registered Manager	Mrs Katherine Jayne Lindley
Overview of the service	Home Emergency Alarm Response Team is a service that is provided by Doncaster Council to help people live safely in their own home. The service is provided to approximately 6,500 people. It is for elderly and vulnerable adults living in Doncaster regardless of whether their accommodation is private, rented or owner occupied. The response team are trained to deal with emergencies quickly and efficiently, when people activate their call system.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 September 2014 and 5 September 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Our inspection looked at our five questions; is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

As part of our inspection we contacted 15 people using the service or their relatives. We spoke with ten people by telephone and we spent the morning with two response workers who attended three calls to people in their homes. We observed how they responded to calls for assistance.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

The people we spoke with said they were happy with the service and felt it was delivered in a safe way. One person said, "I always wear my pendant even if I go outside because I know staff will come if I get into difficulty." Another person said, "Staff can get into my house if I have fallen and that makes me feel safe." Another person said, "I trust the staff, they are very good, I know they make sure my house is secure when they leave me."

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

Is the service effective?

The service continually reviewed how staff responded to calls to ensure they were answered in a timely manner. We observed staff attending to calls. They were kind, courteous and efficient.

Is the service caring?

We found staff offered to contact other essential services when the attended calls. One

person said, "Staff offered to send me to hospital but I refused." People who received the service were respected and spoken to in a dignified manner.

Is the service responsive?

The nature of the service meant people were responded to quickly. We saw records that showed staff were dealing with calls within three minutes. When staff completed the call they contacted the call centre to find out if any other callers required assistance.

Is the service well-led?

There were systems in place to gain people's views and check if staff were following company policies. We saw satisfaction surveys and meetings had been used to enable people to share their views on the service provided. This helped the provider to assess if people were receiving the care and support they needed.

We saw there was a system in place to assess how the service was operating and address any shortfalls. Where areas of improvement were indicated action plans were in place to address identified shortfalls.

Staff told us they were supported by managers who understood the pressures that staff often faced when responding to emergency calls. They told us they were encouraged to discuss any concerns and were given 'time out' if needed. We found the staff worked well as a team and provided a valuable service to people in the community.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spent time with staff attending calls received from the call centre. We observed that staff acted professionally and effectively to ensure they responded quickly to assess situations on arrival at people's property. Staff gave reassurance to people and explained what actions they were taking to ensure the person was assisted safely.

Staff described some of the practical steps they took to preserve people's dignity, by using sheets and blankets and taking care when moving and handling people. They told us that they knocked before entering people's property, and ensured they always introduced themselves to people in their care.

People we spoke with told us the staff were always polite and helpful. One person said, "Staff responded very quickly, and made sure I was safe." Another person said, "I had a fall, they wanted me to go to hospital to get checked out but I was alright, they (the staff) do a very good job."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People who used this service had access to equipment such as pendants and wrist band which they used to contact a call system if they needed assistance. People also had access to other equipment such as, floor sensors and door alarms. The service had a team of fitters that ensured the equipment was correctly installed and maintained. Once an alarm was triggered a call centre would record the details of the caller and pass to a team of staff called 'responders'.

We observed staff responding appropriately to calls for assistance. Staff told us they had received training in first aid so that they could deal with calls that may involve a person who was bleeding as a result of a fall. Staff had also received moving and handling training, along with training in the use of specific equipment used when people had fallen.

We looked at a sample of 30 response forms completed by staff. The forms captured information passed to the staff from the call centre and included things like the person's contact details, how to access the property, if the person had capacity, the type of injury or situation they may encounter when responding to calls.

When the staff had completed the visit they would detail the action they had taken, such as, if emergency services were called or if contact was made with an emergency care practitioner. The staff would also, wherever possible, try to make contact with the person's relative or carer to pass on any information relevant to the call.

The manager told us the service had policies and procedures to deal with emergency situations such as floods and adverse weather conditions. The manager described how staff volunteered to be on call at various locations across Doncaster. This enabled staff to attend calls when snow or other adverse conditions prevented vehicles from responding quickly.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with a number of people who used the service and they told us they felt safe by having the alarm system as they knew they could get help quickly if needed. One person said, "I always wear my pendant even if I go outside because I know staff will come if I get into difficulty." Another person said, "Staff can get into my house if I have fallen and that makes me feel safe." Another person said, "I trust the staff, they are very good, I know they make sure my house is secure when they leave me."

We spoke with staff about their understanding of protecting vulnerable adults and they told us they had undertaken safeguarding training and would know what to do if they received any concerning information from the people who used the service. We looked at staff training records and they confirmed staff had attended safeguarding adults training.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with the manager about how they determined if they had sufficient skilled staff. The manager told us that 24 'responders' (staff) worked at the service. There were also three additional staff who installed equipment in people's homes. Staff worked in small teams to ensure calls could be responded to in a timely way.

We spent a morning travelling to calls with the staff team. We observed that they had sufficient time to attend to people's needs before moving onto the next call.

Staff were provided with transport that carried equipment to assist people who had fallen. Personal protective equipment and first aid equipment was also carried in the vehicles so they could respond appropriately to calls for assistance.

We spoke to staff and they told us they could access on-line training and also face to face training in subjects such as moving and handling of people who used the service. We looked at five staff files as saw training certificated which confirmed training had been undertaken. We also looked at the training plan for all staff working at the service. The manager showed us a comprehensive induction programme that all new staff completed before they were allowed to respond to calls. The manager told us that she often shadowed staff attending calls so that she could assess their competency.

Staff had access to policies and protocols in relation to lone working, dealing with accidents/incidents, health and safety and contacting out of hours managers. Staff were provided with mobile phones and carried ID badges, which were shown to people who used the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

There were systems in place for handling complaints that would allow any themes or trends to be identified and acted on. The manager confirmed two complaints had been recorded and investigated.

The manager had good quality assurance systems in place to seek the views of people who used the service, and their relatives. Surveys returned to the manager were collated and the outcomes were discussed with staff at team meetings. This enabled them to agree any actions which may need to be addressed. We were told that 2,598 surveys were returned. We looked at the data from the returned surveys which showed high satisfaction levels. Comments were also collated which included, "My wife had a fall and we received a response very quickly. The staff were courteous and polite." Another person commented, "I have been satisfied on all accounts, I can remain independent and safe."

We looked at a number of records which confirmed the provider managed risks to people who used the service. These included being part of a falls prevention group and working with other partners to reduce the risk of further falls for people living in the community.

Risk assessments were in place that identified areas of potential risks to ensure that the risks were managed safely and effectively. We saw that the manager had protocols to demonstrate how they had taken protective measures to manage risks associated with the delivery of service. The Protocols looked at the potential impact on people who used the service.

We looked at minutes from a team meeting dated 18 February 2014 which was well attended by staff. This showed us that staff were able to attend staff meetings where they could share their experiences and receive information about improvements to the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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