Calderdale Metropolitan Borough Council

Support & Independence Team - Central & Upper Valley 1

Inspection report

Beechwood Health Centre
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Tel: 01422383584

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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

We inspected Support and Independence Team Central and Upper Valley 1 on 31July and 2 August 2017. We gave the provider short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available.

The last inspection of this service took place in December 2015. The service was rated as 'Requires Improvement' with a breach of regulation 17 (Good governance) because an accurate, complete and contemporaneous record in respect of each service user was not maintained. On this inspection we found the service was compliant with this regulation.

The Support and Independence Team Upper Valley 1 is registered with the Care Quality Commission as a domiciliary care agency. However the service differs from other domiciliary care services as it is a short term reablement service which helps people regain their independence following periods of illness or time in hospital. People who use this service are not given specific visit times and the length of stay is dependent on the support they require at each visit. The service provided by Calderdale Metropolitan Borough Council works in partnership with the local NHS foundation trust and the office base is situated in Beechwood Health Centre. Referrals to the service are usually from the community, Gateway to Care or following hospital discharge.

At the time of our inspection there were 34 people receiving personal care.
There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

People and relatives we spoke with were unanimous in their praise of the service provided and the staff. People told us staff kind and supported them with encouragement and patience.

Medicines management was safe which helped ensure people received their medicines as prescribed.

Our discussions with staff showed they were committed to supporting people in regaining their independence. Staff were recruited safely and told us their induction and shadowing was comprehensive and prepared them for their roles. We saw staff received the training and support they required to meet people's needs.

Staff had a good understanding of safeguarding and said they would not hesitate to report poor practice. People were given information about safeguarding.

People's care records provided detailed information about their needs and focussed on what people could do for themselves as well as the support they needed to meet their goals in regaining their independence.

Risk assessments showed any identified risks had been assessed and mitigated.

We saw people had been involved in their support plans. There was full information about people's needs, lifestyles, preferences and goals.
People were supported to access healthcare and benefited from a multi-disciplinary approach to promote recovery and independence.

People we spoke with raised no concerns but knew the processes to follow if they had any complaints and were confident these would be dealt with.

People, relatives and staff spoke highly of the way in which the service was run. They told us communication was very good. They told us about regular checks that were carried out to make sure people were happy with the support they received.

The registered manager was actively seeking ways in which the service could develop.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines management was safe.

Staff recruitment processes helped ensure staff were suitable to work in the care service.

Safeguarding systems were in place to protect people from abuse. Risks to people's safety were assessed and mitigated.

Is the service effective?

Good

The service was effective.

Staff had received the training and support they required for their role and to meet people's needs.

People's rights were protected because staff understood their responsibilities under the Mental Capacity Act 2005.

People benefited from a multi-disciplinary approach to making sure their healthcare needs were met.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind and caring.

People told us staff respected their privacy and dignity.
The service was caring.

People and relatives told us staff were kind and caring.

People told us staff respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and support plans were person-

centred and reflected people's needs and preferences.

A complaints procedure was in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

Systems were in place to assess, monitor and improve the quality of the service. Plans were in place to improve the recording of these processes.

There was an open and inclusive culture led by the registered manager who was committed to continually improving the service.

Support & Independence Team - Central & Upper Valley 1

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.

The inspection was carried out on 31July and 2 August 2017. The inspection was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance the expert by experience made telephone calls to people who use the service and relatives of people who use the service.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

During the visit to the agency office on 2 August 2017 we spoke with the registered manager, the deputy manager and six members of care staff. We looked at the care records of six people who used the service,

three staff recruitment files, training records and other records relating to the day to day running of the service.

On 31 July 2017 we spoke on the telephone with eight people who used the service and four relatives. We also spoke with the occupational therapist employed by the service.

Good

Is the service safe?

Our findings

All of the people who used the service and relatives we spoke with said they felt safe in the company of their care staff. One person said, "I feel very safe, definitely." Another, asked if they felt safe, said, "Absolutely." And another said, "Oh, yes, I feel safe: they are wonderful."

The registered manager explained that as they provided a reablement service people were not given specific times for their visits. Times were approximate and the length of time staff spent on each visit depended on the support people needed.

None of the people we spoke with reported there had been any missed visits. People told us if staff were going to be much later than expected, they received a call to inform them. All said the care staff stayed with them in line with what had been agreed, but some felt that they would have liked slightly longer visits.

Although no one we spoke to had missed any visits records showed some had occurred however these were minimal. However, when a call had been missed the reason was documented along with the actions taken to mitigate the risk of it happening again. We saw where the reason for a missed call was due to staff error, a discussion or unscheduled supervision took place with the staff member involved. Apologies for missed calls were made to the person involved by way of a telephone call from the office and a card sent to them.

A safeguarding policy was in place which gave clear guidance on how to make an alert.

We saw where safeguarding alerts had been made; record of the outcome was made along with confirmation that staff had been made aware of the case so they could monitor the situation.

Staff we spoke with knew how to make sure people were safe. They told us if they had any suspicion of something happening that was not in the person's best interests, they would report the matter immediately to the deputy or registered manager. Staff were able to give us examples of the types of abuse people could be at risk of. Staff also said they would not hesitate to report colleagues if they felt they were not acting in the best interests of people who used the service. Staff knew how to make a safeguarding referral independent of the service.

People who used the service were provided with information about keeping safe and who they should contact if they needed help.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included requesting a criminal record check with the Disclosure and Barring Service (DBS) and two written references. Copies of staff's driving licenses and motor insurance were taken.

A medication policy was in place which clearly defined the level of support staff would be asked to provide. Differences between administering, prompting and assisting with medicines were clearly explained. The registered manager told us all staff had completed medicines training and had their competency assessed.

This was confirmed in our discussions with staff and evidenced in the staff files we reviewed.

We saw care files included a full list of the person's medicines within the initial assessment document. The registered manager said where medicines were provided in blister packs a list detailing the medicines was usually on the blister pack. If it was not there, or if medicines had been supplied in bottles or boxes, staff would contact the pharmacy to obtain a list. Care files also included a medication profile for the person giving details of who ordered their medicines, which pharmacy they used, where their medicines were stored and any allergies or support needs.
Where people were taking medicines staff were not familiar with, the service held an information file with details of medicines. The registered manager showed us this file and said that if people who used the service wanted to know about their medicines but had difficulty in reading the information supplied with their medicines, staff would provide them with the information in an enlarged format. Staff we spoke with told us they would not assist people with non-prescribed medicines.

People we spoke with said that they looked after their own medication. But a number said their care staff always made sure they had taken their medication.
Completed medication administration record sheets (MARs) were returned to the office for review. We saw these had been completed well.

We found systems were in place to assess, monitor and manage risks. We saw support plans included environmental risk assessments in relation to people's homes which ensured the safety of the individual and staff. This included information about items such as smoke detectors. Individual risk assessments were also in place which included areas such as moving and handling, skin integrity and falls.

Clear procedures were in place for the reporting of accidents and incidents and records we reviewed showed these were being followed. Accident and incident reports were well completed and showed appropriate action had been taken by staff to keep people safe. Accidents and incidents were reviewed on a monthly basis to see if there was anything staff could have done to prevent them. The review included actions taken such as referrals to the occupational therapist for assessment.

All of the people we spoke with confirmed that care staff always used gloves, and other appropriate protective wear.

Good

Is the service effective?

Our findings

All the people we spoke with rated their care staff as competent and well trained. One person said, "Yes, they are very competent. Another said, "Yes, I do think they are very competent."

The registered manager told us new staff who did not hold a National Vocational Qualification (NVQ) or equivalent qualification, completed the Care Certificate and had a period of shadowing experienced staff before working alone. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they needed to provide safe and compassionate care.

The registered manager told us new staff completed all their initial mandatory training during their shadowing period. Staff we spoke with told us their induction had been good and the shadowing had been for as long as they needed to feel confident in making visits alone. They told us they were always introduced to new clients and read through their support plans which helped them get to know people before providing support. Induction documentation was thorough and informed staff of what they could expect in the first few months of their employment.

Staff told us they completed large amounts of training both electronically and face to face. They said training was usually about care delivery but they had recently undertaken some 'Mindfulness' training which helped them cope with any stress they might experience.

The registered manager told us about the system in place which staff used to access training. The system alerted staff to when updates were needed and provided a library of training for them to look through to find training that might be helpful to them. Staff also said they received training from the occupational therapist and district nurses where this was appropriate.
Training records showed staff were up to date with the training they needed to support them in providing care safely and effectively.

Staff said they felt well supported in their roles and confirmed they received regular supervision and shared conversations with their supervisor. We saw shared conversations included discussion about staff's wellbeing, goals, reflections and development. In addition to this, staff records showed they had received a spot check whilst delivering care from their supervisor at least once each year.

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. In the case of Domiciliary Care applications must be made to the Court of Protection.

The registered manager confirmed none of the people they supported were subject to the court of protection and none had lasting power of attorney (LPA) in place. An LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. The registered manager had a good understanding of the MCA and of their responsibilities under the Act. People and relatives told us they were consulted about all aspects of their care and support and we saw consent had been obtained and recorded.

People we spoke with said that they were always asked by care staff for their consent to care procedures, as appropriate.

Where staff supported people with meals we saw support plans contained detailed information about the types of food and drinks people preferred as well as any dislikes. Staff told us if they had any concerns about a person's nutrition they would report this so that a referral could be made to the dietician. People told us that where it was part of their agreed care plan, staff supported them in preparing meals.

Because the service worked in partnership with the NHS foundation trust and was based within a health centre, staff were in regular contact with health care professionals such as the early stroke discharge team, district nurses and physiotherapists to make sure people received the support they needed. An occupational therapist worked within the team.

People we spoke with said if they were unwell, care staff would call their GP for them. For example, one care staff member called out the 'on-call' doctor at the weekend for a person we spoke with.

When we asked people if they thought the care and support they received was effective one person said, "It's very effective. I do not know what I would do without them. They are really good." Another said, "Anything I want, they will do." On effectiveness, another person said, "Very much so." And another said, "I cannot praise them enough. I am 91, but they do not make me feel my age."

Good

Is the service caring?

Our findings

People who used the service and relatives, spoke very positively about the caring nature of the staff. One person said, "They are very kind." Another said, "They are all very good, nice and caring." Another said, "Their caring nature is 10 out of 10. I can't fault them at all. They are like friends. They are brilliant." Another person said, "They are very jolly."

Relatives of people who used the service were also unanimous in their praise of the care support provided.

Staff told us how much they loved their jobs. They told us they would always go the extra mile for people to make sure they provided the best service they could.

We saw a large number of thank you cards from people who had used the service. The registered manager told us they always replied when people sent a card.

In line with the objectives of the service, care plans were based around supporting people to regain their independence. For example, on one person's 'One page profile' we saw their goal was to achieve 'Independence and confidence'. Care plans were then developed around this. For example the personal hygiene care plan for this person's evening visit had the goal 'To enable (person) to prepare themselves for bed and manage personal cares'.

We saw feedback from spot check telephone calls to people who used the service confirmed how staff had worked to support people in regaining their independence. The feedback from one person read, '(Person) was very impressed that (name of care staff member) worked with him to get back to independence. (Care staff member) stood back and gave him time to do as much as he could himself'. Another person said in feedback, 'I have reached all my goals'.

People we spoke with confirmed they felt that they were treated with respect and dignity. In answer to this question three people who used the service said, "definitely". People also confirmed their privacy was respected. People also confirmed their staff member gender preferences were always respected.

We saw when the service asked people for feedback in relation to dignity, one person said, "Staff are excellent as they are polite and respectful, they listen to me." Another person said the staff, "Treat me with dignity and respect."

All the people we spoke with told us that their care staff never discussed other clients with them: confidentiality was respected.

Good

Is the service responsive?

Our findings

As a reablement service, people were referred through health care professionals. This was usually following a stay in hospital or on a unit where the person had been receiving intermediate care. The purpose of the service was to provide short term support to people enabling them to regain their independence so they could live in their own homes.

At our last inspection in December 2015 we found very little evidence recorded in people's care plans about their likes and dislikes and a lack of person centred information. On this inspection we found action had been taken to address this issue and found care plans contained detailed information about people and how they needed to be supported.

A one page profile detailed how staff should enter the person's house, who the person would like staff to talk to about their care, times they preferred to be visited and what they would like to achieve. The profile also provided details such as the person's interests, families and important memories. The registered manager told us it was important to them to know about, for example, special anniversaries which may affect how the person responded on certain days.

Care plans were developed, following a thorough initial assessment, with the person concerned so that staff could assess their current skills and what support they needed to enable them to function independently and safely. Details of the person's current circumstances, past medical history and current health status were included in the assessment and were considered and included in the plan of care along with information about their preferences and lifestyles.

Care plans detailed the person's needs at the time of each visit and the support they would need from staff. For example, a morning call would include how the person needed to be supported to prepare for the day, including personal care and organising meals.

We found the care plans were person centred, informative and easy to follow. Staff made clear records after each visit on a communications sheet kept in the person's house. The communications sheet clearly stated it was for use, not just by care staff but also the person who used the service, their families and any other person involved in their care and support. Staff told us they checked the sheets at the start of each visit so they were up to date with any changes or any interventions the person had received.

All of the people we spoke with confirmed that care plans were in place and said that these were reviewed regularly.

Times of visits were dependant on the needs of the person and therefore people were not given exact times for staff to arrive or leave. However, the registered manager told us that when people needed support with time critical medicines or had appointments, they always tried to time their calls appropriately.

As a short term service, staff had contact with social work colleagues so if people needed to have further

support the social worker could help them in finding an appropriate domiciliary care agency to continue their support.

People who used the service were provided with a copy of the complaints procedure and telephone numbers for other agencies to contact if they were unhappy with the service. The registered manager told us there had been no formal complaints since the last inspection. None of the people we spoke with said they had found any cause for complaint. One person said that they had informally expressed concern about being visited by a care staff member of the opposite sex and this had been quickly resolved.

Good

Is the service well-led?

Our findings

All of the people we spoke with were positive about the management of their care programme. Comments included, "Nice bunch of people"; "Perfectly happy"; "They set up the care very quickly and they are well organised" and "yes, everything is fine."

Staff we spoke with expressed confidence in the management of the service.

The registered manager was supported by a team leader and two deputy team leaders. They told us about how they assessed people new to the service and planned visits.

We saw the registered manager and deputy manager worked closely together in auditing the quality of the service. We saw five people's care and medication records were brought to the office for audit each week. Audits showed care records were scrutinised for information such as clear detail of people's needs, evidence of person centred approach and that any updates had been added. Where issues were identified the date of action taken to rectify them was recorded.

Accidents and incidents involving people who used the service were audited and analysed.

The registered manager told us their line manager did twice yearly audits of the service with full feedback given during the registered manager's supervisions. A further two audits each year were carried out on behalf of the provider by the nominated individual for the service.

Staff told us communication within the service was very good. They were kept up to date of any changes relating to people who used the service as they occurred.

Regular staff meetings were held and staff told us they were encouraged to voice their opinions and suggestions during these meetings. We saw minutes of the meetings and staff told us they were always sent out to them.

People who used the service told us they had been asked for their feedback about the service through telephone calls and during spot visits.

The registered manager told us people's views of the service were sought through questionnaires on an annual basis. However due to the short term nature of the service, none of the people we spoke with at the time of the inspection had taken part in the annual questionnaires. We saw the results of the last survey and found the responses to be very positive. Where any issues had been raised we saw a plan of action to address them was in place.

Due to the partnership working with the NHS foundation trust, the service was included also in the NHS auditing programme.

The registered manager demonstrated a thorough knowledge of the service and told us they were working with the council's contracting team to look at ways in which the service could continually develop and improve.