

Kirklees Metropolitan Council

North Short Term & Urgent Support

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: North Short Term and Urgent Support Team provide a reablement and rapid response service. The reablement service provides people with support for up to six weeks to help them live independently. In some instances, this service may be extended beyond this time frame to enable a permanent care provider to be found. The rapid response service supports people for up to two weeks to prevent admission to hospital or in the event of a breakdown in carer arrangements. At the time of our inspection there were 55 people receiving support with personal care from the service.

People's experience of using this service:

People told us they felt safe, although we noted a potential safeguarding concern had not been reported to the local authority safeguarding team. Although risks to people's safety and well-being were assessed risk assessments for all aspects of people's care and support were not always in place.

Records relating to the management of medicines were not always clear. Steps had been taken to rectify this and were being implemented at the time of the inspection.

Staff were recruited safely, there were sufficient staff employed to meet people's assessed needs. New staff received an induction and there was a system in place to ensure staff received ongoing training and supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us staff were caring and kind. Staff respected people's privacy, maintained their dignity and encouraged them to be as independent as possible.

Care packages were tailored to meet people's individual needs. Care records included information about people's routines, the support required and their future goals. We have made a recommendation about the return of care records to the office when a care package has ended.

People were aware of how to complain. There was a system in place to seek feedback from people when their care package ended. Staff enjoyed their job, and the registered manager and all the staff we spoke with were clear about their role and responsibilities.

Not all audits had been completed at regular intervals and they had not been sufficiently robust to ensure all aspects of the service were safe.

Rating at last inspection:

At the last inspection the service was rated good (published 9 September 2016).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

North Short Term & Urgent Support

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of 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 health and social care services.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 visit as we needed to ensure the registered manager would be available to meet with us. We visited the office location on 26 March 2019 and 8 April to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed information we had received about the service. This included reviewing

any notifications we had received from the service and information we had received from external agencies including the local authority and safeguarding team.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

This inspection included speaking with the service manager, registered manager, two locality managers and a care co-ordinator. We reviewed ten people's care records and four staff personnel files and recruitment records. We also looked at a range of other records about the management of the service. Following the inspection, we spoke on the telephone with seven people who used the service, three relatives of people who used the service and five support workers.

After the inspection we requested further information from the service manager and registered manager. This was used as part of our inspection.

Our findings

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

Requires Improvement: Some aspects of the service were not always safe. There was a risk that people may be harmed.

Systems and processes to safeguard people from the risk of abuse

- Without exception, people told us they felt safe. Comments included; "I feel very safe", "Yes, very safe with them" and "They always lock the door when they leave."
- Both office and field based staff were clear about their responsibilities in keeping people safe. One support worker told us, "Safeguarding, it can be anything that is abusive; sexual, financial or family. If I had any concerns I would go straight to my line manager. I know I can go to the police or to CQC." Staff were confident any concerns would be listened to and addressed.
- A support worker told us about a recent safeguarding concern which they had brought to the attention of the office staff. We saw a detailed record had been made of the concern but this had not been reported to the local authority safeguarding team. We brought this to the attention of the registered manager and a safeguarding referral was made.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed prior to the implementation of the service. Although there were occasions when, due to the need for urgent support, risk assessments had to be completed after the service had commenced.
- We reviewed the records for a person who was a risk of choking. The risk assessment was detailed and person centred. The assessment had been reviewed following an incident which resulted in them coughing after swallowing food although it did not refer to the incident which had instigated the review.
- Risk assessments were not always in place. For example, the support and goal plan for two people recorded they were being supported to use the stairs but there was no assessment to reduce the risk of harm to both the person and staff. We brought this to the attention of the registered manager, they assured us they would take action to rectify this shortfall.

Staffing and recruitment

- People told us there could be some variation in the times of their calls but no one we spoke with was concerned about this. People commented; "They don't have a specific time to come really", "Times are up and down but I understand" and "Once someone didn't turn up because they couldn't but they told me about it."

- The service used an electronic management system to allocate calls and manage staff duty rotas. The registered manager told us one of the co-ordinators started work at 6.30 am each day. This was to ensure all rostered staff had commenced their shift and to allocate calls to other staff in the event of last minute staff absence.
- Staff told us there were sufficient staff employed. One of the support workers told us, "Yes we have enough staff but it can depend how busy we are. If we struggle, we ring the office, they will always get someone to help you." An assessment of the services capacity was completed on a weekly basis to prevent excessive pressure on the service.
- The recruitment of staff was safe.

Using medicines safely

- Information for supporting people with medicines was not always clear. For example, the referral record for one person recorded they needed assistance with their medicines. However, the care package provided by North Short Term Urgent Support did not include support with medicines. No rationale was recorded as to why the support was not being provided.
- There was insufficient information recorded regarding the management and application of people's creams.
- Improvements had very recently been made to make the management of people's medicines safer. This included a medication risk assessment, details of each medicine prescribed, including the dose and time it was to be administered and records relating to the application of creams. Due to the nature of the service provided to people, at the time of the inspection none of the newly implemented records had yet been returned to the office. So we were unable to review them.
- Staff had completed medicines training. An assessment of staffs' competency to administer people's medicines was completed as part of an annual spot check of staff's performance. Although we noted one support worker had not had an assessment as the call they completed when they were spot checked did not include medicines support. We brought this to the attention of the registered manager at the time of the inspection.
- A range of aids and equipment were utilised to help people maintain their independence with their medicines.

Preventing and controlling infection

- People were protected from the risk of infection.
- One person told us, "They wear rubber gloves and throw-away pinnies."
- We saw from the training matrix, staff had received training in infection prevention and control. Staff meeting minutes dated November 2018 included a reminder to staff about the importance of hand washing and using aprons and gloves.

Learning lessons when things go wrong

- The registered manager told us accidents and incidents were recorded, investigated and analysed to see where lessons could be learned to reduce future risk.
- Learning from lessons was shared with staff at weekly review meetings and staff meetings.

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

Good: 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

- Following a referral to the service, people's needs were assessed by a locality manager and, where required, other relevant healthcare professionals. A plan of care was then devised to ensure people's support was delivered in line with current good practice guidance.
- Staff applied learning effectively in line with best practice, which supported a good quality of life and led to good outcomes for people.

Staff support: induction, training, skills and experience

- People told us staff were well trained and knowledgeable. One person told us, "They are all very well trained and professional." A support worker told us, "We are constantly updating our training and we get regular supervision."
- New staff were supported through an initial period of induction, shadowing and training.
- Staff told us they received regular updates to their training. The training matrix indicated there was a system in place to ensure all required training was completed and updated in line with the registered provider's requirements.
- The registered manager told us staff received a minimum of three office based supervisions, an appraisal and a field based performance check each year. This was corroborated when we reviewed staff personnel records and spoke with staff.

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

- People told us staff supported them to eat and drink. People told us, "They help me prepare food" and "They help me with putting things in the oven that I want to eat"
- People's daily records evidenced the support they had received from staff in preparing meals and drinks. For example, one person only required a tea time call each day. Their care plan instructed staff to assist the person to prepare their meal and to 'assist with the opening of jars and bottles' so they had access to food and drinks until staff returned the following day.
- Some staff had attended a recent 'care to cook' course in addition to food safety training.

Staff working with other agencies to provide consistent, effective, timely care

- Methods of communication between staff teams and individuals was effective.
- Staff told us they spoke regularly to other support workers in their team to ensure information was shared. One of the support workers told us, "Communication is very good, we do handovers between the team, daily if needed." Staff completed a written record at each call to document the care and support provided to people.
- A weekly review meeting was held. A locality manager told us, "A weekly review meeting is held with each staff team. We update peoples goal plans. Different localities meet on different days. The therapists are in the meetings too. We write up and action changes. We co-ordinate each case and liaise with everyone."

Supporting people to live healthier lives, access healthcare services and support

- Other relevant health care professionals were involved in people's care and support where needed. One person said, 'I asked if I could have a shower seat so they [support workers] contacted the physio I think it was'. Another person told us, "One of the carers noticed the back step was too steep and got in touch with someone to try make it easier." A locality manager said, "We work very closely with therapists, it is about joint working."
- We saw evidence in each of the care records we reviewed of the prompt involvement of other health care professionals. This included physiotherapists, occupational therapists, GP's and pharmacists.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We checked whether the service was working within the principles of the MCA.
- All staff received training in MCA. The registered manager told us this topic now had to be refreshed by staff every three years and was no longer a one-off training course. It was clear from our discussions, office and field based staff had a thorough understanding of the law and how it had to be applied in practice.
- We saw evidence in the care records we reviewed, people had consented to the care and support package they were receiving.
- Due to the nature of the service there was often a reliance on trusted assessors to obtain consent or to assess a person's capacity to consent to the care package being offered to them. At the time of the inspection the registered manager said there was no service level agreement in place between the service and partner organisations. However, we saw action was being taken to address this shortfall.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: 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

- Without exception, people told us the staff were caring and kind. One person told us, "They are very kind and considerate". Another person said, "They're like family." Relatives comments included; 'My [name of relative] speaks highly of everyone at the moment" and "It's been nice having ladies who are more mature, they have more of a rapport with [relative]."
- Comments on recent feedback surveys included; "Taking time and trouble to listen and respond made the client feel cared for", and "I call my carers and nurses 'Kirklees Angels' because of the kindness and help shown to me."
- All the staff we spoke with talked about the people they supported in a caring and professional manner. They referred to people's likes and preferences.
- We asked staff to explain to us what good care mean to them. One of the support workers we spoke with told us, "Treating someone how you want to be treated yourself, dignity and respect, diversity, treat everyone one is an individual. Being polite, it is their home."

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

- People told staff offered them choices and involved them in making decisions. One person told us, "They're always very kind and caring and give me a choice." Another person said, "I feel listened to by the carers and staff."
- Everyone we spoke with was aware of their care plan.
- Support workers could describe how they supported people to make choices, for example, showing people a choice of garments to wear.
- Care plans were written from the perspective of the person receiving the care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. People told us, "I was a bit shy but they put me at ease" and "They always knock and call out before they come in." A relative told us "They pull the curtains across in the shower so [person] can shower in peace."
- Staff could tell us how they promoted people's privacy, dignity and independence. One support worker told

us, "We lock the door so no-one can walk in. We don't leave them undressed. Treat people with dignity, talk to them like a normal person, don't talk to them like a child." Another support worker told us, "If they are having a shower I ask if they want me to come in or wait outside door, I put them at ease and reassure them."

- From our conversations with support workers and the office based staff it was clear; staff focus was about enabling people to retain their skills and enable them to perform as many tasks for themselves as possible.
- Confidential information was stored securely. Computers and hand-held devices were all password protected.
- Information in the registered provider's welcome pack provided information on how personal information they collected was used, shared and stored.

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person who used the service received a welcome pack. This included detailed information about the service they were about to receive, what to expect and how the service could help them to maintain their independence and life skills.

- People received a care package which was personalised to meet their individual needs and preferences.
- Care records provided information about people's daily and weekly routines, the tasks they could manage independently, where they needed support and the goals they wished to achieve.
- Support workers told us their hand-held devices provided them with all the basic information they needed for each call. They also told us each person had a care plan in their home which they read and referred to as needed.
- The service identified and recorded people's information and communication needs. These needs were shared appropriately with others.
- Due to the nature of the service provided, on occasion, some completed records were not always returned to the service. This meant not all records could be reviewed and audited to ensure people received consistently safe and effective care. We recommend that the service review the process for collection of completed care records.

Improving care quality in response to complaints or concerns

- People were aware of how to complain. People also told us where they had raised a concern, action was taken. People told us, "I'd just get in touch with the council if I needed to, I think there's a number in the book", "No complaints, they are very good actually" and "No complaints whatsoever but got a book with numbers in if needed".
- There was a system in place to manage any complaints the service received.
- There were three recorded complaints during 2019. Two of the complaints had been regarding a missed call. The registered manager told us about the changes made to the system of allocating calls to reduce the risk of a future occurrence.

End of life care and support

- Some people were referred to the service who required support with end of life care.

- The registered manager and staff were aware of how to access additional support and guidance to enable them to provide safe and effective care in the event a person required end of life care.

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

Requires Improvement: At the last inspection this key question was rated as outstanding. At this inspection we found evidence this area required improvement. Service management was not always consistent and systems of governance were not sufficiently robust to always support the delivery of high-quality, person-centred care.

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

- The registered manager and each of the staff we spoke with were clear about their roles and responsibilities. A support worker said, "Our job is about caring and making a difference. Making their life easier and better". Both office and field based staff were clear about the strategy of the service, to promote independence and support people in the event of carer breakdown.
- Systems of governance had not been rigorously applied. We reviewed an electronic file containing completed audits of care records. There were no completed audits in the folders for April, May and June 2018. There were no folders to evidence any audits had been completed between July and November 2018. Two audits had been completed in December 2018.
- At the time of the inspection the registered manager told us the governance framework was being updated. They told us, "In theory we audit six service user records a month but we haven't done any since December. It is on hold at the moment as we are currently developing an audit list of everything we need to review each month. ... The next stage is how to pull that together, we are now putting the meat on the bones of what we do and how we do it."
- We asked the registered manager if people's medicine records were audited. They told us, "Yes, but at the moment there is no oversight of any issues. This will be pulled in as part of ongoing improvements to auditing process.
- The current systems of governance had not highlighted the shortfalls we identified regarding assessment of risk, medicines management and referring safeguarding concerns to the local authority.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People felt the service was well managed. People told us, "It's all very well run", "I think it's all managed very

well' and "The whole service is very good."

- A comment on a recent feedback survey noted, "My carers are the nicest ladies, and really made me feel at ease. [Name], care manager was also lovely and it felt reassuring that [name] was so involved in my care plan and provided the personal touch. I would definitely recommend this service to others"
- Staff spoke highly about the management of the service. Staff felt supported and proud of the organisation they worked for. They told us, "It's excellent", "I love my job, it makes life worth living. I feel as though I am making a difference" and "I love it, I am confident if there are any issues there is always someone there to listen and help".
- The service was very clear about the criteria which had to be met before they would accept a referral. Due to the short-term nature of the service provided, there was also a clear emphasis on exit planning from the start of the package.

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

- The majority of people told us they had been given opportunity to provide feedback about the quality of the service they had received. People said, "A lady came to the house to see me as see everything was ok" and "I was given a questionnaire and my support worker will help me fill that in."
- A locality manager told us, "I do the initial assessment and then I have weekly contact with the person or their family. In each service user pack there is an exit questionnaire, we re-designed it last year. We review them when they come back in and if anything needs action it's the locality manager responsibility to address them."
- Regular meetings were held with staff. Staff at all levels within the service felt information was communicated effectively.

Continuous learning and improving care

- There was a clear desire to learn and improve the quality and safety of the service. Action taken at a sister service to address weakness identified at a recent CQC inspection had been shared; the registered manager had begun to implement these changes within North Short Term and Urgent Support.
- There was an action plan in place to ensure the service continually evolved to meet changing demands. There had also been a number of recent pilot schemes to look at staff shift times and duty rotas.
- A recent feedback survey included feedback from a younger adult who had recently used the service. They felt information provided to them was geared towards older people and made them feel less positive about themselves. They suggested how this could be improved. Both the registered manager and a locality manager told us a member of staff had been in touch with the person, and they had agreed to be involved in updating the marketing material provided to people.

Working in partnership with others

- There was a clear focus on partnership working to provide positive outcomes for people. This included teams and individual staff linked to both the local authority and health services.
- The registered manager told us how they were developing links with local colleges to promote interest from young people towards a career in social care.