

Calderdale Metropolitan Borough Council

Extra Care Team 1

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: This service provides care to people living in specialist 'extra care' housing and night-time care to people in their own homes. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. The service provided personal care to 66 people at the time of the inspection.

The care is provided by two teams of staff. One team deliver day-time care to people living in the extra care housing facility between 7.30am and 9.30pm and the Out of Hours team, delivered night-time care to people living in their own homes and people living in the extra care housing where needed.

People's experience of using this service:

People told us they felt safe and staff knew what to do if they thought someone was at risk. People were involved in assessing and evaluating risks to their health and welfare. Safe recruitment processes were in place to ensure staff were suitable to work with vulnerable people. Systems were in place to make sure there were enough staff available to meet people's needs. Infection prevention and control (IPC) systems were in place to reduce people's risk of infection, including COVID-19. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and promoted independence. People were involved in developing and reviewing their care plans.

Staff received induction training and followed a programme of continuous learning. Staff said they had been supported to complete alternative forms of training during the pandemic and had received support through regular supervision sessions with their team leaders. People's needs were assessed, and care and support were regularly reviewed.

Feedback we received from people who used the service and their relatives was complimentary about all staff. Staff involved people in decisions about their care and consulted people regarding what they wanted.

Systems were in place to make sure the service complied with the Accessible Information Standards.

People's care records documented the level of care and support required. They were up to date and were regularly reviewed. All concerns were responded to appropriately.

People said staff had been supportive in helping them to keep in touch with family and friends during the pandemic. People said staff made time to chat with them. One said they had "Gone the extra mile" to support them.

People and their relatives spoke highly of the management of the service. Systems were in place to monitor the quality and safety of the service. People were provided with the opportunity to feedback on the service they received, and any suggestions for improvement were welcomed. The service worked well in partnership with others to ensure the best outcomes for people.

Rating at last inspection: The last rating for this service was Good (published 11 April 2019).

Why we inspected:

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

Extra Care Team 1

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. The Expert by Experience made telephone calls to people who used the service and their relatives to gain their views about the service they received. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The registered manager had left the service since the last inspection. A new manager was in post and was awaiting an interview with CQC to support their application for registered manager status. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we wanted to be sure the registered manager would be available.

Inspection activity started on 3 December 2021 and ended on 14 December 2021. We visited the office location on 8 December 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the manager, two team leaders and three care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and other records relating to the running of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. When asked what made them feel safe, one person said, "It's the way they treat you, they always check that I am ok". A relative told us, "they are 100% safe, kind and professional."
- Staff said they had received training in safeguarding people and knew what to do if they thought someone was at risk and knew who to report any concerns to. They knew how to contact safeguarding directly and said they would not hesitate to do so.
- Missed calls were treated as safeguarding events. They were reported appropriately, investigated and checks made to make sure the person had not come to any harm.
- The Out of Hours team had systems were in place to manage calls and make sure people were safe when bad weather could affect staff's ability to make their call.

Assessing risk, safety monitoring and management

- People were involved in assessing and evaluating risks to their health and welfare. Assessments included risks, such as, skin integrity, falls, and moving and handling. When a risk had been identified, action had been taken to minimise the risk. The manager had identified that some risk assessments needed review and confirmed to us that this was being addressed.
- Accidents and incidents were recorded and analysed monthly. This meant that lessons could be learned, and the risk of reoccurrence minimised.
- People used the care phone system. This a system which enables people to contact operatives by pressing a button on a phone or a pendant to get help in an emergency. Staff answered calls made between 7.30 am and 9.30pm.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were enough staff available to meet people's needs safely. People said they received the same staff on a rotational basis and felt all staff knew how to meet their needs well.

Using medicines safely

- Care files included a medication profile which gave details about where medicines were stored within the person's home, the support the person needed, any allergies and who was responsible for ordering prescriptions.
- Body maps were in place to identify where prescribed creams should be applied.
- Medication Administration Records (MAR's) were completed appropriately and were audited weekly.

Record was made of any issues identified and action taken to address the issue.

- People told us staff supported them to make sure they took their medicines at the right time. One relative said, "They take (person's) medication out of the box, explain what it is and check that (person) takes them".

Preventing and controlling infection

- Staff had received additional training in infection prevention and control and use of PPE in response to the pandemic.
- People who used the service told us staff wore gloves and aprons when supporting them.

Learning lessons when things go wrong

- Feedback from people who used the service and staff was listened to and acted on to improve the service.
- In response to missed calls, the team leader for the day care service had introduced a new system for staff to follow. This had resulted in no further missed calls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were completed before a package of care was agreed. This was to make sure staff were available with the right skills to meet people's needs.
- People were involved in the assessments of their needs. One relative told us that family had been "fully consulted" to make sure staff knew all about their relative and their needs.
- People were involved in regular reviews to make sure care plans reflected their current care needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- None of the people using the service lacked capacity to make decisions about their care.
- Records showed people were involved in making decisions about the care and support they received.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training appropriate to their role. Training had been adapted due to the pandemic with online training and workbooks used to keep staff up to date.
- Staff told us they had regular supervision with their team leader. Out of Hours staff had telephone supervision to reduce contact.
- People felt staff were skilled. One person said, "The staff are very professional, they know what they are doing, they make me feel confident that things are ok".

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

- Staff supported people to meet their nutritional and fluid intake needs as needed.
- One person said, "They always ask me what I want" and a relative told us, "They encourage (person) to eat healthy foods and advise (them about (their) diabetic diet".

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

- One person told us, "They called 111 on two occasions when I did not feel well" and another person said, "They rang my GP for me, helped me to speak with him on the phone".
- Staff worked well with the district nursing team. One of the district nurses had recently completed a compliments form saying how the district nurses had a very good rapport with the care team and that staff contact them straight away if they had any concerns about people. The district nurse went on to say staff provided "The most comprehensive care to all their clients."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans were person centred and reflected people's individuality.
- All the people we spoke with were complimentary of the care they received. One person said, "They are skilled with everything, we have a laugh, I would recommend them to anyone. They make sure I am ok; they undress me gently".
- One person's relative told us, "They joke with her, give her hugs and cuddles, they care for her almost as though she is their relative". Another relative said, "They have become friends, they ring me up if they have any concerns about (person's) health, they are always there if I need to talk. I haven't got words to say how happy we are with them, they are brilliant, they also support us as a family".

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

- People and their relatives told us they were asked for their views and were supported to make decisions about the care and support they received.
- People told us staff asked how they would like to be supported on each visit. This meant that people were in charge of the care they received dependant on how they were feeling.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with gave examples of how staff maintained their privacy and dignity. One person said, "when they wash me, they cover me up with a towel, when they wash my legs, they are careful because of the pain I am in".
- We saw a compliment made to the service from a family member about the support from staff for themselves and their relative when they had become distressed as a result of their relative being upset and worried over a health issue.
- One person's relative told us, "If it hadn't been for them (person) would have ended up in a nursing home, they stepped up to do additional training and this has allowed (person) to stay in his own home".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This meant people's needs were met through good organisation and delivery.

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

- People told us they had been involved in the development and review of their care plans. One person said, "I have a care plan, they came two months ago for a review and gave me a questionnaire to fill in". A relative told us, "If changes are needed, they contact me, we have a review two to three times a year".
- Care plans varied in their content with some having more detail than others. Care plans for the Out of Hours team were in an easier to read format and included more detail than some of those for people using the daytime service. The manager said they were looking at using the Out of Hours format for all people using the service.
- A keyworker system was in place to support a person-centred approach to care. We saw people's care files included an introduction to them from their keyworker. The introduction started with the name of the keyworker followed by 'I am pleased to let you know I will be your keyworker' and detailed the support they will offer and who to contact for any further help. Care files also included a one-page profile of the person to help staff in getting to know the person and understand their needs.

Meeting people's communication needs

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

- Care plans for the Out of Hours team included a section for detailing people's communication abilities and needs. The planned review of care plans for people using the daytime service would include this following the proposed review. Staff from the daytime team knew people well and understood their communication needs.
- None of the people currently using the service required their documentation to be available to them in a different format or language. The manager said this would be available to people as needed.

Supporting people to develop and maintain relationships to avoid social isolation.

- Staff from the daytime care team had worked with staff from the housing association, to make sure people who used the service and all people in the housing complex were not isolated during the pandemic. People had been provided with activity packs and staff had provided additional social support and helped people to keep in touch with family.
- People gave examples of how staff spent time with them. One relative told us, "They go above and beyond, sometimes they go out and buy (person) fish and chips. They are a good team, all working together, to make people comfortable and be the best they can". Another relative said, "Without the carers I wouldn't have such a good relationship with (person)".

Improving care quality in response to complaints or concerns

- A complaints policy in place and information about how to make a complaint was included in people's care files.
- Complaints were logged, and actions taken to address them recorded along with the response from the complainant.
- Although there had not been any recent complaints logged, an action from a recent audit of complaints had reminded staff to make sure all low-level complaints and concerns were recorded.

End of life care and support

- Some of the people we spoke with said they had been asked about their wishes in relation to end of life care. One person's relative told us an advanced care plan had been put in place for their relative when their condition deteriorated to support their wish to stay at home.
- A relative of a person who had received end of life care for the service had nominated the staff team, who the person "loved dearly" for an award for their care and support.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the last inspection the previous registered manager had left the service. A new manager was in place and was awaiting interview with CQC to support their application to be registered as manager.
- The manager was supported by team leaders for both the day and night-time services. Team leaders managed the care teams and were responsible for call scheduling.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were asked for their opinion about the service. They said they felt the managers were effective and approachable.
- Staff said any suggestions they might have about the service were listened to and acted on.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality assurance systems were in place to monitor the quality and safety of the service. Team leaders supported the manager and provider in completing audits of all aspects of the service.
- People and their relatives told us they were kept informed about anything that might affect their care and support.
- The manager and team leaders understood when to inform CQC of events that happened in the service as required by regulation.

Working in partnership with others

- Staff worked closely with the district nursing teams and other health and social care professionals.
- The daytime care team worked co-operatively with staff from the housing association who owned the building the service was based in.