Calderdale Metropolitan Borough Council

Support & Independence Team - Central & Upper Valley 2

Inspection report

Hebden Bridge Health Centre
Hangingroyd Lane
Hebden Bridge
HX7 7DD

Tel: 01422264640

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03 August 2017

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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 2 on 31July and 1 and 3 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' but no breaches of regulation were identified.

The Support and Independence Team Upper Valley 2 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 with the office based in Hebden Bridge 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 9 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 praised the service provided and the staff. People told us staff were 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 were supported to have maximum choice and control of their lives.

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 were supported with their nutrition when this was identified as a care need.

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.
Systems were in place to audit the quality of the service provided.

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.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and support plans were person-centred, detailed 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 2

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 1 and 3 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 3 August 2017 we spoke with the registered manager, the deputy manager, two team leaders, three members of care staff, the occupational therapist and a social worker

assigned to work with the team. We looked at the care records of three 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 and 1 August 2017 we spoke on the telephone with four people who used the service and four relatives.

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 safe, absolutely".

The registered manager explained that as a reablement service people are not given specific times for their visits, these are approximate and the length of time staff spend on each visit depends on the support people need.

One person we spoke with said there had been "one or two" missed visits. None of the other people we spoke with reported missed calls.

We saw missed calls 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 that 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. The relative of a person who had experienced a missed call confirmed they had received a card.

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. We saw a recent safeguarding alert had been made in response to a missed call. This had meant the person had missed their medicines, so staff liaised with the pharmacy for advice. This showed the service responded appropriately to situations where a person could have been put at risk.

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 told us that if they needed to make a safeguarding referral independently of the service, they had information from training to make sure they knew how to do this.
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.

At our last inspection of this service in December 2015 we found records did not always describe the full details of people's medicines. On this inspection we saw care files included a full list of the person's medicines within the initial assessment document.

The registered manager said that 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 found difficulty in reading the information supplied with their medicines, staff would provide them with the information in an enlarged format.

People we spoke with said that they looked after their own medication. But a number said that their care staff always made sure they had taken their medication. One relative commented that the member of staff supporting their mother always sought consent before administering medication.

Completed Medication Administration Record sheets (MARs) were returned to the office on a weekly basis for review. We saw these had been completed well.

We found systems were in place to assess, monitor and manage risks. This had been identified as an issue during our last inspection but we found improvements had been made. We saw support plans included environmental risk assessments in relation to people's homes which ensured the safety of the individual and staff. One of the risk assessments we saw included issues relating to the person's pet. Individual risk assessments were also in place which included areas such as moving and handling, skin integrity and falls. Where mechanical aids such as hoists were used, we saw relevant risk assessments had been put in place. We saw risk assessments were reviewed and updated as needed. For example, one person's skin integrity risk assessment had been updated when the risk increased due to changes in their mobility. We saw staff had signed to say they had read people's risk assessments.

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 discussed when staff met on a weekly basis to discuss each person who used the service. We saw any accidents or incidents were recorded as part of this review, but were not recorded separately as part of an overview or audit. The registered manager said they would introduce the same method of analysing accidents and incidents they used in another service for which they were registered manager which we had seen to be very effective

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

Good

Is the service effective?

Our findings

With one exception, all the people we spoke with felt that the care staff fully understood their needs. The exception was a relative who said "Unfortunately, no, they don't understand (relative's) needs, because there are always different staff who don't spend enough time with (person) to understand their needs". Other people were positive in their responses. One said "They are really super. They are very thorough, very efficient", and very competent". Another commented "Oh yes, they know what they are doing".

The registered manager told us new staff who didn't 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. We spoke with a member of staff who was currently going through their induction and studying for the Care Certificate. They told us they were being supported by a named member of staff and felt supported by the registered manager. We found 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 told us they completed "loads of training" and found it useful. They told us they could request training if there was something they felt they needed more information about.

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 they felt 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 people living in their own homes applications

must be made to the Court of Protection.

The registered manager confirmed none of the people they supported had a 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 carers 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.
One person told us "They were worried about my eating, so ensure I get a good breakfast".

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.

Good

Is the service caring?

Our findings

When we asked about the overall standard of care, one person said "They are really super". Another said "Just the conversation was so good. First class job. Nothing was too much trouble. Can't speak more highly of them". Another person commented "They gave me a lot more confidence".

Staff told us how much they enjoyed their jobs. They gave us examples of extra support they offered when it benefitted people. One staff member said they had dug vegetables from the person's garden and another told us they had taken homemade cakes for people.

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.

All the people we spoke with said that they were treated with kindness. One person said "They are friendly and nice" and others said "They are exceptionally kind and caring", "They are great" and "They do very good. I am very satisfied". One relative described the carer as "Absolutely fantastic".

People we spoke with confirmed that managers visited to do spot checks, and asked if they were happy.

We saw the relative of one person had told the service "My wife worries when I am at work. The reablement team give her peace of mind".

All of the people we spoke with confirmed that they felt that they were treated with respect and dignity. When we asked people about this two people said "definitely". Another said "absolutely". People also confirmed that their privacy was respected and told us that their care staff never discussed their other service users with them; people felt their 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 a unit where the person had been receiving intermediate care.
The purpose of the service is to provide short term, usually up to six weeks, support to people in enabling them to regain their independence living within their own homes.

We found care plans were person centred and contained detailed information about people and how they needed to be supported.
A one page profile detailed such as 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 detailed the person's interests, families and important memories.

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. People we spoke with confirmed that they felt involved in planning their care.
Details of the person's circumstances, past medical history and current health status were included in the assessment and were considered.

Care plans detailed the person's needs at the time of each visit and the support they would need from staff. We found the care plans to be informative and easy to follow. An example of the detail included was for meeting one person's personal hygiene needs. The care plan said 'I have a red bowl that I would like the carer to bring to me and I can then wash myself, if I feel good that morning I will go to the sink for my wash. I will then get dressed in the bedroom'. This kind of detail, which also told staff where to find the person's toiletries, is important to ensure continuity of care.

Another example of person centred care planning was in one person's nutritional plan which said 'If I have toast I do not like butter and marmalade together, I like one or the other. I like a cup of tea with milk, no sugar'.

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.

During our visit to the office we spoke with a social worker dedicated to the team. They told us staff referred to them when they considered people would need further domiciliary care support. Staff told us they would often work with staff from the new care agency to make sure they understood people's needs. This meant that people were supported during a transition between services

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 received.

All the people we spoke with said they had never had any reason to formally complain.

Good

Is the service well-led?

Our findings

All of the people we spoke with were happy about the management of the service. Comments included "Pretty good" and "Extremely well organised".

The staff member we spoke with spoke very highly of senior management. They said that top level management were fully engaged "and doing a great job in ensuring that plans are delivered on the ground". They added that they got as much support as they needed, and were given the freedom to make changes to their part of the service as they thought necessary. They described the Team as "Fantastic".

Staff we spoke with expressed confidence in the management of the service. They told us they could go to the registered manager or team leaders whenever they needed to for support and advice.

The registered manager was supported by two team leaders who fulfilled the role through a job share and a deputy team leader. They told us about how they shared the role, which included planning visits, auditing care records and assessing people new to the service.

Team leaders told about how they planned service delivery in the event of emergency for example localised flooding which affected the area covered by the service. They showed us a planning board in the office which rated the urgency of calls as red, amber and green. This showed which people would be most at risk during an emergency and which staff would be able to reach them if roads were inaccessible.

We saw the registered manager worked with the team leaders and deputy team leader to audit the quality of the service. We saw a procedure was in place for auditing which explained why they were important and the sources of information to be used. An example of effective auditing was where all medication records were brought to the office each week and checked against people's care records to make sure the records concurred with each other.

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

The registered manager told us that their 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 during a weekly meeting which all available staff attended. Staff who were not able to attend the meeting were sent texts to their secure phones provided by the service to update them of any important changes to people's support needs.

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.