Calderdale Metropolitan Borough Council

# Support & Independence Team - Lower Valley

## Inspection report

Brighouse Health Centre
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Date of inspection visit:
17 February 2017
20 February 2017
21 February 2017
22 February 2017
23 February 2017

Date of publication:
15 March 2017

## 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

The inspection took place between 17 and 24 February 2017 and was announced. The provider was given a short amount of notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. At the time of the inspection 37 people were using the service. We checked whether improvements had been made to the service following the previous inspection in December 2015 where we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations and rated the service as 'Requires Improvement.'

The Support and Independence Team (Lower valley) is a domiciliary care agency and helps people regain their independence following periods of illness or time in hospital. The service provides short term personal care and support to people in their own homes in the Brighouse, Rastrick, Halifax and Elland areas. The service's office base is situated in Brighouse Health Centre. Referrals to the service are usually from the community, Gateway to Care or following hospital discharge.

A registered manager was not in place with the previous manager deregistering with the commission in September 2016. 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. A new manager had been appointed and was in the process of completing their application with the Care Quality Commission to become the registered manager

We found improvements had been made to the service following our previous inspection in December 2015. Documentation demonstrating people's care needs had been assessed were clearer and more detailed. Improvements had also been made to the way medicines were managed.

People and relatives all spoke positively about the service. They said their care needs were met by kind, friendly and knowledgeable staff.

People told us they felt safe in the company of staff. Safeguarding procedures were in place which were well understood by staff. We saw appropriate liaison had taken place with the safeguarding unit where concerns had been identified.

Risk screening took place and where significant risks to people's health and safety had been identified, detailed risk assessments had been put in place to keep people safe. People and relatives reported staff worked in a safe way.

There were enough staff deployed to ensure people received a safe and reliable service. Service delivery was carefully planned and care referrals were not accepted unless there was staff capacity to provide the service.

People received care and support from staff with the right skills and knowledge to care for them effectively. Staff turnover was very low which meant the staff team were highly experienced and familiar with the requirements of the role.

Where required people received appropriate support to eat and drink.

The service worked in partnership with other healthcare professionals to deliver effective care and meet people's healthcare needs.

People told us staff were kind and caring and treated people with dignity and respect.

The service was effective in promoting and encouraging people's independence.

People's care needs were assessed and relevant care plans put in place to provide staff with information on how to care and support people. People's care needs were subject to regular review.

People received a reliable and consistent service that met their individual needs. People told us staff usually arrived on time with some minor variation.

A system was in place to log, investigate and respond to complaints. No complaints had been received since our last inspection and people told us they were very satisfied with the service.

People and relatives told us the service was well led. They said the service was well organised and of a consistent high standard. Staff told us morale was good and that the team worked very well together.

Audits and checks were undertaken to check the quality of the service and help ensure continuous improvement.

## 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 were safely managed and documented showed people received their medicines as prescribed.

People told us they felt safe using the service. Risks to people's health and safety had been assessed and clear plans of care put in place for staff to follow.

There were enough staff deployed to ensure people received a safe and reliable service.

### Is the service effective?

Good

The service was effective.

Care was delivered by a stable and experienced staff team who had the right skills and knowledge to care for people.

The service was acting within the principals of the Mental Capacity Act (MCA). People consented to their care and support and their choices were respected.

People were provided were appropriate support to eat and drink.

The service worked with other health professionals to help ensure people's needs were met and increase their independence.

### Is the service caring?

Good

The service was caring.

People received care and support from caring and kind staff. People said they were treated with dignity and respect by staff.

The service was effective in increasing people's independence and enabling people to do more for themselves.

People felt listened to and had their views and comments acted on.

## Is the service responsive?

Good

The service was responsive.

People told us care needs were met by the service. People received care and support that met their individual needs and preferences.

Care plans demonstrated people's care needs were assessed and staff were provided with clear care plans setting out how to meet people's needs.

A system was in place to log, investigate and respond to complaints. A low number of complaints had been received and people said they were satisfied with the service.

## Is the service well-led?

Good

The service was well led.

A range of audits and checks were undertaken to help monitor and improve the quality of the service. People's feedback was regularly sought which showed people were very happy with the overall quality of the service. This matched our own findings.

People, relatives and staff spoke positively about the way the service was managed and organised. They praised the team leaders who oversaw people's care and support.

# Support & Independence Team - Lower Valley

**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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We also followed up on the requirement action issued at the previous inspection in December 2015 where we rated the service as 'Requires Improvement.'

The inspection took place between 17 and 24 February 2017 and was announced. The provider was given a short amount of notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of one 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 case experiences of services for older people.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with six people who used the service and seven relatives over the telephone to ask them for their views on the service. In addition we spoke with five care workers, the team leader, the deputy team leader and the overall service manager. We looked at four people's care records and other records which related to the management of the service such as training records and policies and procedures.

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. This was returned to us in a prompt manner. We also reviewed all the information we held about the provider including statutory notifications

Good

# Is the service safe?

## Our findings

Overall we found medicines were safely managed. As the service had a strong focus on promoting independence, people were encouraged to manage their own medicines as part of the rehabilitation process. Where staff provided medicines support, people told us staff did this appropriately. One person told us, "They write it all down for the next person so they can look in the book and see what creams he has ...it is all monitored." The support people received with their medicines was documented within care files so staff knew of the level of support they were required to provide.

Staff had received training in the safe administration of medicines and refresher training was taking place at the time of the inspection. At the last inspection we identified that a complete record of the medicine support provided to people was not recorded. At this inspection improvements had been made. Details of the medicines people were prescribed were kept with Medicine Administration Records (MARs). This included the start and end date of each medicine, dose and time of day it should be administered. In combination with the attached MAR chart it provided a satisfactory record of the medicine support people were provided with. Whilst we were able to track the medicine support provided in the cases we looked at, because of the way documentation was organised, it was more challenging to track the exact medicine support provided if people's care and support ran through multiple MAR charts or they had particularly complex medicine regimes. We raised this with the manager who agreed to make some minor changes to the documentation, to ensure the support provided was documented in a clearer way.

MAR charts were well completed; indicating people received their medicines as prescribed. This was supported by people's feedback, who stated staff supported them well with medicines. Arrangements were in place to ensure people received time critical medicines as the correct time. Information on any allergies people had or side effects of their medication was recorded to ensure staff were aware of these.

People and relatives told us they thought people were safe using the service. For example, one relative told us, "Yes we feel safe. They are very good. [Relative's] very happy with it." Another relative said, "I think [relative] is safe and [relative] would say if not." People said that staff were kind and treated them well. One relative said, "The couple I have met have been pleasant." Another person, "Yes definitely they come and sit down and get to know me a bit. If I had a concern there is a number on the book. We spoke with the team leader and staff about safeguarding matters. Staff understood how to identify and act on concerns. We saw appropriate referral and liaison had taken place with the local authority safeguarding unit where concerns had been identified. This helped to keep people safe. People and relatives said they trusted staff. They said staff always arrived and calls were not missed.

Since the last inspection, more robust risk assessment documentation had been put in place. These demonstrated the risks people were exposed to had been assessed in areas such as nutrition, skin, moving and handling, falls and their living environment. Where significant risks were identified more detailed risk assessments were put in place to guide staff on how to care for people safely. We saw where someone was identified as being at high risk of falls, referral to the falls team had taken place. People and relatives told us staff cared for them safely and equipment was used in a safe manner by staff. One relative told us, "My

mother has dementia and they handle her very well they give her a little job to do, this creates a safe environment for them (the carers) to look after my father." Another relative said, "If [relative] was to take a risk, for example, try to get up without [relatives] Zimmer they would immediately remind him to use it." A third relative said, "They got the commode replaced for us a different one was delivered and it is safer for him. They got him a Zimmer with wheels." Staff we spoke with said they felt comfortable operating equipment in people's homes and had received training and guidance in its safe use."

People and relatives we spoke with said that good hygiene and infection control techniques were followed by staff. For example, one relative said, "They always wash their hands we see them do that as there is a sink in [relatives] room," and another said, "When they wash her they wear gloves and we leave them a towel which they use."

The service had sufficient numbers of staff deployed to meet people's needs. Care was delivered by a stable team of care workers with a low turnover of staff which meant the service did not experience a large number of vacancies or staff shortages. The team leader told us the service was arranged so that they delivered care to between 35-55 people, and by keeping within these numbers the service had sufficient staff to meet people's needs. They told us that referrals were delayed until staff had the capacity to take on new care packages for people.. This ensured people's needs were met and that staff were not too stretched. Staff we spoke with told us there were enough staff to ensure people's needs were met. Most staff told us that their rotas were not overly demanding and they had sufficient time to visit everyone they needed to at a reasonable time although one staff member did say they thought the rota was a bit too busy. We looked at rotas and saw they were reasonable and not overly demanding. If staff were absent, the team leader and deputy who routinely worked in a supernumerary capacity could also step in to deliver care and support.

We reviewed people's visit times and said they were fairly consistent from day to day with some minor variations. Most people told us they were happy with the times that staff visited but that there was some variation. Due to the nature of the service, i.e. the high turnover of clients and having to frequently rearrange rotas to accommodate new discharges from hospital some variation in the times people received care and support took place.

We did not examine whether recruitment procedures were operated effectively at this inspection. At the last inspection in December 2015 we found safe recruitment procedures were in place and since the last inspection no new staff had been recruited. We saw staff were required to have a new Disclosure and Baring Service (DBS) check undertaken every 3 years as part of a system to provide assurance that staff continued to be of suitable character to work with vulnerable people. These were all up-to-date.

Emergency arrangements were in place. People were given contact details of how to access support out of hours and staff we spoke with said there was always management support available in the evenings and weekends if they needed to contact them.

Good

# Is the service effective?

## Our findings

People and relatives said staff had the right skills and knowledge to care for them effectively. One relative said, "They do the job to the best of their abilities most of them have been doing it for years and are experienced" and another relative said, "They are very effective." People and relatives said care was effective and care outcomes had been achieved. For example, one relative told us, "They've been a big part of him being as good as he is now. He is mobile now with the Zimmer and they tell him that he is doing well and encourage him. It makes a difference coming from them."

Staff were provided with a range of training and it was mostly kept up-to-date. New staff were required to complete a week's classroom induction training which included training in subjects such as safeguarding, medication, first aid and manual handling. Staff were then required to shadow a more experienced care worker to ensure they understood the practicalities of how to deliver care and support. Staff were also required to read policies and procedures and discuss the code of conduct to ensure they reflected the services values whilst supporting people. Refresher training was provided to staff on a regular basis in mandatory training subjects. We looked at the training matrix which showed staff were mostly up-to-date with training although team leaders did tell us that it was sometimes difficult to access mandatory training due to courses not always being made available by the provider .

Staff told us thought the staff team was highly skilled and the training they had received was valuable. One staff member said of the staff team, "Very experienced and very good training, standards are high." Staff told us they had received training and guidance in the equipment that people used to enable them to become more independent and to mobilise. Guidance and support was available from an Occupational Therapist who worked with the team. Staff told us they were never expected to us a piece of independence enabling equipment without the having received training in its use. More specialist training for example in palliative care and stoma care was also provided in conjunction with external health professionals.

Staff received regular supervision and annual appraisal to ensure their performance and developmental needs were regularly reviewed. This included two spot checks of practice each year to ensure they were delivering effective and appropriate care to people. Staff told us they felt well supported by the management team.

Turnover of staff was very low, for example all staff had been working at the provider for over three years and a significant number since the service was registered with the Commission in 2010. No new staff had needed to be recruited since our previous inspection in December 2015. This helped ensure care was delivered by a staff group with extensive experience and well developed skills in caring and supporting people to become more independent.

People told us staff supported them appropriately with food and drink where required. One person told us, "They show an interest when they make breakfast they don't just slap it down." A relative told us, "They get her lunch for her make her sandwiches or heat up food in microwave." Another relative said, "They encourage her to eat. She has mild dementia and would not eat if they didn't remind her." People said staff

offered them a choice of food. Information was present within care and support plans on people's likes and preferences and how to support them appropriately at mealtimes.

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 service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA. People and relatives said that consent was gained before staff assisted with care and support. For example, one person told us, "They ask [person] before they do anything with him." A person who used the service said, "They do give me a choice and try to do encourage me to do what I can myself."

People told us their healthcare needs were met by the service. Care records contained information on people's health and how to meet their individual needs. Good links were in place with other health professionals for example, physio's and an occupational therapist worked alongside the team based in the same building. This helped ensure care was well co-ordinated, for example, any equipment used to help support people in gaining independence could be promptly put in place and staff quickly shown how to use it to aid supporting people effectively. People and relatives confirmed this partnership working took place. For example, one relative told us, "[The manager] assessed [person] and decided they needed to see occupational therapy and that meant he got more aids." Liaison took place with other health professionals such as district nursing teams and doctors.

Good

# Is the service caring?

## Our findings

People and relatives all said that staff were kind and treated them well with dignity and respect Comments included; "I am delighted they are friendly and very good," "All friendly and helpful," "They are very friendly… They tick all dots", "they are….(respectful) nobody has been bad to me",
"All very good all very nice and respectful …they are looking after me, they get me tea and breakfast," and "They do try and put a smile on their face, most of them try to be pleasant."A relative told us that staff were respectful and "If family or friends are here, they always ask if they are alright to stay."

People told us that staff talked to them and built positive relationships. For example, one person told us, "They are very friendly and have a laugh," another person said, "They do talk to you .. but they don't waste time" and a third person said, "I look forward to the company they are right pleasant." Care and support was delivered by 12 staff who visited the 37 people who used the service. However, some people said that they would prefer a smaller group of cares as any of the 12 staff could visit them, for example, one person said "Within seven days we saw seven different people."

Staff we spoke with demonstrated a good understanding of how to treat people well. We found they were a motivated team dedicated to providing respectful care and support. They demonstrated good caring values towards people and practising a person centred approach. Staff all told us other staff were professional and respectful and did not raise any concerns over the attitudes or values of their colleagues.

Staff attitude and respect towards people who used the service was checked and promoted through periodic observation of their practice. It was further monitored through annual surveys and gaining telephone feedback from people who used the service. The documentation we reviewed in this area showed that people felt valued and treated with respect by the service in line with the feedback we received.

People said that staff respected their privacy. For example, one person told us, "If I wanted privacy they would give me it …They're really good and kind." Another person said in response to asking whether staff respected privacy, "They put the light on and close the blinds – in the bathroom they close the door think they are quite good, they want you to do a lot for yourself."

Staff were provided with uniforms and identity badges to ensure people who used the service could be confident that they were letting the correctly authorised people into their houses.

People told us the service was effective in its role of promoting people's independence and enabling them to do more for themselves. They said that the service got the balance right between support and independence. One relative said, "They helped get him back on his feet and moving around" and another relative said, "They are trying to get him to do more for himself …He picks what he wants to wear they don't rush him." They went on to say that staff encouraged their relative to do personal care themselves and reduced care and support input slowly as the person's independence increased. We saw a system was in place to reduce input and reliance on the service as people's independence increased as part of a strategy to encourage people to do more for themselves.

People said the service listened to them and their individual needs. People's support plans were changed as their condition changed and this was done in consultation with people. Daily records of care showed people were listened to and their choices respected.

Good

# Is the service responsive?

## Our findings

The service provided care to people immediately after discharge from hospital or referral from the Community to enable them to gain increased independence and/or to bridge the gap before a long term care provider was identified. A system was in place to prioritise referrals to the service based on need and discharge date to ensure that the service provided responsive care immediately after discharge from hospital. Initial assessments of people's needs were carried out by the team leader or deputy team leader, usually whilst the person was still in hospital with liaison taking place with social workers and other health professionals. These initial assessments contained information on people's care needs to allow initial care and support to be planned.

People and relatives told us that care needs were met by the service. One relative told us, "The staff are meeting all [relatives] needs. They are marvellous." One person told us, "They sit me down and give me a good wash and what I need." A second person told us, "I've seen so much bad stuff in press and I think we have been lucky the care's been fantastic." A third person said, "I get all body washed and they get me breakfast I am very grateful to have somebody coming…they come at night to put me to bed."

At the last inspection we found care plans did not contain adequate information to demonstrate people's needs had been fully assessed, or provide sufficient guidance for staff. At this inspection we found improvements had been made. More information was present within care and support plans providing information on the tasks which were required at each visit. In addition, a one page profile had been put in place which provided more person centred information on people's likes and preferences. Although some care and support plans were still rather brief, we found the amount of information present was adequate for the type and length of service provided. Goals were recorded within care and support records. People and relatives we spoke with told us care plans were in place in people's home and staff completed documentation appropriately. Care records showed people were involved in their care and support planning.

One of the main mechanisms in place to ensure the service provided responsive care was through a weekly review meeting where each person's care needs was discussed. Staff discussed people's progress, any deterioration or changes in their health, whether other health professionals needed to be contacted, as well as any safeguarding or health and safety matters. This allowed any changes to be made to care and support and ensure that care and support continued to meet people's individual needs. Staff told us these meetings were useful and enabled staff to share ideas with each other about how to improve people's care and support experiences. People and relatives said staff were responsive in providing equipment to help ensure needs were met and changing and adapting care and support plans are necessary.

The service did not allocate people a specific call length; this was variable and could change throughout the six to eight week support period. Nearly all the staff we spoke with said they had enough time to meet people's needs. A staff member told us, "We have time to do things properly."

People confirmed that staff stayed long enough to complete all required tasks. The length of time taken to

undertake care and support was logged and then evaluated towards the end of the six to eight weeks of care and support, to help determine the long term call length if the person transferred to a private care provider.

People were asked for their preferred time during the initial assessment and the service tried to accommodate those times albeit with some minor variation. These times were recorded within care and support plans. The team leader and staff told us visit times were arranged around people's needs, for example, they said that priority was given to people who required time critical medicines or regular continence calls, over people who were almost completely independent and required very little support. We found generally people received a consistent and appropriately timed service, with some variation which was due to the nature of service, having to accommodate new discharges on a daily basis. People we spoke with were generally happy with the call times they received. One person said, "They are mostly on time," another person said, "It varies but it doesn't matter as I'm not going anywhere" and another person said, "They come on time, sometimes they are earlier."

A system was in place to bring complaints to the attention of people who used the service through an information booklet given to people when they started using the service. Systems were in place to record, investigate and respond to both informal verbal and written complaints. We saw there were a low number of complaints, for example, none had been received since our last inspection in December 2015. People we spoke with said that knew how to complain but had no cause to. One relative said. "I have no complaints….I would get in touch with the care team [if relative did have complaints]" and a person who used the service told us, "If I had a complaint I have numbers to call." A significant number of compliments had also been received about the service, which allowed the service to evaluate the areas where it was exceeding expectations.

Good

# Is the service well-led?

## Our findings

A registered manager was not in place. The previous registered manager had deregistered in September 2016. However, we found there were appropriate management arrangements in place. A new manager had been recruited who was in the process of applying to become the registered manager for the service. The team leader provided day to day management of the service and was responsible for ensuring people's care was managed correctly. They were supported by a deputy team leader who also worked in a supernumerary capacity.

People and relatives were highly satisfied with the overall quality of the service and spoke positively about the way the service was managed. They said it was well organised. One person said, "They work as part of a team "and another person said, "Don't think they can improve …they really cheer me up." A relative said, "[The service] is very joined up and I know they have a review meeting every Wednesday."

Staff spoke positively about the way the service was led and reported good morale. There was a very low turnover of staff further indicating staff were happy in their role. Staff had permanent contracts and fixed hours, and found out their working hours months in advance to help ensure a stable and well organised service. Comments from staff included; "Very approachable supportive management", "Very good communication" and "Close knit team." Staff said they would recommend the service to their relatives or loved ones. They all said the team worked well together and helped each other out which reflected positively in the service delivery. For example, staff told us that if they got delayed at a care and support visit, they would send a message, and other staff would offer to support them to ensure people received timely care and support. They said this system worked well and their colleagues were willing to help out.

Systems were in place to assess and monitor the quality of the service. For example, a range of audits and checks were undertaken by the team leader and deputy manager. These included medication audits and record keeping audits to ensure that medication records and care records were consistently completed correctly and were up-to-date. Care files were brought back to the office on a weekly basis during people's review meetings to enable these checks to take place.

Quality assurance visits were also undertaken to people's homes where documentation was checked as well as asking people for feedback about the quality of the service. We looked at recent visits by the team leader or deputy which showed overwhelmingly positive feedback for example comments included, "Wonderful service", and "X is extremely happy with the care and support she has received." These checks were also supplemented by phone calls to people which asked about their care and support, attitude and manner of staff and timeliness.

Questionnaires were also sent out to people on a regular basis to allow people to provide anonymous feedback about their care and support experiences. We looked at a sample of these which had been analysed. They showed people were satisfied with the care provided and thought care was either 'very good' or 'excellent'.
Incidents and accidents were logged and investigated. A missed call log was in place. We saw there had

been a low occurrence of missed calls; two within the last year. Where these had occurred actions were put in place to reduce the chances of a re-occurrence. When people had experienced accidents, action had been taken to help keep them safe. For example, liaison with relevant health professionals such as the Physiotherapist and Occupational Therapist following falls. Medicine errors were recorded and investigated to help improve practice.

Regular staff meetings were held. These included team leader meetings and general staff meetings. We saw these were an opportunity to help improve the quality of the service and discuss areas where improvements were needed.