Wakefield MDC

Peripatetic Service

Inspection report

Staff House behind Waterton House
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This Peripatetic service also known as the business continuity team is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

The Peripatetic service provides support to other council services who support people following hospital discharge to help ensure these services continued to function, do not become overloaded and do not compromise the flow of patients out of hospital. It was also available to assist and manage care packages in other crisis situations such as private provider failure. At the time of the inspection, the service was working closely with the reablement team, managing some of their stable packages to allow the reablement service to pick up new care packages. The peripatetic service provided short term care for a period from a few days to a few weeks, visiting them in their homes to provide personal care and support.

The inspection took place between 16 November and 4 December 2018 and was announced. At the time of the inspection there were 7 people using the service.

The service was last inspected in March 2016 and awarded a rating of Good. However, the service had changed considerably since the last inspection with a large part of its operations being re-registered as two additional services which are now inspected separately.

At this inspection we rated the service Requires Improvement. People and relatives all provided good feedback about the service and said care and support was good. However, since the service had changed its function, it had not adapted its governance systems including policies, operational procedures and statement of purpose to reflect the new way the service was operating. People were unclear they were receiving care from the peripatetic service and there was a lack of information provided to people to inform them who they were being care for by.

A registered manager was in place. 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 said they felt safe using the service. Risk assessment documents were in place which staff followed to help keep people safe. There were enough staff deployed to ensure people received reliable and consistent care.

Staff were recruited safely. Staff received a good range of training and told us they felt well supported. People said staff were appropriately skilled.

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.

The service worked with other council services to ensure people's needs were assessed and appropriate care provided. They liaised with a range of health and social care professionals to meet people's needs.

People consistently said staff were kind and caring and treated them with dignity and respect. People said they felt listened to by staff and involved in their care.

A system was in place to log, investigate and respond to complaints, however there was no separation of complaints systems between the peripatetic service and reablement service to ensure people were clear what they were complaining about.

People's feedback was sought on the service, but again there was no separation of feedback between the reablement and peripatetic service meaning the service was unable to measure user satisfaction specifically to the peripatetic service.

People, relatives and staff praised the overall quality of care and said the service was well led.

We found breaches of two regulations. You can see what action we asked the provider to take at the back of the full version of this report.

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.

People said they felt safe using the service. Safeguarding procedures were in place to protect people from harm and were understood by staff and management.

Risks to people's health and safety were assessed and mitigated through care planning. Electronic call monitoring was in place to monitor staff activity.

There were enough staff deployed at the right times to ensure people received a reliable and consistent service.

Is the service effective?

Good

The service was effective.

Staff received a range of training and support relevant to their role. People spoke highly of the staff who supported them.

The service worked with a range of professionals to help ensure people's needs were met.

The service was compliant with the requirements of the Mental Capacity Act (MCA).

Is the service caring?

Good

The service was caring.

People and relatives said that staff were kind and caring and of suitable character to be caring for people.

People and relatives said they felt listened to by the service.

People were treated fairly and their human rights upheld.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a lack of information available to people to explain when and why they had transferred to the peripatetic service.

Care plans were in place which the reablement service set up and staff of this service followed.

Systems were in place to log, investigate and respond to complaints. However, there was no separation of complaints systems between the peripatetic service and reablement service to ensure people were clear what they were complaining about.

Is the service well-led?

Requires Improvement

The service was not always well led.

Governance procedures needed improving to ensure service delivery was supported by appropriate policies and operating procedures.

People and relatives provided good feedback about how the service operated.

People's feedback on the service was sought through questionnaires however this made no reference to the peripatetic service and therefore people may have been unclear which service they were providing feedback on.

Peripatetic Service

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 announced. We gave the service a few days' notice of the inspection site visit. This was because we needed to make arrangements with the provider to speak to people who used the service prior to visiting the office location. The inspection took place between 16 November and 4 December 2018. On 23 November 2018 we visited the provider's office to review care records and policies and procedures. Between 16 November and 4 December 2018, we made phone calls to people who used the service and staff.

The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the 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. We also reviewed safeguarding alerts, 'share your experience' forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with four people who used the service and three relatives. We spoke with three care workers, the registered manager and the registered manager of the reablement service who worked closely with the service. We reviewed three people's care records and other records relating to the management of the service such as training records, rotas and audits.

Good

Is the service safe?

Our findings

Safeguarding procedures were in place and staff we spoke with had a good understanding of how to identify and raise concerns. Staff had received training in safeguarding and it was regularly discussed at staff meetings and at individual staff supervisions. This gave us assurances that the correct procedures would be followed should any concerns arise.

People said they felt safe using the service, that staff supported them appropriately and did not overly restrict their freedom. Risks to people's health and safety were assessed by the reablement service prior to the peripatetic service providing care and support. Staff had received training in dynamic risk management and were encouraged to undertake further risk assessments at each visit, with any changes fed back into care planning. This helped ensure the service responded to any new risks which people were exposed to.

Call monitoring was in place which provided a key safety net for people. Staff were required to log in via their phones when they arrived and departed from each visit. The provider's hub monitored and chased up with staff if they were over an hour late to a call. This helped ensure calls were not missed. People we spoke with said the service was reliable and staff always turned up.

The service worked closely with the reablement team to ensure medicines were given safely. People said they were supported appropriately with medicines. Staff received training in medicines management and had their competency to give medicines regularly assessed. Staff followed the care plans and completed Medicine Administration Records (MAR) created by the reablement team. We looked at a sample of records and found these were appropriately completed.

We concluded there were enough staff to ensure people received a good standard of care and reliable support. One of the peripatetic service's aims was to relieve pressure on other local council services by providing staff to other services and taking over stable packages from the reablement service to allow them to pick up new work. Whist the service had several vacancies to allow it to expand, there were enough staff to ensure it met its current care responsibilities. The registered manager demonstrated they only took on additional work if they had the staff in place to deliver it. People said calls were not missed and always took place in a timely manner. We looked at staff rota's which were clear and realistic showing staff had enough time between calls and did not have to overly rush.

Safe recruitment procedures were in place to help ensure new staff were of suitable character to work with vulnerable people. This included checks on their backgrounds including references and Disclosure and Barring service (DBS) checks. People said they thought staff were suitable to be working in the care industry and had the right personal attributes and staff we spoke with demonstrated this was the case.

Systems were in place to log, investigate and learn from incidents and accidents. Staff were clear that they would record incidents and report them immediately to the management team. The registered manager kept a track of any incidents. Only one incident had occurred in the last year and we saw evidence actions had been taken to learn from it to help prevent a re-occurrence. Any incidents were also reviewed by senior

management and the health and safety team to ensure any learning was disseminated throughout the providers other services.

Good

Is the service effective?

Our findings

People said staff had the right skills and knowledge to care for them. They said they usually received care from the same group of care staff which helped staff to build knowledge and understanding of the people they were supporting.

Staff received a range of training relevant to their role. All new and existing staff had completed the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff also received a range of refresher training and we saw this was mostly kept up-to-date although central training records needed updating to ensure the service could properly monitor the training staff had completed. Staff said they received appropriately training including in any specialist equipment they were asked to use. They said they felt well supported in their role.

Staff received regular supervision and appraisal and the registered manager could review these at any time to monitor the performance of staff. Staff received additional supervision, training and support if they were involved in any incidents, to help continuously improve their working practices. Staff practice was also observed three times a year to ensure they were working safely and effectively.

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 with appropriate legal authority. In the case of Domiciliary Care applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

No DoLS authorisations were in place for any person using the service. The registered manager had an understanding of the Mental Capacity Act and ensuring a range of stakeholders were consulted if decisions needed to be made in a person's best interest.

The service worked with the reablement team to ensure people's nutritional and hydrational needs were met by the service, encouraging independence but offering assistance where required.

Staff liaised with a range of health professionals to help meet people's needs. This included professionals such as occupational therapists who worked closely alongside the team and district nurses. People's healthcare needs were assessed by the reablement service and this information was made available to peripatetic team staff who ensured it was reviewed if people's needs changed. People and relatives said that the service helped ensure their healthcare needs were met.

Good

Is the service caring?

Our findings

People and relatives consistently said that staff who provided care and support were kind, caring and compassionate. They said they had the right attributes to be working in the care industry. Comments included: "I have got used to them all, like angels, very good, very respectful, no improvements (needed)," "Friendly and kind," "All ok, some extremely good, really above and beyond," "Cannot fault any of the carers, every one of them care," "Such a personalised service, been wonderful," "Excellent carers, superb, professional, caring and know what they are doing."

We spoke with staff who demonstrated to us they had good caring attributes and cared about the people they were supporting. The service organised staffing to help maintain consistency in the carers who went into each person's home to help in the development of good, positive relationships. Most people said there was enough consistency although one relative said they thought the group of carers going into see their relative was too large.

The service worked with the reablement service to promote and/or maintain people's independence. We saw that care planning focused on allowing people to do as much for themselves as possible and this was embedded into staff practice.

People said they were treated with dignity and respect by staff. For example, maintaining their dignity during the delivery of personal care and ensuring their homes were left in a clean and tidy state. Some people said staff assisted with additional tasks if there was time such as folding washing up and general tidying which demonstrated they cared about the people they were supporting.

People and relatives said they felt communication was good from the service and their views were regularly taken on board, through informal discussions and regular care plan reviews. A relative said "They listen to what we say to them and [relative's] needs."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. Staff received training in equality and diversity.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with said they felt involved in their care and were listened to by the service. However, people did not always know when they were being provided by care from the reablement team or the peripatetic/business continuity team. Staff and management were clear that people moved from the reablement team to the peripatetic team when they had completed any reablement but before they were transferred to a long-term care provider. However, the change of service was not reflected in care records or care planning and there was no evidence of any communication with people to inform them that they had changed services.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a lack of information available to people about the service. For example, although there was a leaflet which explained to people who used the service about the reablement service, there was no such item for the peripatetic service which meant key information about the service and it objectives were not available to people.

People and relatives told us they felt the service provided good quality care and support and care needs were met by the service. They said that on the whole, staff arrived at a consistent time each day and provided a good quality care package. One person said, "They never rush off, if anything extra needs doing, they will stay longer."

Care plans were in place which were created by the reablement team which provided instructions on people's care needs taking account of their likes and preferences. We found this contained sufficient details to enable staff to provide the required care and support. Daily records of care showed staff consistently attended calls and provided evidence of the care provided.

Each staff member visited the office at the start and end of their shift. This allowed a clear handover of information on people's care needs to take place and helped ensure the service was responsive to people's changing needs. Staff told us this was a useful source of information to keep up-to-date with how the service was operating.

A system was in place to log, investigate and respond to complaints. Information on how to complain was available to people who used the service, although this information did not distinguish between complaining about the peripatetic service or the reablement service. We saw there had been no recent complaints about the service. Compliments were logged by the service so the service knew the areas where it exceeded expectations. However, again these had not been separated to establish which were for the reablement service and which were for the peripatetic service.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in place. They were supported by managers of other services such as the reablement service and a range of office based staff to assist in the co-ordination and management of people's care.

People and relatives said they were happy with the service and it met their individual needs. They said the management team were helpful and approachable should they need to get in touch.

Staff said morale was good and they enjoyed working for the service. They said they felt well supported and able to approach the registered manager with any concerns or issues.

Some management systems needed improving to help ensure good governance of the service. The service used the general policies and procedures of the council, however there were no local operating policies and procedures setting out how the peripatetic/business continuity team operated and its governance arrangements. For example, many of the staff of the service were managed by managers from other services and it was unclear where the responsibility for staff actions and performance lay, particularly as this was not formalised through policy. There were no policies about the peripatetic team's role in care planning, and how they worked with the other council services around the creation, review and content of care plans or the management of safeguarding.

Whilst the management team and staff could clearly describe the role and function of the service, none of this was formalised into any document. For example, the service's statement of purpose had not been updated to reflect the function of the team, its aims and objectives. Following the inspection the registered provider told us they were reviewing the statement of purpose and how the service was registered to ensure these issues were addresses.

This is a breach of regulation 12 of the Care Quality Commission (Registration) Regulations 2009: Regulation 12.

There was also a lack of information provided to people who use the service about how the service operated.

People's feedback about the service was sought through questionnaires. However, these made no distinction between the reablement service and the peripatetic team, so they were unable to monitor people's direct feedback on the peripatetic service

Following the inspection, the management team told us they would review the registrations for the council services including the reablement team and peripatetic team to see whether it was appropriate to have them registered as separate services.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Reports were provided for the registered manager detailing how the service was operating. This included the training and support staff had been provided with, supervision, any incidents or complaints. This allowed the registered manager to have some oversight of the service.

The service worked with a range of other services to help improve their function. This included the hospital discharge team and the reablement service. It was clear that the service was effective in its role of relieving pressure of these teams. The effectiveness of the service was measured and this was due to be evaluated to quantify the success of the team in terms of supporting other council services long time. The service also worked with other care providers to manage people's care. For example, they provided a late evening call to one person, as a private care provider could not commit to this. We spoke with the person who said they were very happy with the arrangement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose (1), (2), (3) An accurate and up-to-date statements of purpose was not in place describing how the service operated.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) (2a) Systems to assess, monitor and improve the service were not sufficiently robust.