Calderdale Metropolitan Borough Council

Out of Hours Team

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

This inspection took place on 7 and 8 June 2018. We announced the inspection to make sure there was somebody available at the office to speak with us. There were 42 people using the service at the time of our inspection. This was the first inspection of this service since it registered with the Care Quality Commission in June 2017. The service had previously been registered but due to changes in the provider's registration this is classed as the first inspection.

This service 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 people and younger adults living with disabilities.

A registered manager was in position. 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.

The registered manager was not able to be present on the first day of the inspection but was present on the second day.

All of the people we spoke with said they felt that either they or their relative felt very safe with their care staff. Staff we spoke with understood their responsibilities in keeping people safe. Staff knew what to do if they thought anybody was at risk.

Accidents and incidents were reported appropriately and reviewed to look for any themes or trends which could be mitigated against.

Medicines were safely managed and medicines audit systems were in place.

Staff signed to say they had read and understood the detailed risk assessments in place to promote people's safety.

Staff records showed the recruitment process was robust and staff were safely recruited.

Training was delivered to staff in order to help them meet people's specific needs. An induction process was in place and staff training was up to date. Competency checks were routinely carried out.

Staff confirmed they received regular effective supervision and appraisal and told us they were very well supported by the team leader and registered manager.

All of the people we spoke with told us staff were very caring.

People and their relatives had been involved in the development and review of their person-centred and detailed care plans.

Staff told us they worked closely with the out of hours district nurse team and would contact them if they had any concerns about a person's wellbeing. People gave us examples of how staff had sought medical attention for them when they became ill.

People told us they knew what do if they needed to complain about the service. Complaints were managed effectively.

Systems were in place to monitor the quality and safety of the service and to obtain people's views.

People told us the service was well led and said they would recommend it.

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 told us they felt safe with the care staff. Safeguarding concerns, incidents and accidents were investigated and reported in a timely manner.

Individual needs had been thoroughly risk assessed and preventative measures put in place to promote people's safety.

The staff recruitment process was robust to make sure staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to support them in their roles.

People's consent was sought in relation to their care and support.

Staff sought medical support where necessary.

Is the service caring?

Good

The service was caring.

People told us all staff were caring and friendly and respected their privacy and dignity.

Staff used effective methods of communication.

People told us staff did not rush them.

Is the service responsive?

Good

The service was responsive.

People were fully involved in the planning and review of their care and support.

The service was responsive to people's changing needs.

People knew what to do if they needed to complain.

Is the service well-led?

Good

The service was well led

There was a clear ethos which was understood by staff and people who used the service.

Systems were in place to audit the quality and safety of the service.

Out of Hours Team

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.

This inspection took place on 7 and 8 June 2018. We announced the inspection because we wanted to make sure somebody would be available at the office. The inspection was carried out by 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 service. For this inspection the expert by experience made telephone calls to people who used the service, or their relatives, so they could tell us their views about the support they received from the Out of Hours Team.

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 we had received from the service. We also contacted the local authority commissioning and safeguarding teams 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 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.

We spoke on the telephone with four people who used the service and ten relatives of people who used the service. We spoke with the registered manager, the team leader and three members of care staff.

We looked at three people's care records, three staff files and the staff training matrix as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

We asked people who used the service and their relatives if the care staff made them feel safe. All the people we spoke with said they felt that either they or their relative felt very safe with their care staff. One person told us: "We have got to know the carers now and feel very safe with them." Another said, "Very much so. My (relative) has been with the service for three years and we have never felt unsafe." A third person said, "Yes (relative) feels very safe with the night carers."

We saw care files included a list of telephone numbers for people to use in the case of emergency or if they thought something was happening that was not in their best interests or if they felt unsafe. The list included the numbers for the emergency social worker duty team and the safeguarding team.

Staff told us they would not hesitate to report if they thought somebody was experiencing any form of abuse or neglect. They told us they had received training and knew who to contact both within the service and externally to report their concerns.

All incidents or accidents which might put people at risk were monitored monthly to see if there were any trends or themes for which action could be taken to mitigate future risk. We saw the only incidents recorded were missed calls due to bad weather or the service not being informed of when people who used the service had returned home from hospital. The registered manager had completed an unsafe discharge report where this had happened.

We saw referrals had been made to the safeguarding team when calls had been missed. We saw that, when bad weather was forecast, action had been taken to minimise the risk to people's wellbeing if staff were not able to get to them. This included informing relatives of the possibility of staff not being able to get to their relation.

Risks to the person receiving care were assessed during the initial assessment of the person's needs. This included an environmental risk assessment. We saw where one person had been assessed as being at risk of leaving their house during the night due to confusion; the Herbert Protocol had been put in place. This is a national scheme being introduced by West Yorkshire Police and other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing. Other risk assessments were in place for such as moving and handling, skin integrity and choking.

Where risk assessments had been put in place, all staff had signed to say they had read and understood it.

Robust staff recruitment processes ensured all necessary checks were completed before new staff started employment. This included references and a criminal record check through the disclosure and barring service (DBS). DBS checks were repeated three yearly.

Due to the nature of the service, all calls were made by two members of staff. Most people who used the service and all staff told us there were enough staff to meet people's needs. One person told us, "They have

a team of eight carers and they manage really well." However, one person told us they would have liked a later call but appreciated that due to it being a small team this was not always possible. Another person told us they thought the teams needed to be bigger as their relative had their discharge from hospital delayed as the service could not accommodate their request at that time. The team leader told us, and care staff confirmed, that when new referrals came in, care staff were asked if they had sufficient time to make the requested calls.

We saw medicines were managed safely. People had medication profiles in place which detailed the medicines they were prescribed, where they were stored, if they had any allergies, how the person liked to be supported with their medicines and who to contact if there were any issues. Staff had signed to say they had read and understood the profile. Staff told us they rarely administered medicines other than topical medicines such as creams and lotions. Medication administration records (MARs) showed staff signed for all medicines, including topical medicines they administered. One relative told us, "I have no problems with this as since they started helping (person) they ensure they apply (their) creams on (their) sore parts when needed and (their) skin has really improved." A person who used the service said, "They always check my pressure sores and cream my skin. They also pour out my liquid medication and make sure I swallow it before recording what they have given me."

Medicine management was audited monthly and where issues had been identified this had been addressed.

We saw all staff had received medication training and their competence was checked twice yearly during spot checks.

Staff knew what to do if they were unable to access a person's house. This included calling the emergency social work duty team.

Good

Is the service effective?

Our findings

We asked people who used the service and their relatives if they thought staff had received the training they needed to do their job effectively. All of the people we spoke with said they were with two people saying, "Absolutely." One person told us, "They are well trained and have no difficult using the equipment needed such as a turner and a handling belt." Another said, "Yes they do everything I need." A relative said, "Yes they are well trained especially on using the right equipment to reposition my (relative)."

The team leader told us they were trained to support any new staff through the Care Certificate which is a set of standards for social care and health workers. However due to such a low turnover of staff and all staff having been in post for many years none of the current team had completed the Care Certificate. The team leader told us induction for new staff included essential training, shadowing experienced staff and competency checks to make sure the person felt safe and confident to do the job.

The training matrix showed all staff had achieved NVQ (National Vocational Qualification) to at least level 2 with many having completed level 3. Staff told us the training was very good and appreciated the input of the registered manager in their training. The training matrix showed staff were up to date in all areas of essential and appropriate training.

Staff files included a supervision agreement which stated supervision would take place every ten to twelve weeks and listed the areas which would be covered. Staff told us this did take place and they felt they could say anything they wanted during supervision. They told us they were very well supported by the team leader and the registered manager. One member of staff told us how well "looked after" they had been following an injury sustained at work. They told us they had been extremely well supported in a return to work programme.

We saw staff competencies were checked through supervision and through observations of their work during visits.

All the staff we spoke with told us how much they enjoy their job. One said, "I love my job, just love it."

Due to the service providing care at night, they did not routinely support people with their nutritional needs. However, staff told us they would, where appropriate, encourage people to have a drink. One person told us staff always made their relative a drink if they wanted one. The team leader told us staff would report any concerns they had about a person's nutrition or hydration to the district nurse team.

Staff told us they worked closely with the out of hours district nurse team and would contact them if they had any concerns about a person's wellbeing. We saw from one person's care records how staff had offered to contact a medical professional when they had complained of pain. One person we spoke with told us, "Yes they are very supportive. One night I was unwell and they called an ambulance and stayed with me until it came." Another said, "If they notice a skin problem that I can't feel they tell me and get the nurses to come in regularly to deal with it and she tells them what to do." A relative told us, "They wake me if there is a

problem and (person) has been taken into hospital on occasions but (person) appears to be getting a lot better. If (person) has a catheter problem they will ring the nurse to come and see to it."

We saw evidence of advice from healthcare professionals had been included in people's care plans. For example, one person's care plan included the advice from the speech and language therapist (SALT) to minimise the risk of the person choking when taking a drink.

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.

The team leader told us if they had any concerns about the mental capacity of a person using the service, they would refer this to the social work team.

We saw people who used the service had signed their consent and agreement to the assessments and care plans included in their care files. We saw care plans included detail about consent and care records showed staff had asked for the person's consent before providing care and support.

We asked people if staff sought their consent. One person said, "Yes they always ask what I want done and ask my consent before doing anything." A relative said, "My partner cannot speak but the carers do tell (them) what they are doing and will ask (person) if they can do it as sometimes (person) manages to nod (their) head or laugh as a way of saying yes." A third person told us, "They always ask my consent before doing anything. Due to my health issues the amount of care I need can be a bit erratic."

We saw people had been sent letters in relation to the new general data protection regulations (GDPR). This told people how information about them was held and used by the service. A new privacy notice and consent form had been sent to people for them to sign and return.

Good

Is the service caring?

Our findings

We asked people if they were treated with kindness, care and compassion. All of the people we spoke with said they were. One person said, "Yes they are very kind to me and if I am worried about anything or feel a bit down I can talk to them and they will listen to me and help me." Another person said, "Definitely. They are always really nice to me." A third person said, "They are compassionate and I can talk to them when I am worried. They listen and are very helpful in supporting me."

Care plans detailed throughout what actions staff should take to make sure people's privacy and dignity was respected and care records reflected this had been followed. We asked people if they thought staff respected their dignity. One person said, "Yes I do. For example, when they help me to the toilet, once I am sat on it they leave me to get on with it and then come to get me when I am ready. They will also empty my catheter bag discretely when necessary." Another said, "They do protect my dignity and my privacy." A relative told us, "My (relative) is unable to speak but they do maintain (their) dignity and respect (their) position and always tell (them) what they are going to do. They seem able to get a reaction from (them) when they want (their) consent to proceed."

We asked people about how staff interacted with them. One person told us, "I have a good rapport with them. Depending on how sleepy I am we can have a laugh and joke as well." Another said, "They constantly talk to my (relative) and sometimes I can hear them all having a laugh." One relative said of the care staff, "The carers constantly talk to my (relative) and ask (them) what (they) want done next. They are all ladies, local Yorkshire lasses and we have found no fault with them at all." Another said, "They are meticulous in everything they do including writing their reports."

The registered manager told us in the PIR that the service is committed to the 'Dignity in care campaign' and we saw the staff observations were based around how staff supported people with privacy, dignity, choice, respect, and promotion of independence.

The team leader told us how staff tried to find ways to communicate with people when they had difficulties in this area. They told us about how they had supported a person who was deaf not to be alarmed when the staff came in at night. All staff used the same touch to let the person know it was their care staff who were there and then used hand signals to check what the person wanted and how they were feeling. One person's care plan detailed how they were unable to communicate verbally but used their eyes to make their feelings known.

We asked people if they thought staff stayed long enough to make sure their needs were met and if they ever felt rushed by staff. One person said, "Yes I do and I never feel rushed. It depends on what they need to do when they get here as to how long they are with me. They always ask before they leave if there is anything I want." Another person said, "They always stay their full time and I never feel rushed. They will even make me a drink if I want one even at 3am in the morning." A relative told us, "(Person) says some try to rush (them) but they do what (they) wants."

Good

Is the service responsive?

Our findings

We asked people if they had been involved in the planning of their care. One person told us, "I was involved in the setting of my care plan and was happy with it. I do instigate changes to it from time to time." Another person said, "I have very good carers. I have been having this service for about a year now and was involved in my care plan, I decided on the times and we agreed what I needed doing. New carers tend to read the plan and they all write up in the book what they have done." A third person told us, "As a family we were involved in the setting up of the care plan about a year ago. We got what we wanted. They do write up in the book what they have done and my sister checks the book."

We saw care plans were easy to read, written from the point of view of the person and contained all the detail staff needed to make sure people's needs were met in the way they preferred. For example, one care plan we looked at said, 'Wake me gently, tell me who you are' and then went to detail exactly what staff needed to do. Another care plan for a person with complex needs detailed precisely what each care staff member should do to make sure they worked together to make sure the person knew exactly where each care staff member would be whilst providing support. This was to promote efficiency and the person's safety particularly in relation to moving and handling manoeuvres.

The team leader told us care staff would always let them know if there were any changes to a person's circumstances or if any changes were needed to their care plan. A key worker system had recently been put in place to support this. Full reviews of care plans were organised annually or earlier if needed.

We asked people about how often their care was reviewed. One person told us, "Usually annually but have done it twice this year and they are coming again next week. We have made changes to the plan." Another said, "I instigate reviews as and when I feel my needs have changed. They always seem happy to make changes." One relative told us, "We have not had a review yet but someone phoned me to ask if all was going to plan for my (relative)." Another said, "(Relative's) plan was reviewed but no changes required as we are very happy with the care (person) is given at night."

The team leader told us the service worked with the local palliative care team to access training for staff if they were providing care to people approaching the end of their life. We saw detail in the care file to show if the person had a 'do not attempt resuscitation' (DNAR) in place and where it was kept in the house.

We saw thank you notes from families of people who staff had supported to the end of their lives.

We asked people if they knew how to make a complaint about the service. One person said, "I haven't complained but would know how to as it is all in the file." Another told us, "I am asked for feedback on my care from time to time. I don't feel that anything needs improving. I have never made a complaint but would know how to if necessary." One person who had made a complaint told us, "They apologised. It was a good outcome."

We saw care files contained a pamphlet produced by the provider to inform people how to record

complaints, compliments, and comments.

We saw where concerns or complaints had been raised, these had been managed well. However, we noted that communication with the complainant had been recorded as being made by telephone rather than by letter or email as the complaints procedure stated. The team leader told us they would make sure this was followed in future.

We saw a number of thank you cards and notes, all of which were very complimentary of the staff and the service they received.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. They had registered with the Care Quality Commission as manager when the service was registered in June 2017.

The registered manager was not able to be present on the first day of the inspection but was present on the second day.

When we asked in the PIR what arrangements were in place to monitor and ensure the service provided was well-led the registered manager told us they, 'Encourage open communication within this team particularly as the staff work during the night. Good communication is key to a smooth running service. The culture is positive based on consultation, participation and involvement of staff and people who use the service. Developing respect and trust and strong leadership is fundamental to motivating the staff and ensuring they feel valued and involved. Staff care passionately about the work they do and the quality of care they provide. We have a very low turnover of staff which demonstrates longstanding commitment to their role promoting independence for people living in the community. We meet as managers; we meet with team leaders and with support assistants on a regular planned and unplanned basis. This promotes a positive culture where everyone can be involved.'

Staff and people who used the service confirmed this inclusive culture. One person told us, "I am asked for feedback on my care from time to time. I don't feel that anything needs improving." Another said, "I have spoken to the manager but not seen her. She asks how things are going."
We saw quality assurance questionnaires were sent to people who used the service on a rolling programme throughout the year. We saw fourteen questionnaires had been sent out so far in the current year all with very positive feedback.

We asked people if they were able to speak to somebody from the service's office when they needed to. One person said, "I have a mobile number for the manager and team leader so tend to contact them and not the office. I tend to text them so not having a wasted call and they adapt to what I want quickly." Another told us, "I can ring the office and if no one is there leave a message. They always respond to me in timely fashion." However one person said, "It varies as to when one rings whether you get to speak to someone."

Staff told us they had regular meetings and were able to discuss anything or make suggestions about how they thought the service could be improved. They told us they also had communication books in which they could give their views or make suggestions. One member of staff told us they could request meetings just for staff covering individual areas if there was something they felt they needed to discuss.

Systems were in place to audit the quality and safety of the service. A new key worker system had been introduced which involved care staff auditing the care records of the people for whom they acted as key worker on a weekly basis prior to the monthly audit completed by the team leader. The registered manager told us how this had resulted in a real improvement of care record keeping.

Other audits included staff training, complaints and accidents and incidents.

Prior to the inspection we spoke with the local authority contracts compliance team. They told us the registered manager had a 'real focus on improving the service' and was well supported by the team leader. We saw an action plan developed after a contracts compliance visit and all required actions had been taken.

The registered manager attended a number of network groups to make sure they kept up to date with legislation and good practice.

Staff told us they could approach either the team leader or the registered manager at any time and felt very well supported by both.

When we asked people about the registered manager one person said, "I can't tell you who the manager is but I know the team leader. I feel the service is well led." Another person said, "I am not sure if the service is well led but we get a fine service. I couldn't tell you who the manager is." A third person told us, "I think the service is well led. I can't think of any improvements she could make."