Doncaster Metropolitan Borough Council

Positive Step

Inspection report

Social Care Assessment unit
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Tel: 01302734361

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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

The inspection took place on 11 January 2017 and was unannounced. At the last rated inspection in October 2015 the service was rated as requires improvement with a breach in Regulation 12 Safe care and treatment.

Positive Step, is an Adult Social Care Assessment unit, which is registered to accommodate up to 35 people. The service takes referrals from an Integrated Discharge Team at Doncaster Royal Infirmary. The units offer short term accommodation for people who require a comprehensive assessment and works towards building confidence and skills to enable people to return home, or to a more suitable placement. They contribute to the discharge pathway to reduce hospital stays and prevent delayed discharge from an acute hospital bed. Their purpose is to reduce/delay the admission to long term care and prevent re-admissions to hospital by facilitating a safe discharge with the appropriate support within the individual's home and community.

The service had a registered manager. 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 and associated Regulations about how the service is run.

At the previous inspection we found medicines that were prescribed 'as and when required' [PRN] for example pain relief lacked information to guide staff how to safely administer them. People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to record and store medicines.

At this inspection we found improvements had been made. The registered manager had introduced robust medication policies, audits and PRN protocols. These helped to direct staff when 'as required' medication was to be given.

We received some very good feedback from people we spoke with. People told us staff were kind and courteous. They said they would recommend the service to anyone who found themselves in the same position on discharge from hospital.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. The deputy manager told us that a GP holds a weekly surgery at the service and staff could also easily access the

occupational therapist as there were two full time staff based at the home. An advanced nurse practitioner is available at the service five days a week and the service also access community nurses. A physiotherapist was also available at the service to give guidance to staff.

There was sufficient staff with the right skills and competencies employed to meet the assessed needs of people staying in the home. The recruitment process was robust and helped the employer make safer recruitment decisions when employing new staff. Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

People we spoke with told us they felt safe while staying at the home. One person said, "I feel very safe here, staff are wonderful." Staff had a clear understanding of potential abuse which helped them recognise abuse and how they would deal with situations if they arose.

We found the home had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

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 stored and administered safely.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. There were robust recruitment systems in place to ensure the right staff were employed.

Is the service effective?

Good

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people staying in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good

The service was caring.

People told us they were happy with the support they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke positively about the staff at all levels and were happy with the care.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they stayed at the home.

Is the service responsive?

Good

The service was responsive.

We found that peoples' needs were thoroughly assessed prior to them staying at the service. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately changed in preparation for them returning home.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People were regularly asked for their views. Weekly multi-disciplinary team meetings were used to ensure continued involvement by people staying at the home.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Positive Step

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 was 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 11 January 2017 and was unannounced. The inspection team consisted of an adult social care inspector. At the time of our inspection there were 29 people using the service. We spoke with the registered manager, the deputy manager and assistant manager. We also spoke with three senior support workers and three support workers. A therapy assistant, a care coordinator, a physiotherapist and an advanced nurse practitioner who were all based at the assessment unit spoke with us about their roles and responsibilities at the service. We also spoke with five people who used the service and seven visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also looked on the NHS Choices web site to gather further information about the service. We also spoke with the local council quality assurance officer who also undertakes periodic visits to the home. They told us they had confidence in the registered manager to lead the staff at the service.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and supported at the service. One person said, "They [staff] are marvellous they make sure we are all safe. They are very kind and courteous." Another person said, "I have only been here a few days but staff make you feel safe. I am not frightened now. I was having falls at home and that's why I ended up in hospital. I understand why I am here and hopefully staff will help me to go back home." Relatives were extremely complimentary about the service provided. Some were anxious about their family members returning home.

At our previous inspection we found the management of medicines was not always safe. We asked the provider to send us a report detailing what improvements they would be implementing to address the breach and by when. The provider sent us an action plan stating they would meet the regulations. At this inspection we found improvements had been made. The registered manager had revised and introduced robust medication policies, audits and PRN protocols. These helped to direct staff when 'as required' medication was to be given.

Our observations showed that these arrangements were being adhered to. Medication was securely stored and there were arrangements in place for recording the temperature that medication was stored at. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We spoke with a senior staff member who had good knowledge of the medication systems. They described to us that, in particular, the service benefitted from a good relationship with their GP's and pharmacist, who provided the flexibility needed when supplying medicines to an assessment environment with a high turnover of people using the service. We spoke with the advanced nurse practitioner based at the service who told us that they were able to prescribe certain medicines like anti-biotics. He told us people received medication very quickly with the processes that were in place. He could ring a GP and suggest treatment and the medication would be in the home within the hour.

Where controlled drugs were in use we saw there was specific storage available which met legal guidance. The service also had a controlled drugs register which provided the details for each person receiving a controlled medicine. We checked the controlled drugs in the cabinet and found they tallied with the entries in the register.

Staff who were responsible for administering medication had received training to update their knowledge and skills. We also found periodic competency checks were carried out to make sure staff were working to expected standards.

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that the registered manager carried out a regular audit of the home, and part of this audit included checking safeguarding, accidents and incidents. The registered manager also maintained a central file of safeguarding, where any incidents were monitored and records kept of referrals to the local authority and notifications to the Care Quality Commission (CQC). We cross checked this with information

submitted to the CQC by the provider, and saw that all notifiable incidents had been alerted as required by law.

The service had policies for safeguarding adults from abuse. The managers and staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff said they would report any concerns they had to the manager on duty. The deputy manager told us they and all staff had received training on safeguarding adults and training records confirmed this. Staff said they were aware of the provider's whistle-blowing procedure and would use it if they needed to.

The registered manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. We saw there was an up to date fire risk assessment which had been agreed with the fire safety officer. Risks associated with personal care were well managed. We saw care records included risk assessments to manage people at risk of falling. The risk was managed by obtaining equipment to alert staff if the person got up out of bed, which may result in the person falling. Routine monthly checks were completed in each of the three units to ensure they met safety standards.

We observed staff using moving and handling equipment such as hoists. We heard them talking to the individual throughout the move. They gave good instructions and gave reassurances that they were safe. Manoeuvres were carried out at the pace of the individual, giving the person time to rest where needed.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. The deputy manager showed us an employment file for a person that had recently been through the recruitment process. The registered manager told us how they would recruit new staff if required. Staff files were held centrally by the local council and the registered manager was informed when all the required checks had been received. The registered manager showed us how they ensured the right information was recorded about the staffs employment history. She told us that the electronic system used by the provider prevented staff commencing employment until all of the required checks had been returned.

We were shown copies of inductions completed by new staff employed at the service. The deputy manager was aware that all new staff employed that did not have previous experience working in this type of service would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Through our observations and discussions with people who used the service, relatives and staff members, we found there was enough staff with the right experience to meet the needs of the people living in the home. The registered manager showed us the rotas which were consistent with the staff on duty. She told us the staffing levels where flexible to support people who used the service. Because the service was set up to support people to go home following a stay in hospital the service also provided additional support from occupational therapists and therapy assistants. We spoke with one of them and they told us that they carried out home visits to assess if people were able to return home safely. A domestic kitchen was also used to assess people's abilities prior to going home.

We saw that the control and prevention of infection was managed well. We saw evidence that support staff had been trained in infection control. They were able to demonstrate a good understanding of their role in

relation to maintaining high standards of hygiene, and the prevention and control of infection. We saw that care staff wore personal protective equipment (PPE) when delivering personal care and practised good hand hygiene.

Good

Is the service effective?

Our findings

The registered manager told us that people living at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. Some staff had attended a 'Rehabilitation and Re-enablement' validated course. The course helped staff to understand how to enable people to be as independent as they could be. We observed staff encouraging people to pour their own mid-morning drinks from small individual tea pots. The support workers were constantly talking to the people encouraging and reassuring them. People were guided to their bedrooms for personal care and this was carried out discreetly.

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at four people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice. People we spoke with consistently told us they enjoyed the food provided.

We joined a group of people eating their meals. We carried out a SOFI during lunch. We saw that people had several choices of hot and cold drinks, including squash and water. The majority of the people were able to eat their meals independently, where people needed support, this was done discreetly by staff. We observed staff joining people for lunch. Staff chattered with people and this enhanced the dining experience for people who used the service.

A senior staff member talked to us about the systems in place for ensuring people received effective care. They said that additional support from external healthcare professionals such as mental health nursing team was readily available, in addition to the healthcare therapists based at the service. We saw in people's care records that assistance had been sought from a range of external healthcare professionals, including Speech and Language Therapists and GPs, as required in accordance with each person's needs. Where an external healthcare professional had been involved in someone's care, relevant care plans and risk assessments took into account the healthcare professional's guidance. Daily notes in each file we checked showed that this guidance was being followed.

We spoke with the physiotherapist based at the service and he told us that staff were eager to follow their instructions to help re-enable people following a fall which had led them to having a period of time in hospital. The advanced nurse practitioner also praised staff for their observations of people's health. He said "Staff are excellent at picking up health problems for people. They ensure we act quickly to prevent any further deterioration in someone's health." The registered manager told us that people were registered temporarily with a local GP while they stayed at the service. She told us that the GP held a surgery at the home on one day each week. This ensured people could see a GP if required on that day along with other visits as required.

We looked at the care records belonging to four people who used the service and there was clear evidence that people were consulted about how they wanted to receive their care. Consent was gained for things

related to their care. Relatives and people who we spoke with told us they were asked about what they thought they needed to enable them to return home after their assessment period at the service.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We spoke with the care coordinator based at the service. Part of her role was to carry out mental capacity assessments. We saw clear evidence in the care records we looked at that people's capacity to consent to care and treatment had been considered. We found the service to be meeting the requirements of the DoLS. We were informed that a DoLS application had been sent to the supervisory body for their consideration. Because placements at the service were short term the care coordinator told us that it was unlikely that and DoLS applied for would be processed before the person moved back into the community.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told that all staff had received training in the principles associated with the MCA and DoLS.

The registered manager told us that weekly multi-disciplinary meetings helped to make decisions about best interest meetings. Because the service had health professionals based at the service it made it easy to arrange such meetings. The meetings were used to plan discharges from the service and also to discuss other packages of care that some people may have needed to enable them to return home safely.

Staff we spoke with told us that the training opportunities were very good. Most staff referred to undertaking moving and handling [practical] training and completing e-learning courses. The deputy manager showed us a training matrix which confirmed staff had attended the mandatory training as required by the provider.

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the registered manager was always approachable if they required some advice or needed to discuss something.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received. We saw staff had a warm rapport with the people they cared for. Our observations found staff were kind, compassionate and caring towards the people in their care. People were treated with respect and their dignity was maintained throughout. We asked people using the service about their experience of the care and support they received. Their responses were all positive. One person said, "I have been here for a couple of weeks and it could not be any nicer. They treat you as an individual and are very respectful." Another person said "The staff are marvellous they look after everyone and they always have time for a chat." Two relatives we spoke with told us they were very impressed with staff. They said, "Staff are on the ball, they know what is needed of them and go about it in a very professional manner. It's so different to the experience we had when we visited [family member] in hospital."

We observed one of the therapy assistants talking to a relative of a person that had only been at the service for a few days. They spent time going through everything their family member could expect from the service. The relative told us afterwards that they appreciated the therapy assistant explaining the process as it was the first time their family member had been into a care setting.

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. We saw people were discretely assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately. For example, we saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

We spoke with two staff about how they respected people's privacy and dignity. They described the steps they routinely took; including understanding people's need for privacy in their rooms, and addressing people in the manner in which they wished to be addressed.

During the inspection, we observed some people preferred to stay in their rooms. Staff respected this, but checked on people regularly in accordance with their wishes. There were call bells available for people to summon staff assistance. People we spoke with confirmed that they knew how to use this system and that they found it to be effective. As part of the inspection, we wanted to check records of people's medication, which were kept in their rooms. Staff checked with each person beforehand that they were happy for the inspector to enter their rooms, ensuring, therefore, that their dignity and privacy was upheld.

Relatives and visitors to the home told us that there were some restrictions to the times when they visited the home. This was to enable support staff and occupational therapists to assess people's ability to return home. One relative said, "I don't mind the restrictions as it means staff can get on with assisting my family member to be as independent as they possibly can be."

People were provided with appropriate information about the service in the form of a 'Service Users Guide'.

The manager told us this was given to people when they started using the service. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect.

We sat in on a handover between staff that had worked in the morning and staff arriving for an afternoon shift. It was clear from the information that was shared that staff knew people they were supporting very well. This was very good as some people that used the service had only been in the home for a few days. Staff were updated on things like how people were presenting that day. For example, the morning senior explained how one person had their clothes laid out in order. When the staff member had returned to the person they had managed to dress correctly. The senior explained that the person a few days earlier had not been able to complete the task. This showed how the person's pathway to returning home was progressing.

Good

Is the service responsive?

Our findings

We found people who used the service received personalised care and support. They were involved in planning the support they needed. It was clear that the service worked collaboratively with hospital discharge teams and healthcare professionals to ensure each person's needs could be met. The service had a holistic approach with access to social workers, physiotherapist, occupational therapist and the mental health team. This enabled them to sign post people and their relatives to on-going care and support agencies if needed. Relatives we spoke with told us that they had been involved in the planning of their family members care.

We checked care records belonging to four people who were using the service at the time of the inspection. We found that care plans were person centred and detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. Care plans were regularly assessed to ensure that they continued to describe the way people should be supported, and reflect their changing needs.

The registered manager told us that multi-disciplinary meetings were held each week to review people's progress. This ensured everyone included in the on-going support of the individual was able to give their opinions on their ability to return home safely. We saw examples of reports following these meetings.

Whilst it was the policy that assessment and discharge should take four to six weeks this did not appear to place any pressure on people. The registered manager told us that some people had remained at the service after the six week period if they needed extra support to re-enable them to return home. This may have involved obtaining equipment or alterations to the person's home to ensure their safety.

We spent time observing people and staff interacting in the lounges. We found the therapists interacted with individuals to stimulate and motivate them to join in activities. In one of the lounges we saw a therapy ball being used to prompt conversations. This worked very well. In another lounge people were joining in art activities. We also saw that a member of staff had brought in their tablet [computer] and sat with a person showing pictures taken on a family holiday. The person chatted about the time they had gone on a similar holiday, as they too had a similar interest in taking pictures of birds and wild life. The lounges had a warm welcoming atmosphere, with staff engaging in meaningful conversations. Relatives told us that they were always made welcome and staff included them in conversations about the day's activities. The hairdresser was also available to pamper people who used the service.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw these were displayed around the home. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service. People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the registered manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with the registered manager. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the home.

Good

Is the service well-led?

Our findings

The service had a registered manager and a team of managers that were available 24 hours each day. There was a deputy manager and we found they had a good oversight of the service. This enabled them to manage the home when the registered manager was absent. The assistant managers and senior support staff also had their own areas of responsibility, including supervising staff, the management of medication, auditing some aspects of the service and overseeing care records.

People who used the service and their relatives were actively encouraged to give feedback about the quality of the service. People told us that the registered manager was approachable. Relatives we spoke with told us that they could always discuss their family member's progress with the management team of the home.

Staff told us that they felt they were listened to by management. Staff told us that they found the management team within the home to be approachable, and we observed throughout the inspection the managers were highly visible. Staff we spoke with were confident in their knowledge about how to raise concerns or give feedback to managers. There was a whistleblowing policy in place to support staff who had any concerns, and this was made available to staff during their induction.

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the service. They could describe how they were expected to perform, and a system of designated duties for each shift assisted with this. We checked minutes from three recent team meetings, and found that they reflected staff's input to the meetings.

An open door policy was in operation and staff were encouraged to be innovative and make suggestions about how the service operated, and to discuss any concerns they may have about an individual or the service. The registered manager had a clear vision of areas that they wanted to develop to make the service better. For example, the 'value statement' was included in staff induction packs; it was displayed in each team office and also in the individual and carers brochures that were given out to staff.

The provider had effective quality assurance systems in place to seek the views of people who used the service, and their relatives. Surveys were generally completed when people exited the service as placements were only short term. Surveys were returned to the administrator who collated the outcomes and passes the information to the registered manager. Any areas for improvement were discussed with staff and people who used the service to agree any actions which may need to be addressed. The registered manager told us that this year's surveys were due to be completed.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to improve the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.