

Bury Metropolitan Borough Council

Rapid Response Service

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

About the service

Rapid Response Service is a multi-disciplinary team providing care and support in people's own homes. The service is registered to provide treatment for disease, disorder or injury (TDDI) and this includes the provision of personal care. The team is made up of professionals from both the NHS and Bury Metropolitan Borough Council to provide nursing, therapy and social care on an urgent basis. The aim of the service is to prevent a hospital/care home admission and provide help in a crisis situation. The service will then refer people to the appropriate service after a maximum of five days intervention.

At the time of the inspection the service was providing care and support for up to 4 people. The service covers the areas of Bury only.

People's experience of using this service and what we found

People told us they were very happy with the care and support provided. Feedback from people about the service was very positive. One person wrote, "A wonderful team when I needed them most. I don't know what I would have done without them."

The service had a good system in place for staff training, supervision and competency checks. Staff felt supported in their role. The service had followed safe recruitment processes.

People received appropriate and timely referrals to other relevant support services. People received a high quality, holistic approach to supporting them to maintain their independence and remain safe and well.

Where people were supported with their medicines; this was managed safely.

The safety and quality of the service was regularly monitored through a series of periodic checks and audits. People's specific communication needs were addressed. People's care needs were communicated well through regular information exchange.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 16 November 2016 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration of the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Rapid Response Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a community health NHS and independent social care organisation. It provides treatment for disease, disorder and injury (including personal care) to people living in their own houses and flats. It provides a service to adults with a range of care needs, such as dementia, sensory impairment, learning disability, mental health and physical disability.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 13 August 2019 and ended on 14 August 2019. We visited the office location on both dates.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, operations manager, one social worker and two support workers. We reviewed a range of records. This included five people's care record documentation. At this service care plans are known as goal plans. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also attended one afternoon handover meeting with professionals and support workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe receiving care from Rapid Response. One person told us, "We trust them implicitly."
- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse.
- The service works closely with Bury MBC safeguarding team and screens people for safeguarding. Where necessary, the service will put in immediate protection plans for people who may be at risk of harm.

Assessing risk, safety monitoring and management

- People's individual risks were identified during the initial assessment. Where necessary, people had specific risk assessments, for example, skin integrity and falls.
- A home visit safety check list was also carried out to identify any risks within the person's own home. For example, fire safety and checks of equipment.
- Staff had received several training programmes on how to keep themselves and people safe.

Staffing and recruitment

- Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people. Staff had the necessary safety checks in place before starting work.
- The service had a small staff team at the time of the inspection. They could only take referrals into the service where they had enough staff to safely cover the required visits to people. However, the service had recently received funding to significantly expand the service and staff team.

Using medicines safely

- People who required support with their medicines received assistance with their medication from trained and competent staff.
- Staff regularly had their medication competencies checked by being observed and monitored by the team's registered nurse. Medicine administration records were also audited for completeness and accuracy by the registered nurse.

Preventing and controlling infection

- The service had an infection control policy in place and staff had received up to date training in infection prevention and control.

- Staff told us they were supplied with sufficient personal protective equipment (PPE). This included disposable aprons, gloves, hand gel and foot protectors.
- Staff confirmed they always use the appropriate PPE when providing support to people.

Learning lessons when things go wrong

- Accidents and incidents were recorded, managed and actions taken to mitigate any future risks.
- As the service was a multi-disciplinary team who could respond to incidents quickly. A professional, such as an occupational therapist or physiotherapist, could visit the person the same day to assess whether the person may require additional equipment to support them and prevent further incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care.
- Within two to 48 hours of a referral, a professional from the team visited people to carry out a rapid response assessment, which was detailed pre-assessment of their care and support needs. This was to ensure the service could fully and appropriately meet the needs of the person requiring care and support.
- Staff were informed of any changes in people's current care needs. Handover meetings to discuss each person receiving care were held twice per day. Staff were also kept up-to-date via mobile phone and email. Two support workers from the team were on shift each day and this meant people were visited by regular staff.

Staff support: induction, training, skills and experience

- The service team was made up of professionals from the healthcare sector and local authority. The team were trained in their own discipline and also underwent the service's mandatory training schedule.
- A training matrix was in place to give managerial oversight of staff training requirements.
- Staff received regular supervision and appraisal from the management team. Staff had their competencies checked during regular observations of care carried out in people's homes.
- Staff told us they felt well trained and supported to carry out their role. They also told us they were supported to take any additional training. One staff member told us, "[Name] is passionate about building a good, trained team."

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of the inspection the service was not supporting anyone with their meals. However, support workers help to prepare meals for people if this is part of their care needs.
- As part of the initial assessment for the service, staff check to see what support is in place for people's meals and if people have specific dietary requirements. Where required people will have a nutrition goal plan. People are also given information on organisations who deliver food to people's homes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Close links with a range of health and social care organisations meant the service was able to provide a holistic approach to people's needs and help them remain at home.

- The service had a highly developed network of organisations who referred into the service and who they referred on to.
- Close working relationships with other agencies enabled the service to provide the required urgent response to prevent a person being admitted unnecessarily. People were able to be supported for a short period of time before the service made the onward referrals to other services that could help. The service regularly referred people on to the reablement team, the fire service, arranged for equipment to be delivered to the home or arranged admission to an intermediate care setting. The service also signposted carers to help and assistance they may require, such as the local authority's 'carers service'.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff had undergone training in the MCA and demonstrated their awareness of the need to gain consent before providing care and support.
- The registered manager was knowledgeable around the legal safeguards around people's consent. A separate assessment was carried out for people who lack capacity to make decisions for themselves. If a person does not have an appointed power of attorney to make decisions for them, then a best interests decision would be made with the relevant people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were very happy with the care they received from the service and told us they were treated with dignity and respect. One person told us, "The staff were absolutely brilliant; they were lovely." Another person told us, "They were nice and polite and looked after me well."
- The service promoted people's independence. They provided advice and equipment on how people can remain well and independent in their own home. The service had many links with other services that could support people to maintain their independence, such as the local pendant alarm service.
- Staff we spoke with told us how they ensured people were treated with privacy and dignity when they provided care and support to people. One staff member told us, "We always speak respectfully to people... during handover we talk about people's preferences and how they like things done."

Ensuring people are well treated and supported; respecting equality and diversity

- The service had an equality policy in place and staff had received training in equality and diversity along with human rights training. The service had also provided specific training to enable staff to support people in a sensitive way. This included palliative care for people from the Muslim faith and Jewish faith awareness training.
- The registered manager demonstrated a good understanding of the protected characteristics covered in the Equality Act 2010.
- People we spoke with told us they were treated very well by staff. One person told us, "The team were great; I can't praise them enough. They were pleasant and nice, and we called them our 'little angels'."
- Feedback received at the service from people was very positive and included, "The members of your team allocated to deal with my care have been the most wonderful, dedicated, sympathetic and caring I could have wished for."

Supporting people to express their views and be involved in making decisions about their care

- People had been involved in decisions about their own care and support delivery.
- The service also tried to involve people's carers and relatives in the initial assessment where possible. The service also worked with the local advocacy service and provided either a telephone or face to face interpreter service if they needed them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personal goal plans tailored to meet their specific needs. These plans identified needs in relation to a range of areas including protected characteristics under the Equality Act 2010, such as age, disability, ethnicity and gender.
- Staff had received training in person-centred care and they told us they get to know the person and their preferences. One staff member told us, "We get to know the person and how they want things done. We ask them what they want and talk it through with them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the Accessible Information Standard (AIS) and initial assessment documentation made specific reference to AIS and individual communication needs.
- The service had the facility through the local authority to be able to provide information in many different formats, such as large print, braille and other languages. The registered manager told us of one person they supported who communicated by text message only and staff supported this method.

Improving care quality in response to complaints or concerns

- The service was part of the local authority and used their corporate complaints policy and procedure. However, we found that the service had recently stopped providing people with the corporate complaints leaflet. The service gave feedback forms for people to complete; however, this did not provide information and guidance on how to complain about the service. We spoke with the registered manager and they arranged to have the corporate leaflet re-instated during the inspection.
- We reviewed the complaints file with the registered manager. We found where a concern had been raised this had been investigated and responded to in line with the corporate complaint procedure.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of our inspection. The registered manager told us it would be rare for the service to provide end of life care due to the nature of their service.
- People who were on end of life care were supported by the palliative care team. However, staff had

received training on end of life care from the palliative care team and also the local hospice. The service had access to district nurse team and emergency equipment required for end of life care if this was needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People were cared for in a service which had a positive, enabling culture that promoted people's independence to remain in their own home.
- The management team were highly experienced and had forged close links with other agencies to ensure people accessed support when they needed it.
- Staff we spoke with told us the management team were very supportive and approachable. One staff member told us, "Management are definitely supportive; [Name] is amazing she is great, very genuine and caring."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was knowledgeable around their regulatory requirements and wider legal requirements. The service was part of a local authority and received support from other departments and teams.
- The service had an organised system of quality monitoring and auditing systems in place. These were used to check the quality of the support provided and monitor outcomes for people.
- There had not been any serious incidents at the service; however, the registered manager understood their responsibility to let people know if something went wrong under their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The management team kept themselves and staff up to date with training and development. One staff member told us, "I feel well trained to do my job." The management team held monthly team meetings and three-monthly supervisions to ensure staff were engaged in developing the service.
- The service engaged with people by requesting feedback from each person and analysing the results.

Working in partnership with others

- The service provided holistic care and support working very closely with many other teams, both internal and external, to ensure people had the choice to access further support.

- Where people had continuing needs at the point of discharge, for example, the service would support people with equipment, care packages, respite care, etc. Each person had a clear onward care pathway of care and support to enable them to remain as independent as possible.