Bury Metropolitan Borough Council

Bury Council Domiciliary Care

Inspection report

Seedfield Resource Centre
Parkinson Street
Bury
Lancashire
BL9 6NY

Date of inspection visit:
15 February 2017
16 February 2017
20 February 2017

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26 May 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 15, 16 and 20 February 2017. This was the first inspection of this service.

Bury Council Domiciliary Care or Bury Council Reablement Service as it is known, provides people with a service to help regain skills and confidence and to stay independent and living at home for up to six weeks. The service usually supported between 80-90 people at any one time. At the time of our inspection, 89 people were using the service and were at various stages of the reablement process.

The service had a manager who was registered with us. 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 told us that they felt safe. Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse.

Procedures were in place to help ensure staff were safely recruited to ensure that people were not supported by staff who were unsuitable to work with vulnerable people.

People received reliable consistent and flexible support from staff who knew them well. We saw sufficient numbers of staff were available to help ensure people's assessed needs were met so that progress in their health and well-being was maintained.

Systems were in place to ensure the safe handling of medicines and to reduce the risk of cross infection in the service.

The service was always looking for creative and innovative ways to improve the service by looking at ways to streamline service delivery and fully use staff time. This was achieved by working with the local hospital, doctors, community based professional and other local authorities. This included ways of reduce people's social isolation.

People who used the service had the capacity to make decisions about what they did and the choices they made.

Staff received the training and support from the service to help support people safely and effectively.

The service worked closely with other healthcare professionals to help ensure that people received the service they needed quickly.

People we spoke with said they were very happy with the support provided. They told us they could make decisions about their individual support to help regain their confidence and independence. People told us caring and compassionate staff supported them.

People were involved in developing their goal plan. The documentation clearly showed where people were making progress and this was important to them.

Once agreement to the service was reached an assessment co-ordinator assessed the person's needs and made sure the equipment and support they needed was in place to help promote their independence as quickly as possible.

People we spoke with did not raise any complaints or concerns about the service. They told us they would speak to their co-coordinator if they did and were confident they would listen and take action. Highly complementary feedback had been received from people who used the service, during this inspection, from our survey and from internal feedback systems.

There were effective systems in place to monitor and review the quality and health and safety of the service. Staff members we spoke with said that the registered manager, deputies and co-ordinators were very approachable and supportive

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. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to respond and report any concerns.

Staff had been safely recruited. There were enough staff to meet people's assessed support needs in a reliable, consistent and flexible way

Systems were in place to ensure the safe handling of medicines and to reduce the risk of cross infection in the service.

Is the service effective?

Outstanding

The service was very effective.

The service worked in partnership with a wide range of health and social care professionals to help ensure that people received the support, care and treatment they needed to regain their independence.

The service was involved in looking at innovative ways of working with other services within the local community and the use of equipment and new technology to help improve the experience of people who used services.

The majority of people who used the service had capacity. Management staff had received training in the MCA and this had been cascaded to staff. Staff had access to information about MCA.

Staff received the induction and training they required to ensure they were able to carry out their roles effectively.

Is the service caring?

Good

The service was caring.

People we spoke with were highly complementary about the

support they received from staff. They told us they were happy about the support they received to regain their confidence and independence.

People were clear about what they could expect from the service and there was written information in place to support this.

Is the service responsive?

Good

The service was responsive.

People were clear about the aims and objectives of the service to help regain confidence and skills so that they could continue to live independently and help reduce social isolation.

Support was planned in partnership with them. The support was person centred and identified people's strengths and goals. The goal planning system used meant that people could easily see the progress they were making.

Systems were in place for the reporting and responding to people's complaints and concerns and records of the high level of compliments about the service were maintained.

Is the service well-led?

Good

The service was well led.

There were effective systems in place to monitor and improve the health and safety and quality of the service provided.

Staff told us they felt they were well supported by their line managers who were very approachable and supportive.

People were actively encouraged to give feedback about the service and this was used to make improvements to the service.

Bury Council Domiciliary Care

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 checked 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 undertaken by one adult care inspector, took place on 16, 17 and 20 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us with our inspection.

Before our inspection, we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams. They raised no concerns about the care and support people received from the service.

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service.

During our inspection, with their permission we visited and spoke with five people who used the service who were at different support stages on the reablement pathway and three relatives. We also spoke with the registered manager, a deputy manager, two co-ordinators and three care workers. The strategic lead for adult operations and the business manager for adult operations senior management team were present at the feedback session for this inspection.

We reviewed a range of records relating to how the service was managed; these included five people's care

records and staff training records. We also visited Bury Town Hall on 20 February 2017 and reviewed three staff recruitment files.

Good

Our findings

People who used the service and relatives told us that they thought their family members were safe. A person told us, "They are amazing and put you at ease." A relative said, "I have been ill recently and have not been able to visit but I have had peace of mind. I don't know what we would have done without them."

Staff told us they felt safe and comfortable working with people. If that was not the case then they could ring on-call managers for additional support. Staff were confident on-call would respond appropriately. A staff member said, "It's important we keep people happy and safe."

We saw the service had safeguarding children and vulnerable adult's policy and procedure. We spoke with staff about their responsibilities for safeguarding vulnerable adults. Staff told us that they had received training in their responsibilities for safeguarding adults and knew what action to take if they witnessed poor practice by colleagues under whistleblowing procedures. They knew they must report any concerns to their line manager or to other agencies such as the local authority safeguarding team and CQC. They also told us they felt confident the management team would listen to concerns they raised and take any required action.

We checked to see that staff had been safely recruited. We reviewed three staff personnel files and saw that each file contained an application form, two references and confirmation of the person's identity. We noted that the full employment history was not on the application forms held with the personnel section but this information had been checked and recorded at the interview stage of the selection process. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

People we spoke with said, "I have regular staff. They are a good team and I don't like change", "We have regular ladies come. They stay as long as I need them, never rushed. I never feel I am a nuisance" and "I have got used to these three lovely staff. I don't want to leave the service." Staff confirmed that they provided regular support to people and rotas we saw supported this.

During the inspection, we saw sufficient numbers of staff available to meet people's individually assessed needs. Regular staff from the Bury Aces team were used as required to increase capacity. The Bury Aces is an internal recruitment agency for adult care services at Bury Council where staff work on a casual basis, which

helps to provide flexibility to the team. The registered manager told us that there was a low staff turnover of permanent staff at the service.

We saw that the service had introduced an electronic care monitoring system. Although staff said that initially this system had been challenging, it had helped to ensure that people received consistent and flexible support. Now established the registered manager and deputies said they would not want to return to the previous system. A deputy manager told us that they would always try to ensure that people were allocated regular staff who knew them well and speak to people in advance were changes were being made. Staff rotas we saw for the people we visited confirmed this was the case.

Staff used mobile phones and scanned a bar code in and out of their visits. The bar code was linked to the electronic care monitoring system at the office. This system alerted the deputy managers if a call had been missed or it was taking longer than planned to complete the call.

People had detailed risk management plans in place to guide staff on the action to take to mitigate the identified risks, which included a workplace activity risk assessment for staff. We saw a reablement service premise safety check list was completed at the point of providing the service. The checklist covered, for example, electrical and fire safety measures, lighting, floors, stairs and general maintenance issues.

We saw that moving and handling risk assessments were completed for people and the level of assistance people required was identified and any equipment needed. Information was in place to guide staff in the completion of the risk assessment.

Systems were also in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary. Staff told us that they had access to PPE. Supplies were held at the office and they never ran out. We saw PPE being used by staff during one of our visits.

We reviewed the systems in place for the safe handling of medicines. Most people we saw told us they took their own medicines. One person told us that staff were helping them to apply cream because they were unable to reach the area concerned.

We saw that staff completed a self-administration of medication assessment and daily evaluation record for people. Areas included how the person manages their medicines, could they read the labels and how the access their medicines. The assessment process also included people's ability to apply creams, eye and ear drops and use inhalers and nebulizers. The person is then rated as independent, requires supervision or cannot administer safely. Medicines were reviewed by the coordinators on a weekly basis. A medicines protocol sheet for was also available for 'as required' PRN medicines.

We saw MAR sheets were used by staff to record any medicines they had given. Body charts were also available that helped to show staff were any creams needed to be applied. Procedures for the disposal of medicines were in place.

Outstanding

Our findings

People we spoke with and their relatives told us about the difficulties they had experienced prior to using the service, with ill health and being admitted to hospital. One person said, "When I came home I just wanted to sleep and did not want to see any visitors." Another said, "Since I have come out of hospital I have made a slow improvement, I am getting better and my appetite is back." Staff told us that people were often tired and in low mood when the first returned home. One staff member told us that it was, "Good to see people start to improve."

A relative said, "Once the service was in contact things happened really quickly and we were fully involved." People and relatives spoke positively about the social care officers based at the hospital and the co-ordinators that made the arrangements for the service. They said they had made a good first impression and this had been reassuring. Staff told us that teamwork and communication were very good. They said, "It's a nice team, we support each other." "We ring our opposite number if we have any concerns about a person."

We were aware that the Department of Communities and Wellbeing formed part of the developing partnership arrangements. The aim was to bring together a range of local organisations and service together to deliver local integrated health and social care and form a provider alliance. Organisations included Pennine Care, Pennine Acute Trust and Bury GP Federation. The aim of the alliance is to identify and develop services that can be delivered in the community instead of hospitals and design a virtual health and social care hub to improve support for local resident's long-term wellbeing. The reablement service is a vital part of this arrangement.

We saw that the adult's operations draft structure had been put in place that linked the reablement service with the hospital social work team, the rapid response team, intermediate care and support at home.

Information we saw showed that following a pilot in 2013 funding for two assessment teams at the service was put in place. The assessment team's role was to help facilitate timely discharges of people from hospital to prevent the becoming dependent, reduce the risk of acquiring infections and free up hospital beds for other people who needed them.

Quality monitoring carried out by the service shows that 89% of people who used the service had not been readmitted to hospital reducing the pressure on the local hospitals. People were clear that the service they were receiving was for a short period of time only and to help them to regain as much of their independence as possible.

The service had also been involved in extending links with a neighbouring local authority to pilot the 'Home in a Day Service'. This service is where a physiotherapist, occupational therapist and a support planner visit key wards at local hospital sites and attend the morning ward round. A deputy manager from the service will be linked to the project in the role of support planner. A co-ordinator in a vehicle in reach of the local hospital once identified will take people home that day and assess their support needs in their own homes.

We were informed that early indications from this pilot show that this service helps to release capacity from the reablement service so that they can concentrate on the people who need the service most. Working with neighbouring local authorities across the hospital and primary care services that fall within Pennine Acute and Care is set to increase in the future to help make it easier for people to navigate the health and social care services offered and arrange timely and safe discharges from hospital to home in a more integrated approach.

The reablement team is part of the Staying Well team and had recently worked in partnership with doctors in the Radcliffe area to inform residents about the advice and practical support that they can access to help them enjoy good health and maintain their independence.

The team included an occupational therapists and six trained occupational therapy assistants. Information we received stated most co-ordinators had been supported to achieve foundation degree, which will equip them to have a better understanding of basic health care.

People told us about the equipment that had been put in place to help promote and maintain their independence. People and relatives told us that the equipment had been put in place quickly Equipment included, high back chairs, walking frames, orthopaedic beds and grab rails. We saw that occupational therapy assistants delivered smaller items of equipment to people's homes so that received it to use quickly.

Information we saw showed that the service was working in partnership with other health and social care professionals to ensure people received the service they needed. For example, The service works alongside district nurses, stroke nurses and community physiotherapy.

The service used new technology in the person's home if needed, for example, an online activity monitoring system that helps people stay independent in their own homes by discreet wireless motion sensors, which provides reassurance to families and helps the service to monitor risk. The service has worked the provider of the online service to develop a kit of adhesive sensors to attach to items, for example, a kettle, kitchen doors and wardrobes. This will give the service vital information about how the person is functioning and what support they need. The service also links to the Carelink service and plans to use telecare medication boxes in the future.

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.

We saw the service had a mental capacity policy and practice guidance document that was available to use by staff. Staff told us that because people were being supported towards full independence it was rare that people who used the service lacked mental capacity. All managers had received MCA training and

information was passed down to the support staff. All staff had been issued a pocket guide on "What is the Mental Capacity Act" which had been issued by Skills For Care.

We saw on people's care records that they signed a customer agreement form to confirm they agreed and understood the contract, that they agreed with the goal plan and to fully participate in achieving it, support to medicines as required and agreement to share personal information with others, for example, other health and social care professionals and the CQC.

The form directs staff to where a person lacks mental capacity then a capacity assessment must be completed by the social worker and were appropriate best interest discussions could be recorded.

Staff confirmed they received a wide range of training and this training was regularly updated. The reablement service training record showed that staff received training in moving and handling, first aid, medication, safeguarding, protecting information level 1, staff competencies. The training record also gave information about Bury Aces staff and showed that managers and coordinators also completed medicines management, assessment and competency training and moving and handling risk assessment and recording training.

We saw that during staff employee reviews they had the opportunity to request access to a wide range of training, which included mental capacity act training. A training needs analysis had been produced to show what training staff wanted to access, for example, mental health, alcohol and drugs and more training in dementia awareness. Staff also had access to a 'Learning Zone' room at the office which had useful information available for staff to use to support them in their role.

Staff confirmed that they had a one to one supervision session with their line manager every six to eight weeks and records we saw confirmed this. A team meeting was held every week for each hub. Staff told us that they felt well supported by their line manager and there were opportunities to up skilled and for career progression.

We saw on our visits to people's homes that they had access to fluids and a hydration risk assessment was in carried out be staff. A malnutrition screening tool was also used to monitor people's intake of food.

Good

Our findings

People who used the service and the relatives we spoke with were highly complementary about the staff team supporting them.

People said the service is, "Excellent! Staff are always smiling, friendly, jolly and nothing is too much trouble. It's an exceptional service", "They sympathise and lift your spirits", "From the word go it has been a pleasure, exceptional and staff have been politeness itself. They don't assume things" and "If you don't have anyone else they would lift you." Other people said, "I am overwhelmed with gratitude" and "Brilliant. All have been kind."

A staff said, "I love the job. I approach people as I would if I was caring for my mother. That's important."

We saw on people's records that there was a customer guide. The customer guide gave people information about how the service would work with people to regain their independence. Areas of support included personal care, preparing, cooking and eating meals, managing medicines and encouraging people to participate in activities in the local community.

The guide gives people information about what they can expect from the service and support staff. The guide states that staff will be polite and courteous, treat your home with respect, keep personal and financial matters confidential and work safely so no-one gets hurt.

We saw that at the end of providing the support the service carried out a quality assurance review. Information we saw showed that the service had received many compliments. We saw displayed on the office entrance hall that the service had received 21 compliments about the service between 1st of February to up to the date of the inspection.

We saw compliments from the satisfaction survey for 2017. One letter we saw from a relative commented, "I cannot thank you enough for the support you provided me and [relative]. Without that help, I doubt that I could have coped over the last few weeks. It was a joy to see [relative's] light up when a care arrived in the room. A magical touch." Another said, "The reablement service is a jewel in the crown of Bury Adult Services and you are being extremely well represented by the care [care worker] provides. Thank you."

We saw that Bury Council produced a bulletin for staff called 'Diversity Matters' and they were committed to the #NoBystanders campaign which encourages staff to 'never be a bystander to bullying, harassment,

discrimination or unfair treatment of any kind.'

Good

Our findings

We saw that there was a clear eligibility criteria and reablement pathway for people. For example, people had to be over 18, reside within Bury, be motivated, have the potential to improve their levels of independence, and do not have complex health or social care needs.
We saw that referrals to each co-ordinator were monitored and a record kept of the number of referrals accepted and those waiting and the reason for the delay.

We looked at five people's care records during our home visits. We saw that a community care assessment was in place that had been carried out by a social worker. Records also included a goal plan and a number of risk assessments.

The assessment teams from the service completed the goal plans with people. Records showed that a wide range of tasks were assessed, which included, personal care, eating and drinking, night time needs, continence, medication, moving and handling transfers from bed to chair to toilet, bathing and showering, lifting and carrying objects, use of the stairs, equipment, outdoor mobility and community access. A summary of people's ability and strengthens was also recorded.

A goal attainment rating tool was used to measure people's progress with 6 being assistance of two staff 5 attendance of one staff member, 4 visual and verbal prompts, 3 supervision, 2 independent with equipment and 1 independent. Some people told us that they could see from the numbers on the goal plan that they were making progress and that was important to them. Staff completed progress notes at the end of their visits. Information showed that co-ordinators were carried out weekly reviews to check that people were making progress with their goals. A final review was completed by co-ordinators at the end of using the service.

Relatives we spoke with told us, "[Relative] has definitely made progress but it is the increase in confidence that I have notice most," "I don't think without the staff [relative] would have made as much progress" and "I couldn't have wished for any better help."

Discussions with the registered manager demonstrated that they were always looking at ways to utilise any fluctuating capacity in staffing to be used with in community settings, for example, bathing and exercise groups to promote health and reduce social isolation. The service is also part of the development of locality neighbourhood networks and have training in the Bury Directory which helps link customers to access social groups such as day centres, luncheon events and community centres to help reduce the sense of isolation.

One example given was were a person used to enjoy a chippy meal once a week. The service made arrangements for the chippy meal to be delivered to them.

A person said, "All in all at 100 I can't grumble!" A relative said, "I have no complaints but if I had I am sure I could speak with [co-ordinator] and they would sort it out."

We saw that there was a complaints procedure was in place. The customer guide gave information to people and their relatives about who to contact if they had any concerns, which included the registered manager, the department for communities and wellbeing complaints manager, the Care Quality Commission and the Local Government Ombudsman.

The customer guide states that the service made sure good practice was learnt from people's comments, compliments and complaints. We saw that there had been only one formal complaint made to the complaints manager and this did not relate to personal care. We were also aware of one concern raised with us. However, when we contacted the complainant we were made aware that the registered manager had already dealt with the issue.

Prior to our visit, we had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us and gave detailed information about the service.

Before our inspection, we sent surveys to people who used the service, staff, relatives and community based professionals. We received 35 responses to our surveys.

People who used the service commented, "I am completely satisfied with the service, all the staff are very caring. I have used this service a number of times and cannot praise them enough." A friend of a person commented, "My experience of using [the service] is positive. I am a carer for a friend and [friend] has recently been referred to [the service] and they have been fantastic." A staff member commented, "Excellent service. I am proud to be part of the team."

Community based professionals commented, "The service appears person centred, caring and efficient and we consistently receive positive feedback from customers and families alike. The only frustration is the availability of the service as demand exceeds availability!"

Good

Our findings

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We also contacted the local authority safeguarding and commissioning team. They raised no concerns about the care and support people received from the reablement service.

The service had a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration. Bury Council Reablement Service is part of the Department of Communities and Wellbeing. We saw that the service had a statement of purpose in place. A statement of purpose is a legally required document, which tells people what the service does, and who for.

Three deputies, eight co-ordinators and an occupational therapist supported the registered manager in the day-to-day management of the service. The registered manager told us they received good support from their line manager. Staff said that the registered manager was approachable and supportive and they were confident that any of the deputies or the co-coordinators would support them if they had any concerns or problems.

We were told that managers meetings were held every week. We saw copies of the minutes of the meetings held since the beginning of January 2017, which confirmed this was the case. Information discussed included the recent hospital pilot, changes in management structure, staffing levels and arrangements for OTTIs.

Staff at the service told us they received good support from their line manager. Records we saw showed that coordinators and team meetings were also held on a weekly basis. Safeguarding and health and safety were seen to be standard agenda items. Areas discussed included recording of 'as required' (PRN) medicines and other issues involving some local pharmacies. Team meetings took place every week, discussions took place around any concerns and updates about people who used the service and any other issues raised.

We saw that the service was a member of the local department for Communities and Wellbeing residential and domiciliary care operational provider forums and received newsletters from health and social care organisations. This helped the service keep up to date with changing legislation and guidance.

We saw that staff were kept informed of change by Bury Council with a regular 'Engage' Bulletin. This informed staff as to what was happening locally, regionally and nationally and how this affected them, the council and the borough. There was also a communities and wellbeing newsletter sent out to staff to keep them informed of developments and change.

We saw in the February 2017 bulletin information about Bury Behaviours that staff should display to support wellbeing at work, for example, communicate about cultural issues and differences in an informed, sensitive and respectful manner, take steps to prevent bullying or harassment and treat team members in a consistent and fair manner. The bulletin also gives staff information about plans for transforming health and social care throughout Bury and the progress being made towards establishing a new locality care organisation and a once commissioning organisation.

We saw a leaflet that explained to staff about how their work related to the CQC outcomes. The leaflet was designed to help staff think about the work they did and gave a range of scenarios to consider. We also saw information that staff had worked on Care Quality Commissions 5 Key questions, safe, effective, caring, responsive and well led. Staff had identified what they thought were important criteria for each question, for example, in the responsive section, listening, observations, reacting quickly and reporting changes in need and also being accessible and approachable. This helped the service to understand their responsibilities under the regulations, which are the fundamental standards and also the key lines of enquiry for the inspection process.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services.

We saw that a reablement service quarterly report was completed from the information in the electronic care monitoring system. This gave comparative information to the previous year about referrals, accepted referrals, declined referrals, time taken between the referral and programme start date, referral source, referral reason, time in service, discharges, delayed discharges and outcomes.

We saw a copy of the customer survey report that collates information received from the satisfaction surveys. The report shows that between 1 July 2017 and 31st December that 433 people who used the service. 149 people completed a customer satisfaction survey that covered the quality of care received, satisfaction with information given, level of information in making decisions about care. The overall experience showed that 80% of the respondents thought the service was excellent. One person commented, "I am very satisfied with the overall experience. It has helped me very much. Now I can stand on my own two feet. Thank you for all your care."

We saw that there was a long-term vision and plan in place for the future of the service working in co-operation with other health and social care professionals. The registered manager told us that the provider's vision was progressing well and that these were, "Exciting times."