Tameside Metropolitan Borough Council

Wilshaw House

Inspection report

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Date of inspection visit:
18 June 2018
28 June 2018

Date of publication:
23 August 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 18 and 28 June 2018 and was unannounced. This was the first inspection of this service since it was registered with the Care Quality Commission (CQC). The service provides both a Shared Lives and a Reablement service. The Shared Lives scheme supports adults with needs that make it harder for them to live on their own; the support ranges from regular visits or activities to permanent placements with care workers. The Reablement service provides support for people for up to 6 weeks, often after a stay in hospital or an injury.

Not everyone using the service receives regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service was provided mostly to people living in the Tameside area of Greater Manchester. At the time of our inspection 239 people were using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had a clear understanding of their responsibilities.

People told us they felt safe. Processes were in place to support care workers in raising concerns and care workers we spoke with told us they felt able to raise any concerns. The service was part of the local authority and had good contacts with the safeguarding team.

Risk assessments were in place to identify risks people may encounter. People were encouraged to make choices about what they wanted to do and they were supported to do so in as safe a way as possible.

Checks were made on staff to ensure they were suitable before they were offered employment. Care workers underwent comprehensive inductions and shadowing before they worked unsupervised. Part of the induction provided care workers with an awareness of other services available so they could signpost people to other services that could help them.

Risks to people who were taking medicines were identified and support plans drawn up to help them receive their medicines safely. Where appropriate, technology that could help lower the risk to people was used. Care workers were trained in supporting people with their medicines.

People told us they were encouraged to make choices and told us this was reflected in the way they received support. Where people's choices reflected their spiritual or cultural beliefs, care workers underwent awareness training so they understood why these choices were important to them.

Care workers told us they felt very supported and were made to feel part of a team. Care workers had regular meetings and supervisions with managers and told us they felt their managers were very approachable and would listen to them.

People using the service told us the care workers were very helpful and felt they were dependable. People told us the service had a positive impact on their lives.

People were encouraged to be independent people told us they had become more independent as a result of using the service. People using the service were supported to engage in activities in the local community and maintain contact with people who were important to them.

The Shared Lives service spent a lot of time making sure people using the service got to know their care workers before any placements were made and where people didn't get on they would be introduced to a different care worker. The Reablement service included information about the person in their care records and wherever possible the same workers went to the same visits to allow the person time to get to know the care workers.

The service welcomed feedback from people and used it to develop and improve the service. People told us they knew how to complain and would be happy to do so if they needed to. People commented many of their minor concerns were dealt with to their satisfaction by care workers and so did not need to complain formally.

The management of the service encouraged an open and honest culture where people felt able to speak up and raise both positive and negative things. Care workers confirmed they felt the management were approachable and that their views were respected. Care workers told us they were proud to work for the service and enjoyed seeing the difference it made to people's lives.

Innovative efforts were made to engage the public and raise awareness of the service, including tv interviews and poster campaigns featuring people using the service and care workers. We were told these had been successful and increased the number of enquiries about the service.

The service worked well with other agencies both within the Local Authority and externally to try and achieve the best outcomes for people.

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 and procedures were in place to ensure any concerns raised were dealt with appropriately.

Risks to people were assessed and people were encouraged to do the things they chose in as safe a way as possible.

Checks were made on people before they were offered employment with the service.

Is the service effective?

Good

The service was effective.

People's choices were respected and people received support to accommodate these choices.

Care workers told us they felt supported by the organisation and had regular contact with management.

The service worked within the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People felt they were treated with respect and compassion and felt the care workers were dependable.

People received care from care workers who knew them well and they could trust.

The service encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's needs were reviewed and people were involved in deciding what support they needed.

People were encouraged to maintain links with people who were important to them and to access opportunities available within the local community.

The service used assistive technology to reduce risks to people.

Is the service well-led?

Good

The service was well-led.

Managers in the service encouraged an open culture where people were free to speak up.

The service worked hard to engage with the local community.

Managers welcomed feedback and used it to help plan and improve the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 28 June 2018 and was unannounced. The inspection team consisted of one adult social care inspector. The provider runs both a Shared Lives scheme and a Reablement scheme to people living in the Tameside area of Greater Manchester.

During the inspection we spoke with the Registered Manager, the Service Managers for the Reablement and Shared Lives services, the Assistant Team Manager for Shared Lives and the Head of Service. We also spoke with three members of the office team, four Patch Coordinators, five care workers, five people using the service and two relatives of people using the service.

Prior to the inspection we considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about and contacted the local authority and the local Safeguarding team to seek their views about the service. The feedback from these people was positive. The provider completed a Provider Information Return (PIR) prior to the inspection. A PIR allows the provider to tell us about how they feel the service meets regulations and any developments to the service they have planned.

We reviewed a sample of people's medicine records, four care files, four staff recruitment records, staff training and development records, records relating to how the service was being managed such as records for safety audits and a sample of the services operational policies and procedures. We also saw feedback from people given directly to the service.

Good

Is the service safe?

Our findings

People were kept safe. The service was run by the local authority and therefore followed the local authority's safeguarding policy. Care workers received safeguarding training and the care workers we spoke with demonstrated they understood their responsibilities to raise concerns and told us they felt confident in doing so should the need arise. A person using the service we spoke with told us; "I've got real peace of mind."

A variety of assessments were completed when people started with the service to help keep them safe. These included risk assessments of daily tasks such as eating and drinking and moving around, environment risks and risks the person's health posed such as skin integrity and personal care needs. Where risks were identified a risk reduction plan detailed what measures had been put in place to allow the person to do the things they chose as safely as possible. A care worker told us; "We do what we can to get people as independent as possible so if people [using the service] want to do things we either reduce the risk of the severity of the risk to them."

The risk assessments also included consideration of risk to the person providing the support and similar measures were in place to protect their safety. A Shared Lives carer we spoke with told us; "[The service] risk assessed the house to make sure only suitable people would be matched."

The services ensured they had sufficient staff to support people. We looked at recruitment records for three care workers and found checks had been made on people before offers of employment were made. This included checks with the Disclosure and Barring Service (DBS). 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 help to ensure only suitable applicants are offered work.

The service manager for the Shared Lives service told us they were trying to recruit care workers from different backgrounds to try and ensure the staff were suitable to meet the needs of the people using the service. They said; "People coming into the service have different needs so we're doing target recruitment to try and get care workers, for example people are coming into the service from children's services so we're looking for people who may have been in care as they will know what it can be like to move between services."

Care workers we spoke with who worked on the Reablement service told us they felt there were enough staff available. One care worker we spoke with told us; "When we start we say what our availability is. We can put in extra availability if we like but we're not pressured to." The Shared Lives service had a bank of available care workers. The service manager told us; "The recruitment is an intensive process so we get to know people, what they can do and what they want out of [being a care worker] so when referrals come through we will have care workers in mind."

Where people using the services were taking medicines, the level of support they needed with their

medicines was assessed and recorded. Details of who was responsible for ordering medicines and pharmacy contact details were also recorded.

Where support with medicines was given, Medicine Administration Records (MARs) were completed to record what medication the person had taken. Completed MARs were collected from people's homes and were audited to ensure people were receiving the appropriate support for them to have their medicines as prescribed.

People we spoke with told us the care workers used personal protective equipment (PPE) such as disposable gloves and aprons when they supported them. There was an infection control policy in place and care staff underwent regular infection control training. Care workers we spoke with showed they understood the importance of maintaining good infection control techniques to help keep people safe. The way care workers used infection control techniques was one of the areas monitored during spot checks of their work.

The service had clear processes in place for recording and investigating concerns, near misses accidents and other safety incidents. Where improvements had been identified, action had been taken to implement them, for example an out of hours support service for care workers. The service manager told us; "When we took over there wasn't any support out of office hours [for the care workers] but they told us they needed it so we introduced it. The feedback is they feel less isolated now."

Good

Is the service effective?

Our findings

People's needs were assessed and kept under review to ensure they were receiving appropriate support. The different nature of the Shared Lived and Reablement services meant this was done in different ways within the service but both services assessed people in conjunction with other healthcare and support agencies in line with current guidance to ensure the best outcomes for people.

People's needs were assessed taking account of any choices driven by their faith or culture. Where people did have specific needs these were included in the care plan so care workers could support them in appropriate ways.

Part of the assessment of people's needs was to identify any additional training the care workers may need to enable them to support the person to get the best outcome from the support, for example signing languages like Makaton or challenging behaviour. The service manager for Shared Lives told us; "We did a training audit to see what people needed. Everyone had some elements of the training but we did bespoke training for people who needed specific things." Care workers we spoke with confirmed this.

Care workers underwent regular update training and competency assessments. All care workers underwent the same core training in mandatory areas such as medication, safeguarding and infection control and additional training was provided where they were supporting people with behaviours that challenge the service or health conditions. Care workers we spoke with felt they had the training to give people the support they needed.

Care workers told us they felt supported by their managers. One care worker we spoke with told us; "If there is an issue you can tell someone and you know it will get followed through." Other care workers commented; "There is a high level of support. If I raise anything they will listen to me and we have a discussion." and "Whenever I've needed help there's been someone there." Another care worker commented; "When I started I was on the phone a lot and I thought they would think I was mithering them but I've never been made to feel like I was. They will always come out and support you." Care workers received regular supervisions and appraisals.

People were supported to eat and drink enough. Staff underwent food and nutrition training and people's care records reflected any support they needed to maintain a healthy diet. One example we saw read; "[Person] has a poor appetite and needs lots of encouragement to eat. Encourage them during the call. Keep prompting until [person] gets into their old routine." People we spoke with confirmed they received the support they need to eat and drink.

Both management and care staff worked well with other services to achieve the best outcomes for people. The service manager for the Reablement team told us; "We have conference calls with the hospital and urgent care team twice a week to discuss how we can best support people. We identify where some of the blockages in the system are and see if our team can help." One care worker explained; "[As part of the induction] as well as doing things like medication and first aid we met other teams to learn what services

they can offer. It's really helpful if we see a person with a problem and can think I know who could help you with that." People were also provided with information leaflets and brochures explaining other services that may benefit them.

Care workers told us they also felt confident speaking to other health professionals outside the organisation such as GPs, pharmacists, social workers or occupational therapists when the person they were supporting had additional needs. They gave us examples of where they had been able to get support from other professionals both within the organisation and externally to help prevent people going into hospital.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible. The service was acting in accordance with the principles of the MCA.

People we spoke with told us they were always asked for their consent before the care workers supported them. People's capacity to give their consent to having support was assessed when they started with the service and was kept under review. Where people weren't able to make decisions for themselves, best interests meetings were held with people who knew the person best to identify what the person would want.

Good

Is the service caring?

Our findings

People using the service told us they felt well cared for. One person we spoke with told us; "I absolutely love it I've never had it better." Another person we spoke with said; "I find it really good. I'd recommend it."

People using the service and their relatives told us they felt involved in the care and were treated with respect. One person we spoke with told us; "The best thing is knowing someone will come when they said they would and it is someone you can trust." Another person told us; "The girls are brilliant, nothing is too much trouble." A relative of a person using the service told us; "[My relative] has been looked after really well."

A care worker we spoke with said; "It's important to involve the family so they know who I am and I know who they are so if there's a problem we can talk about it." Where people wanted support with decision making but didn't have family or friends to help, the service was able to direct them to advocacy services.

People we spoke with told us the care workers knew them well. Where people were moving into permanent shared lives placements they were introduced to care workers who managers felt they would get on with. A person we spoke with told us; "I was confident with [my care worker] and it's grown. They are like family." The service manager told us; "They both have to like each other, it takes a lot of time to get the right person." A care worker told us; "[The person] came over for a day initially, then a night, then a weekend. It happened over a long period of time." Another care worker said; "[Person] is one of the family rather than someone we look after."

Care workers told us they felt part of a team and could depend on their colleagues. One care worker we spoke with told us; "It's an enjoyable job when you're out there. It's a nice job. You can trust the people you work with. It makes a difference." Another care worker told us; "We have meetings every week and it's great to get to know the other people in the team better. Someone covered my work for me and I wanted to know who they were so I could thank them in person."

People told us the care workers did not rush them and were patient. One person we spoke with said; "They will help with what I need but they will sit and have a chat after. It makes a big difference when you live on your own." Care workers told us their rotas were organised so they had plenty of time to spend with people. One care worker told us; "If I need extra time with someone I just phone [my supervisor] and they will rearrange things." The service manager for the Reablement service told us; "When staff have time in their rota we encourage them to go back and do extra things for people like washing their hair. Little things that make a big difference to people."

Care workers and office staff were aware of the importance of maintaining people's confidentiality and privacy. Documents were securely stored in locked cabinets and when information was shared it was done so through an encrypted email system. People we spoke with told us they felt their confidentiality was maintained.

People in the Shared Lives scheme were encouraged to remain as independent as possible. We saw examples of how people were encouraged to retain as much control as possible over their lives and make choices they were able to. One person we spoke with told us; "It's given me a lot of confidence in everything so I go out more now."

A key purpose of the Reablement scheme was to promote people's independence. People's support plans were written with an emphasis on helping the person regain their independence, for example; "[Person] is able to make themselves a hot drink but will need prompts and encouragement. Please encourage independence." People we spoke with told us they had regained their independence. One person commented; "I can definitely do more now than I could."

A care worker we spoke with explained; "We try to identify which part of the task is the problem, for example we had a person who was struggling to prepare meals. They could use the microwave and eat the food, the problem was getting it from the microwave to the table so we got them a trolley and they managed fine."

A care worker we spoke with told us; "At the start you want to do it for people but you learn it's better to get them to do it themselves. I had one person who wanted to be able to get themselves dressed. One day I went and they answered the door and said "I'm dressed! I'm dressed" They were over the moon."

Good

Is the service responsive?

Our findings

People using the Reablement service's support plans were reviewed weekly to see if the level of support could be safely reduced. People we spoke with told us they were involved in the reviews and they felt their views were respected and included in the plan. Records of care reviews confirmed that people's views were included. Examples we saw read; "Lunch call stopped as [person] is doing well with meals and [assistive technology] for medication." Another example said; ""[Person] would like to try a shower next week." and "[Person] is hoping to be able to do this themselves next week."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our conversations with people using the service, review of records and discussion with the manager, care workers and other staff demonstrated that discrimination was not a feature of the service. For example, where people wished to attend religious services appropriate to their faith they were supported to do so.

We saw daily care records completed by care workers documenting discussions with people using the service about reducing their visits or changing the time of visits to encourage the person to regain their independence. A care worker we spoke with explained; "If a person is managing better then we will suggest we come a bit later so they can try things for themselves before we get there but they know we will be there if they can't manage."

People using the Shared Lives scheme also received responsive care. We saw examples of how people using the service were encouraged to take part in activities that interested them. One person told us; "I'm free to do what I want. Sometimes I do things with [my care worker] and sometimes I do things by myself." We were given examples of numerous activities people using the service took part in such as attending drama groups, music groups and attending football matches.

Care workers in the Reablement service also encouraged people to partake in activities. A care worker we spoke with told us; "We have a person who is desperate to be out and about and meeting people. They go to a club a couple of days a week but I thought let's get hold of Age UK and see if they can help so they are going to go round for a chat and see if any of their activities would be good. I've said I'll be there for the meeting too." Another care worker told us; "A lot of it is confidence, even walking outside with people so we ask if they fancy a walk outside."

People using the shared lives service were supported to maintain contact with people who were important to them. One person we spoke with told us; "I keep in contact with [my relative] and phone them every day so they know I'm in a safe place."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Throughout the service any communication needs people had were identified and recorded and shared with other agencies

when the person needed support from them. The Head of Operation Services explained that the service could liaise with other organisations both within the local authority and externally to provide information in ways people could understand, for example translations services, large print or audio formats.

The service encouraged the use of technology to support people to receive care. When people started with the service they were provided with a leaflet explaining about assistive technology to protect the person's safety like pendant and wrist worn alarms, monitored smoke alarms to check whether people needed assistance if the smoke alarm was sounding and sensors in the person's home to check they were safe.

Care workers told us they were also made aware of the technology so they could identify where it may help people. One care worker told us; "We can look at things to see if there is a better way of doing it. One person was struggling to take their medication and we found it was because they couldn't open the blister packs so we got a box that opens at the right time [for the person to take their medicines] so they don't need blister packs.

People we spoke with told us they knew how to complain. People's care records contained a complaints leaflet and people told us they felt confident any complaints they had would be dealt with. People we spoke with told us they had raised minor concerns with care workers rather than complaining formally and their concerns had been addressed quickly and to their satisfaction. One care worker we spoke with told us they too felt able to complain. They told us; "I had to complain as something wasn't working out. They made me feel like I was doing them a favour by being honest rather than complaining."

At the time of our inspection the service was not providing care for people as they neared the end of their life, however if people did need this care then the service would work with the other professionals involved in the person's care such as their GP and district nurse team to try and enable the person to remain in familiar surroundings with people they knew as they neared the end of their life.

Good

Is the service well-led?

Our findings

Across the service there was a clear vision and culture of providing support to achieve good outcomes for people. The management team were passionate about empowering staff to make decisions and listening to feedback about the service to drive quality.

People working in the service told us they felt the organisation was very open and they felt able to speak up and their views were respected. Comments we received from people working in the service included; "We feel more involved now and social workers I speak to say they feel the same." and "I'm never made to feel like I'm just a care worker, I'm part of the team." A Patch Coordinator told us; "We've noticed a difference in the care workers now they see us more often. They are more comfortable round us even if we're just having a brew."

The registered manager told us; "The staff see the benefit [of speaking up] because of the values they have and the training we give them. A lot of the training is as a result of listening to what the care workers have told us. We want staff to feel trusted to make decisions. The care workers matter, they know the people best and they have the ability." They added; "Our senior managers support us in the same way and allow us to get on with stuff. They appreciate we are the ones working on it every day."

We were given examples of how the service had made adaptations to accommodate the needs of care workers with health conditions such as agreeing regular health checks with the care worker or amending the care worker's working pattern.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had a clear understanding of their responsibilities as a registered manager. Appropriate notifications had been made to CQC and other organisations when required.

The registered manager told us they participated in regular multi-disciplinary team meetings with other professionals to identify where problems were in the care system and see how things could be improved. They said; "It's about sharing good practice, getting good information and monitoring processes. It makes things better for everyone."

The management team had implemented a number of initiatives to try to engage people with the service. The service manager for the Shared Lives service told us; "We did a presentation for other managers [within the Local Authority] to raise their awareness of Shared Lives and encourage people to talk to us to see if we can help them." The Assistant Team Manager for Shared Lives told us they attended panels every month to identify people who may be leaving children's service who may benefit from support from the Shared Lives Scheme.

A person using the Shared Lives service and their care worker had appeared on tv and radio to raise awareness of the scheme amongst the public. They had also agreed to take part in a poster campaign and posters featuring them and promoting the scheme were on roadside billboards, on buses and in supermarkets. The Assistant Team Manager told us the response had been very positive and more people had come forward to enquire about becoming Shared Lives carers and awareness of the support the service could give to people had improved.

The Shared Lives service were planning to hire a stall on a local market staffed by volunteers to continue to engage with the public and were holding a shared lives celebration event with representatives from Shared Lives Plus, the national organisation for Shared Lives schemes.

The registered manager told us annual questionnaires were sent out both to people using the service and care workers and also when major changes to the service were being planned that could affect them. They said; "We need to engage with people and involve them in future ideas. We talk about what's going well, what's not going well and what do we need to change. They will tell you if they think it's a bad idea but if they see something that is a good idea then they will tell us."

A number of regular audits were undertaken, including daily care records and medication records. Where improvements were identified action was taken to implement the changes. We were told as a result of feedback and audits the medication policy had been amended and a communication log for other people involved in the person's care to use had been implemented.

There was a shared view from the management team that all feedback about the service was important and any learning from the feedback would be used to improve outcomes for people using the service. A variety of methods were used to try and seek the views of people rather than waiting for people to complain, for example people using the Reablement service were encouraged to complete a questionnaire when they left the service and forums had been set up for care workers in the Shared Lives scheme.