

Kirklees Metropolitan Council

# South Short Term and Urgent Support Team

## Inspection report

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Tel: 01484416531

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kirklees Council – South Short Term and Urgent Support Team provide a reablement and rapid response service. The reablement service provides people with support for up to 6 weeks to help them live independently at home. At the time of our inspection there were 109 people receiving support with personal care from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider ensured people were safe and risks were reviewed regularly. Systems were in place to ensure staff learnt from any incidents and medicines were managed safely. Staffing levels were safe and staff were recruited safely.

Staff were positive about working at the service and the management team. Staff felt the management engaged well with them. Quality assurance and governance systems in place and included audits to cover all areas of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 25 March 2020).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# South Short Term and Urgent Support Team

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave short notice of the inspection in order for the registered manager to provide us with the

documentation we needed to look at.

Inspection activity started on 4 February 2023 and ended on 12 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people using the service and 3 people's relatives. We also spoke with 7 members of staff including the registered manager. We reviewed a range of records including audits, various medication records and staff supervision. This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people and staff, and electronic file sharing to enable us to review documentation.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse. The service used a safeguarding log and completed regular safeguarding audits.
- Staff understood how to raise safeguarding concerns. Staff were up to date with safeguarding training and could give examples of how and when to raise safeguardings.
- People felt safe. People told us they were happy with the care and trusted the staff, one person said "I trust that they know how to use the equipment."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed. There were plans put into place to manage and mitigate any risks identified.
- Risk assessments were reviewed on a weekly basis and updated whenever there was a change in a person's need, to ensure they remained effective.
- All accidents and incidents were recorded on a log. All incidents had been reviewed by the registered manager as part of the auditing process.
- Lessons learned were shared with staff. Information was shared with staff via team meetings and supervision. One staff member told us "yes, it's all about honesty, they keep us up to date with lessons learnt in team meetings and supervisions."

Staffing and recruitment

- Staffing levels were safe. The provider used a dependency tools to ensure correct staffing levels were achieved. The registered manager monitored all late or missed calls and could evidence how these were escalated.
- Staff and people who used the service reported staffing levels were adequate. One staff member said " its never unsafe or dangerous, there is enough travel time."
- Staff were recruited safely. Pre-employment checks included a criminal record check (Disclosure and Barring Service), employment history and references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decision.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Guidance for as and when required medicine was in place.
- Staff were up to date with medicine training and received regular medicine competence checks.
- Medicines audits were in place and actions were implemented in line with the audit findings.

### Preventing and controlling infection

- The infection prevention and control policy was up to date and included the latest guidance for Covid-19.
  - PPE (personal protective equipment) stock was adequate, and staff told us they wore PPE when needed.
- One staff member said, "We have all the PPE we need, all we need to do is just ask."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The culture within the service demonstrated a commitment to person-centred care, where people were supported to achieve their goals and aspirations.
- Staff spoke positively about working at the service. One staff member said "They don't micro-manage us. I like working here."
- Staff felt listened to by the registered manager and the management team. One member of staff said, "All ok, good communication, they are helpful. I can talk to whoever if I have an issue. I am listened to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance and governance systems to monitor the quality and the safety of the service were in place, regular checks were completed and were effective in identifying areas for improvements.
- There was an audit system in place covered areas such as, medicines management, care plans and accidents and incidents. When audits identified concerns, these were addressed in the service action plan.
- The management and staff structure provided clear lines of accountability and responsibility, and staff understood their roles and responsibilities and when to escalate any concerns. Staff told us that the managers were all approachable and supportive. One staff member said, "Yes, they are approachable, they listen to you and try their best to help."
- Improvements had been made to induction and training programmes focusing on face-to-face teaching and teaching based around staff experiences.

Working in partnership with others; 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 understood the duty of candour. The registered manager was able to give various examples of when the service had applied the duty of candour to practice. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- Notifications about significant events were submitted to the CQC.
- The provider worked well with other agencies and bodies. The provider worked in partnership with various community health and social care professionals and external agencies.

Engaging and involving people using the service, the public and staff, fully considering their equality



#### characteristics

- The provider involved staff through regular communication. Staff stayed in touch with the registered manager through individual supervision meetings and regular team meetings.
- People who use the service are encouraged to engage to make complaints if they are unhappy with their care, we saw evidence complaints were acted upon.
- The service completed annual surveys for staff however there was no regular surveys completed for people who use the service and their relatives.
- The service offered exit questionnaires to people who used the service and their relatives. This information was gathered to improve the service.