Calderdale Metropolitan Borough Council

Support & Independence Team - Lower Valley

Inspection report

Brighouse Health Centre
Lawson Road
Brighouse
HD6 1NY

Tel: 01484728931

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22 December 2015

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place between 16 and 22 December 2015 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 in.

The Support and Independence Team (Lower valley) is a domiciliary care agency and helps people regain their independence following periods of illness or time in hospital. The service provides short term personal care and support to people in their own homes in the Brighouse, Rastrick, Halifax and Elland areas. The service's office base is situated in Brighouse Health Centre. Referrals to the service are usually from the community, Gateway to Care or following hospital discharge.

A registered manager was not in place with the previous manager deregistering with the commission in February 2015. 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. A manager had put in an application to become the registered manager in January 2015 however this application had been returned due to being incorrectly completed. Since then, satisfactory steps had not been taken to ensure a registered manager was in place.

At the last inspection in June 2014 we found one breach of the Health and Social Care Act (Regulated Activities) Regulations relating to the way the service assessed and monitored the quality of its service provision. At this inspection we found the provider had made improvements in addressing the concerns we previously raised.

People we spoke with told us they were happy with the care and support provided by the service. They said they felt safe in the company of staff and didn't raise any concerns over their conduct. People said the service was effective in helping them to do more for themselves and achieve independence. People said staff were always kind and caring and treated them with dignity and respect.

Medicines were not consistently managed safely, as there was a lack of information recorded about the medicines staff were supporting people with.

People told us staff supported them safely with equipment and aids. However risk assessment documentation was not sufficiently thorough to demonstrate risks to people's health and safety had been fully assessed and appropriate control measures put in place.

There were sufficient staff employed to ensure people's needs were met. Robust recruitment procedures were in place to help ensure staff were of suitable character to care for vulnerable people.

Safeguarding procedures were in place and we saw examples of where they had been followed. Staff we spoke with had a good understanding of how to act on any concerns to help keep safe.

The service was acting within the legal framework of the Mental Capacity Act (MCA). People told us they were supported to make choices about their care and support.
People told us staff had the right skills to care for them. Staff received a range of appropriate training on induction to the service and at regular intervals. Good links were in place with other health professionals to help ensure staff received bespoke training to help support people who use equipment and aids.

The service had a strong focus on developing people's independence. People we spoke with told us the service was effective in allowing them to do more for themselves.

People told us that their needs were met by staff delivering care and support. However care plan documentation was not sufficiently detailed to provided staff with clear instructions on the care and support tasks required. This meant there was a risk of inconsistent or inappropriate care. There was a lack of information recorded on people's likes, dislikes and preferences.

Systems were in place to record, investigate and respond to complaints.

People and staff spoke positively about the way the service was run. Staff reported morale was good and said they felt well supported.

Systems were in place to assess and monitor the quality of the service through a series of checks on staff practice and documentation.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Records of the medicines people were taking and the support they received was not always in place.

People told us they felt safe in the service and said staff operated safely. However risk assessment documentation was not thorough enough to demonstrate risks to people's health and safety had been properly assessed.

There were sufficient staff employed by the service. Staff were recruited safely.

Is the service effective?

Good

The service was effective.

Staff were provided with comprehensive training on induction to the service and at regular intervals. Care was delivered by experienced staff who demonstrated a good level of knowledge about the subjects we asked them about.

The service was working within the legal framework of the Mental Capacity Act (MCA).

The service effectively liaised with health professionals to help ensure people's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People told us that staff were kind and treated them well. They said staff were friendly and chatted to them as well as delivering care. Staff we spoke with demonstrated a motivation to deliver compassionate and individualise care and support to people.

The service effectively promoted people's independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were assessed prior to commencement of the care package. However care plans did not contain sufficient information to guide staff on how to provide individualised and person centred care.

A system to log, investigate and respond to complaints was in place.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

A registered manager was not in post.

Systems to gain people's feedback on the service and check service delivery were in place. This helped the service to monitor and improve the quality of the service provision.

Support & Independence Team - Lower Valley

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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 16 and 22 December 2015 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 in. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case experiences of services for older people.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 16 people who used the service and four relatives over the telephone to ask them for their views on the service. In addition we spoke with six care workers, the team leader and the deputy team leader. We looked at a number of people's care records and other records which related to the management of the service such as training records and policies and procedures.

On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we reviewed all information we held about the provider and contacted the local authority to ask for their views on the service.

Requires Improvement

Our findings

People told us staff supported them appropriately with medicines. As the service had a strong focus on promoting independence, people were encouraged to manage their own medicines as part of this rehabilitation process. The support people received with their medicines was documented within care files so staff knew of the level of support they were required to provide.

Staff had received training in the management of medicines.

We saw examples the service promoted people's independence through introducing assistive technology such as pivotal medication dispensing devices and applicators to support people to become independent in the administration of creams.

At the last inspection in June 2014 we raised concerns that on some Medication Administration Records (MAR) "dosette box" had been written onto the sheet. Dosette boxes are boxes that contain medicines organised into compartments by day and time, so to simplify the taking and administration of medicines. This meant it was not possible to see exactly what medicines had been supported with. After the last inspection, the service told us they would change how this was recorded on the MAR sheets.

However at this inspection we found changes had not yet been made. Where staff were supporting people with medicines from dosette boxes, there was no record of the medicines they were supporting people with either on the MAR chart or elsewhere. The team leader confirmed that at present the staff did not sign against individual medicines and there was no record of the medicines people were taking. This meant there was no clear audit trail of the exact nature of medication support, and the absence of information available on people's medication during the planning of rota's and care visits meant there was a risk, time specific medicines or any special medication requirements would be missed.

The Royal Pharmaceutical Society guidance on the management of medicines in social care states 'When care is provided in the person's own home, the care provider must accurately record the medicines that care staff have prompted the person to take, as well as the medicines care staff have given.'

We found a new medication profile had been developed which would help assist staff to clearly identify the medicines people were supported with, however this had not yet been introduced at the time of the inspection.

We recommend the provider ensures relevant guidance on the management of medicines in domiciliary care settings is consulted.

People told us they felt safe whilst using the service. Staff also told us they had no safety concerns about how the service was run. Staff demonstrated a good understanding of how to identify and act on allegations of abuse. We looked at an example where concerns had been identified about one person who used the service being financial abused. The service had taken appropriate action to report this to the local safeguarding department at the council. This showed the correct procedures were being followed.

People told us staff looked after them in a safe way and operated equipment in safe way. They said staff took care when assisting them with tasks which posed a risk such as supporting them up and down the stairs. However we looked at care records and found assessments were not always complete or detailed enough. This lack of information meant there was a risk staff would not be able to clearly follow risk assessments to ensure safe care. One manual handling assessment we looked at was sufficiently detailed to guide staff in providing safe care. However other manual handling assessments we reviewed did not contain sufficient detail to describe how to support each individual with each type of transfer and the equipment required with only very basic information recorded. There was a lack of thorough assessment of environmental hazards within people's house, for example one person had been identified as having a history of falls in the initial assessment but there was not environmental risk assessment in place detailing how to safely support this person and reduce the risk of falls.

The service had sufficient numbers of staff deployed to carry out care and support. Care was delivered by a stable team of care workers with a low turnover of staff which meant the service did not experience a large number of vacancies or staff shortages. The team leader told us the service was arranged so that they delivered care to between 35-55 people, and by keeping within these numbers the service had sufficient staff to meet people's needs. Staff we spoke with told us there were enough staff to ensure people's needs were met. They said their rota's were not overly demanding and they had sufficient time to visit everyone they needed to at a reasonable time. We looked at rota's and saw they were reasonable and not overly demanding. If workloads increased, or staff were absent, casual staff were employed and the team leader and deputy who routinely worked in a supernumerary capacity could also step in to deliver care and support. The team also had arrangements with the other Support and Independence teams run by the provider to share staff should resources become stretched. Overtime was available to staff to cover any absences or if workloads became high.

On reviewing people's records of care, although we found some variation in visit times, we attributed this to the nature of the support service, i.e. the high turnover of clients and having to constantly rearrange rota's to accommodate new discharges from hospital rather than due to insufficient staff being deployed.

Staff and people who used the service told us that calls were not missed and that when two care workers were required, they always turned up. We looked at rota's which showed they were planned out so where two staff were required the staff arrived at the same time to reduce inefficiencies in the service and ensure people's needs were met.

Safe recruitment procedures were in place. The service looked for staff with appropriate education and qualifications to ensure they were suitable for the role. Applicants were required to complete an application form and attend an interview. Before staff started work, required checks on their backgrounds and character were undertaken to provide assurance they were of suitable character to work with vulnerable people. This included ensuring a Disclosure and Baring Service (DBS) check, identity checks and references were undertaken. We spoke with one staff member about how they were recruited, they confirmed these

checks had taken place before they started work.

Good

Our findings

People told us that the service provided effective care which met their needs. For example they said that staff carried out the correct care and support tasks in a competent manner. They all said the service was effective in allowing people to gain more independence. Comments included "I am extremely happy with the care I get and couldn't manage without them" , I am happy and delighted with the help I receive" and "I would be really stuck without the carers coming in."

Staff were provided with a range of training and it was kept up-to-date. New staff were required to complete a week's classroom induction training which included mandatory training in subjects such as safeguarding, medication and manual handling. Staff were then required to shadow for up to a month to ensure they understood the practicalities of how to deliver care and support. Staff were also required to read policies and procedures and discuss the code of conduct to ensure they reflected the services values whilst supporting people. We spoke with a staff member about their induction who told us the training and support they had received gave them the required skills to undertake the role.

Refresher training was provided to staff on a regular basis in mandatory training subjects. We looked at the training matrix which showed staff were up-to-date with training. Staff we spoke with demonstrated a good understanding of the topics we asked them about. This provided us with assurance that training was effective and staff had the required skills and knowledge to effectively care for them.

Staff had also received more practical training in the equipment that people used to enable them to become more independent such as specialist toilet seats and Zimmer frames. This training was delivered in conjunction with the occupational therapist who worked with the team. Staff competency in using and understanding this equipment was assessed to ensure they had developed the correct skills. Staff told us they were never expected to us a piece of independence enabling equipment without the having received training in its use. More specialist training for example in motor neurone disease and stoma care was also provided in conjunction with external health professionals. Additional training had also been provided to staff in Dementia.

Staff received regular supervision and annual appraisal to ensure their performance and developmental needs were regularly reviewed. Staff told us they felt well supported by the management.

Turnover of staff was very low, for example all staff had been working at the provider for over two years and a significant number since the service was registered with the Commission in 2010. This helped ensure care

was delivered by a staff group with extensive experience and well developed skills in caring and supporting people to become more independent.

People told us their healthcare needs were met by the service. Good links were in place with other health professionals for example, an occupational therapist worked alongside the team based in the same building. This helped ensure care was well co-ordinated, for example any equipment used to help support people in gaining independence could be promptly put in place and staff quickly shown how to use it to aid supporting people effectively. Liaison took place with other health professionals such as district nursing teams and doctors with care workers able to confidently describe when it was appropriate to liaise with these professionals. The service had recently developed links with a local hospice which had allowed expert advice on palliative care and associated training to be provided

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA. The team leader had a good understanding of how to ensure the correct processes were followed where they suspected people lacked capacity. They talked us through an example where they had been involved in a multidisciplinary team for one person as part of a best interest process decision around the use of bed rails.

People signed to agree to their plans of care and we saw evidence in daily records of care that people were asked for their choices with regards to how they wanted their care and support tasks to be delivered. People told us staff asked for their consent before assisting with care and support.

People told us they were supported appropriately with food and drink where appropriate. The service encouraged people to be as independent as possible in this area. Daily records of care provided evidence people received appropriate support with food and drink.

Good

Our findings

All the people we spoke with said that staff were kind and caring and treated them with dignity and respect. For example one person told us staff were, "All very chatty, and friendly" another person said, "I enjoy them coming in - my carers are superb. My carers are cheerful they never grumble."
Another person told us, "The carers I have are very pleasant and polite." People said care workers asked them if there was anything else that needed doing as well as doing the routine tasks which made people feel valued.

Staff attitude and respect towards people who used the service was checked and promoted through periodic observation of their practice. It was further monitored through annual surveys and gaining telephone feedback from people who used the service. The documentation we reviewed in this area showed that people felt valued and treated with respect by the service.

Staff had received training in dementia to understand how to interact appropriately with people living with dementia. A number of staff had become dementia friends, which involves learning about dementia and then turning that into action through promoting ideas around good dementia care and support.

Staff we spoke with demonstrated a good understanding of how to treat people well. We found they were a motivated team dedicated to providing respectful care and support. Staff all told us other staff were professional and respectful and did not raise any concerns over the attitudes or values of their colleagues.

Staff were provided with uniforms and identity badges to ensure people who used the service could be confident that they were letting the correctly authorised people into their houses.

People told us the service was effective in promoting people's independence and enabling them to do more for themselves. For example one person told us, "Had carers twice daily for a few weeks they are ever so good and I am a lot better now because of their help and beginning to get out and about friends took me into town" and another person told us "My Carers do encourage me to get on and do things for myself and they prompt me." It was clear from reviewing care records and speaking with staff that on a daily basis, the service worked with a range of health professionals to enable people to do more for themselves. This was done in an encouraging way and through the use of assisting technology where appropriate.

People told us they felt listened to by the service. Records showed evidence people were listened to, for example they were asked how they liked their care to be delivered on a daily basis. We saw examples in care

records of where people requested a change to the service, for example they thought the bed time call was too late, this had been acted on by staff and an earlier call time had been arranged.

The team leader and staff had a good understanding of the people we asked them about which demonstrated the service had taken the time to understand the people they were caring for.

Requires Improvement

Our findings

The service provided care to people immediately after discharge from hospital or referral from the community to enable them to gain increased independence and/or to bridge the gap before a long term care provider was identified. A system was in place to prioritise referrals to the service based on need and discharge date to ensure that the service provided responsive care immediately after discharge from hospital. Initials assessments of people's needs were carried out by the team leader or deputy team leader, usually whilst the person was still in hospital with liaison taking place with social workers and other health professionals. These initial assessments contained information on people's care needs to allow initial care and support to be planned.

People we spoke with told us they received appropriate and responsive care from staff. Daily records provided clear evidence of the care and support people were receiving and people told us they received appropriate care. However care plans did not contain enough clear and person centred information to assist staff unfamiliar with the person to deliver care and support. Whilst we identified that due to the short nature of care and support packages, it would be not be reasonably practicable for care documentation to be lengthy, there was a lack of basic information recorded on how to meet people's needs. For example one person's care plan stated 'assist [person] with any personal care required', however daily records of care showed that staff were changing incontinence pads, attaching and emptying night continence bags and undertaking strip washes. This information was not present within the care plan which meant there was a risk inconsistent care and support was provided. In another person's care records it simply stated 'assist and enable patient to prepare themselves for bed and advice on personal hygiene as required.'". This person also required a night bag to be attached at night but there was no reference to this procedure within the care plan. A third person's care plan did not reference any of the washing or dressing tasks required.

There was a lack of information within people's care records on their preferences, likes, dislikes and what was important to them. For example, around their dietary preferences, and there was a lack of information recorded on people's preferred call times and whether a fixed call time was important or necessary to meet their individual needs.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One of the main mechanisms in place to ensure the service provided responsive care was through a weekly review meeting where each service user was discussed. Staff discussed people's progress, any deterioration

or changes in their health, whether other health professionals needed to be contacted, as well as any safeguarding or health and safety matters. This allowed any changes to be made to care and support and ensure that care and support continued to meet people's individual needs. We saw evidence of how these meetings had been used to respond to changes in needs indicating they were effective.

The team leader showed us that they had worked with some people to develop measurable goals over the period of care and support. However we saw this was not universally so. A number of people we spoke with said they were not aware of their care plan or goals. We thought this was a missed opportunity for the service to consistently set well defined and understood goals with people to evaluate and review the effectiveness of the service in enabling people to become more independent.
The service did not allocate people a specific call length, due to uncertainty in the amount of time the required care and support, the team leader told us they adopted a more person centred approach based on the individual. Staff told us they stayed as long as was required to complete the tasks. People said that staff stayed long enough to complete all required tasks although one person told us they felt staff rushed in and out as quick as possible. The length of time taken to undertake care and support was logged and then evaluated towards the end of the 6-8 weeks of care and support, to help determine the long term call length if the person transferred to a private care provider.

The team leader told us that people were not given exact times that care visits would take place, but they were asked for their preferred time during the initial assessment and the service tried to accommodate those times. The team leader and staff told us visit times were arranged around people's needs, for example they said they tried to ensure people that required more time specific calls such as those that required four continence visits a day were given more exact times. However we did find there was no reference to preferred visit times within people's care records.
We found generally people received a consistent and appropriately timed service, but there were some variations, for example one person had their morning call at 7.30am one morning and 9.40 the next day with variations taking place between 7.30am and 10.00am. The team leader told us this variation, was due to the nature of service, with the client group constantly changing and the service having to accommodate new discharges on a daily basis. Although we recognised these factors created a major challenge in maintaining consistent call times, it did mean that in this respect people didn't always receive a consistent and person centred service. However people we spoke with were generally satisfied with the timeliness, indicating this was not a major problem for example one person told us, "Times can vary but I understand they work hard to get around everyone."

A system was in place to bring complaints to the attention of people who used the service through an information booklet given to people when they started using the service. Systems were in place to record, investigate and respond to both informal verbal and written complaints. We saw there was a low number of complaints and people told us they had no cause to complain and said they were satisfied with the service. A significant number of compliments had also been received about the service, which allowed the service to evaluate the areas where it was exceeding expectations.

Requires Improvement

Our findings

A registered manager was not in place. The last registered manager deregistered in February 2015. The 'CQC manager' had put in an application to become the registered manager in January 2015 however this application had been returned due to being incorrectly filled out. Since then, steps had not been taken to ensure a registered manager was in place.

At this inspection, and the last two inspections in March 2014 and June 2014 we identified breaches of regulation. In order to demonstrate a well led service the needed to ensure consistent compliance with the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Day to day running of the service was undertaken by the team leader with the 'CQC manager' providing management oversight. Staff we spoke with told us they felt highly supported by management team. They said if they had any problems or issues they would go to the team leader and they that they would be dealt with promptly and appropriately. Staff said support was also available out of hours should they have any queries or concerns regarding people's care and support during these times.

Staff all told us they were very happy working for the service and they all said morale was good. There was a very low turnover of staff further indicating staff were happy in their role. Staff had permanent contracts and fixed hours, and found out their working hours months in advance to help ensure a stable and well organised service.

People told us they were satisfied with the service and said it was generally well organised. They said the office was helpful in dealing with any queries they had.

A number of measures were in place to assess and monitor the quality of the service. This included observations of staff practice which assessed a number of areas including philosophy of care, health and safety, medication and documentation.

Periodic care plans audits were undertaken. These looked at the quality of care plans, medication and daily records. Very few issues were identified in the care plans we looked at, however there was no action plan on the forms we reviewed to provide a structured approach to achieving improvements.

People who used the service were also asked their views on the quality of care and support through phone calls to check on the quality of service provision and quality assurance visits to each service users home.

These looked at uniforms, safeguarding, complaints, compliment and general satisfaction. Review of this information showed people were generally very satisfied with the service provision.

In addition an annual survey was conducted to ask people about their view on the service. We looked at the results of this, which showed a high level of satisfaction with the service. This matched our own findings which provided us with further assurance that people were generally happy with the service provision. For example comments included "lovely and friendly staff, and, "Help me become independent."

The service kept a missed call log to monitor the number and cause of missed calls. We saw there had been three missed calls reported in 2015. Following each missed call, clear actions were put in place to reduce the likelihood of a re-occurrence. Other incidents for example a failure of the no-reply policy were also logged and investigated to reduce the risk of a re-occurrence.

Periodic staff meetings were held, we saw these were an opportunity to discuss working practices and any concerns. Staff performance was monitored through the supervision and appraisal process.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (2) (c) An accurate, complete and contemporaneous record in respect of each service user was not maintained .