

Warrington Borough Council

# Warrington Borough Council Intermediate Care at Home

## Inspection report

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Date of inspection visit:  
22 August 2017  
23 August 2017  
15 September 2017

Date of publication:  
12 December 2017

## 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

Warrington Borough Council Intermediate Care at Home is a domiciliary care service provided by the local authority. The service is managed from premises in Irwell Road Warrington and provides intermediate, and rehabilitative personal care across the Borough Council area.

At our last inspection in January 2016 the service was rated Good overall. At this inspection we found the service remained good in all aspects of service delivery. The service continues to provide safe, effective, caring, and responsive and well led services to the people who live within Warrington Borough Council area.

All the people we spoke with on the telephone or visited as part of the inspection told us that they received good quality care that met their individual needs and personal preferences. They told us that staff were skilled in providing care that took account of the way they wanted things to be done. They reported that the staff were well trained, professional but caring and sensitive in their approach. The only criticism we received from the people who used the service and their relatives was that continuity of care could be improved. We could see that there had been occasions when care was provided by staff who the person had previously not met or been introduced to. They told us that this had not caused any problems other than they missed the comfort that familiarity with their carers would bring. This, they said, was because the staff were skilled in their approach and knew how to respect people's privacy and dignity.

We found that the manager and her team of staff were continually monitoring the quality of service provided and strived to ensure that improvements were made where possible. They had already recognised that improvements needed to be made regarding the continuity of care and we could see that they were working collaboratively with the people who used the service and staff to ensure that improvements were made.

The staff presented as a well-supported team that benefited from clear and effective leadership and support. We could see that the service was built on firm foundations and was well placed to continue to provide safe and effective care that people valued and benefited from.

Further information is in the detailed findings below

## 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 remains Good.

Management and care staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow to ensure vulnerable people were protected from abuse.

Risk assessments were in place. They had been updated regularly so that staff were aware of any hazards presented to the people who used the service and the action they should take to minimise risk and ensure people were safe.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

### Is the service effective?

Good ●

The service remains Good.

The people who use the service continued to receive safe and effective care from a team of staff who were well trained, skilled and knowledgeable.

The management team ensured that staff benefited from continuous training and development including regular one to one supervision meetings, which enabled them to reflect on and learn from their experiences.

The people who used the service received support in accordance with their assessed needs to maintain good fluid and nutritional intake and maintain a healthy life style.

Management and care staff worked closely with other health and social care professionals to ensure people had access to doctors, occupational therapist, physio therapist and community nurses to ensure their health care needs were met.

### Is the service caring?

Good ●

The service remains Good

People were very positive about the support they received and told us that care staff were kind and caring.

People were supported to be involved in decisions about their care and treatment.

We found that people were treated with dignity and respect.

### **Is the service responsive?**

**Good** ●

The service remains Good.

People told us that they received effective care, support and rehabilitation which was personalised and focussed on promoting their independence and wellbeing.

Assessments were carried out prior to the start of the service, to ensure that people's needs could be met.

Care plans contained personalised information so staff knew how to respond to each person's assessed needs.

People were aware of how to complain and we were confident that managers and staff listened to them and acted on their concerns.

### **Is the service well-led?**

**Good** ●

The service remains Good.

The service had a registered manager who provided leadership and direction.

We found that the service had systems in place to monitor the quality of the care and effectiveness of services provided. Surveys showed that the vast majority of the people who used the service had received safe and effective care which helped them achieve higher levels of independence.

The service had received a commendation from the local authority for customer care.

# Warrington Borough Council Intermediate Care at Home

## **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 took was a comprehensive inspection which took place on 22 and 23 August and the 15 September 2017 and was announced. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The inspection was undertaken by one adult social care 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 service, in this case of people requiring domiciliary / rehabilitative care.

Before the inspection we looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We also invited the local authority's contract monitoring team to provide us with any information they held about the service. We took any information provided to us into account.

During the site visit we spoke with the registered manager of the Intermediate Care at Home service, the deputy manager and four care assistants. We also spoke with three health and social care professionals associated with the delivery of the service including the manager of the intermediate care team, a social worker and a community based registered general nurse.

We also contacted seven people who used the service and three relatives by telephone and undertook home visits by invitation to speak with three more people who used the service.

We looked at a range of records including four care files belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included: policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas and / or visit schedules; staff training and audit documentation.

# Is the service safe?

## Our findings

We asked people who used the service or their relatives if they found the service provided to be safe. All the people spoken with made it absolutely clear that they felt safe and well cared for. Their comments included "Oh, yes, very friendly. I feel safe", "Oh, yes, I feel safe with them", "Oh, gosh, yes" and "I certainly do." All relatives spoken with had the same level of confidence in the staff and one relative said "Oh, absolutely" in answer to our question.

The registered provider had developed a policy to provide guidance to staff on how to protect people from abuse. The policy was entitled 'Warrington Safeguarding Adults procedures'. A whistleblowing procedure was also in place. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. Staff training records showed that care staff had received training on safeguarding vulnerable adults and staff spoken with had a good understanding of these policies and procedures. This meant that staff knew what action to take to ensure vulnerable adults were safeguarded from harm and abuse.

We could see that the provider's safeguarding policy could be improved with the addition of the Commission's telephone number and contact details. Also we could see that the whistleblowing policy could be improved with information on what protections were provided to staff under the Public Interest Disclosure Act. The Public Interest Disclosure Act (PIDA) 1998 provides protection to "workers" making disclosures in the public interest and allows such individuals to claim compensation for victimisation following such disclosures. This information might provide a potential whistle-blower with reassurance and confidence to report abuse should they see fit. The manager responded positively to our observation and took action to ensure these issues were raised with the provider. Shortly after the inspection we received confirmation that the Safeguarding policy had been updated with the Commission's contact details.

The service is generally referred to as ICAHT which is short for Warrington Borough Council Intermediate Care At Home Team. We could see ICAHT had effective systems in place to protect people from harm. Because of the nature of the service, providing short term intermediate care and rehabilitation, the service can provide for large numbers of people throughout the year. In the previous 12 month period there had been a number of safeguarding concerns raised which had required investigation by the social services department. A representative of the social services department told us the management team had always worked in partnership with them to ensure people were safe and continued to receive safe and effective care and support. Where appropriate, lessons had been learned and action had been taken to improve the quality of care where this had been necessary.

The people who used the service told us that they benefited from a comprehensive assessment of their health, personal and social care needs before receiving a service. We could see from the three personal case files we read that this included a comprehensive multidisciplinary assessment and risk assessment. Records showed that assessments, care plans and risk assessments were kept under review and were revised as and when required on an on-going basis. People told us that they were reassured by the practices of staff as they

always spent time reading care plans and assessments before providing care and support.

People told us that staff usually arrived on time and always stayed the correct amount of time. Their only concern was that they routinely had different staff to attend to their needs each day so it was difficult to develop a relationship with their respective care workers. Staffing rotas showed that ICAHT had sufficient capacity to meet the needs of the people using the service and that contingency plans were in place to cover vacancies and staff absences should the need arise. However, feedback received by ICAHT from the people who used the service and their relatives had shown that continuity of care was an area where further improvement was required. The registered manager showed us that action was being taken to improve the continuity of care with a senior member of the management team taking charge of staff rotas to ensure continuity of care was maximised.

The service had a policy on the safe administration and recording of medicines which provided guidance to staff responsible for the administration of medication. Staff spoke with had a good working knowledge of the policy and told us that they received effective training and on-going support to ensure people received their medicines as their doctor had prescribed them. People who used the service told us how staff assisted them with their medication with an emphasis on maintaining independence and developing their skills where appropriate.

We found that there were robust recruitment procedures in place. Staff files showed that the provider operated thorough recruitment and selection procedures so vulnerable people who used the service were safe and protected from harm.

There were systems in place to record and monitor incidents and accidents. All incidents and accidents were recorded and where necessary investigated by the manager or other members of the management team to ensure people were safe. This ensured that if trends were identified, actions would be put in place to prevent reoccurrences. We found that one accident had been investigated by the manager of the Intermediate care social work team who worked closely with the registered manager. Whilst we had no concerns about the thoroughness or effectiveness of this investigation we suggested that the registered manager might wish to look into this incident from the perspective of the provision of the domiciliary care service. The registered manager responded positively to our suggestion and undertook a review of the incident as part of the agency's quality assurance procedures. This showed that ICAHT is committed to taking advantage of every opportunity to learn from past experiences and ensure the safety and well-being of the people who use the service.

## Is the service effective?

### Our findings

We found that the people who use the service continued to receive safe and effective care from a team of staff who were well trained, skilled and knowledgeable. All the people spoken with on the telephone and those we visited praised the standard of care they received and reported that their rehabilitation was proving to be successful. We asked people whether they had made significant improvement and whether they were becoming more independent. In answer to our question one person said "Oh, definitely. I have improved. More walking and I got more confidence" and another said "Yes, much more independent. They are always there to help. I go out for walks now." Relatives spoken with made similar comments. One relative said: "Yes, I think he has. He has gradually recouped his strength and does things himself" and another said: "Yes, we do think she is walking a little better."

People told us that they had benefited from a comprehensive assessment of their needs and had received the equipment they needed to assist with their mobility and promote their independence. We asked whether they felt that the care staff who supported them were sufficiently skilled and trained. Again they all made positive comments about the standard of care they received. In answer to our questions one person said: "They are all trained. They do have a trainer with them. Always a trained person there, two of them. One is supervising and the other one being trained". Another person said: "Yes, I am quite pleased with them". Other comments included: "They seem perfectly alright", "Yes", "I think so, yes", "Oh, yes definitely" and "Yes, I feel they are very well trained." Relatives' answers to our questions included "Each carer has different qualities, difficult to say. Some are very good and some are good", "Yes, definitely" and "Yes, I would suggest yes."

People who used the service told us that they received support with meal and drinks preparation where required.

Records and discussion with the people who used the service showed us that staff worked closely with other health and social care professionals to ensure people had access to doctors, occupational therapist, physiotherapist and community nurses to ensure each person's health care needs were met.

We found that the management team ensured staff benefited from continuous training and development, including regular one to one supervision meetings, which enabled them to reflect on and learn from their experiences. The management team had introduced innovative training materials designed to enable staff to develop and hone their skills in the safe management and recording of medicines. Staff told us that training was excellent and records showed that they benefited from a comprehensive training and support programme from induction through to carer development.

Staff presented as knowledgeable in all aspects of service delivery with the exception of the Mental Capacity Act. Whilst they were aware of how people could be assisted with their decision making via best interest decision making processes some did not know how to complete a mental capacity assessment. The manager acknowledged that training in this area could be improved and this was detailed in an action plan we received following the inspection.

## Is the service caring?

### Our findings

All the people spoken with and visited as part of the inspection made positive comments about the standard of care. We asked people if they were treated with respect and compassion. Their comments left us in no doubt as to the good standard of care provided. In answer to our question one person replied: "It's the way they speak and the way they treat me. They treat me as though I am a human being. They are very kind". Another person said: "They always treat me with respect, they are absolutely wonderful, I can't praise them enough". Other comments included: "They are very interested in what I am doing and know my medicine", "Whatever I ask them to do, they do it. No trouble at all" and "They are always bright. They are willing to do anything. They do everything I ask."

Some people told us that whilst all staff treated them with respect and carried out their work effectively they would prefer to have the same member of care staff each time if possible so they could build a better relationship. One person said: "I have different ones. I never get the same one. They are all very good" another person said: "They always ask if they could do anything else for me. The one who has been here three times knows what to do now, which is very good". Relatives also praised the standard of care but again saw that continuity of care was something that could be improved. In answer to our questions about continuity of care their replies included: "Almost every day is a different one. It wasn't a problem for us", "Different ones, sometimes you get the same one but not often", "We have such a mixed bag. Generally speaking, we have a different one every day" and "Consistency is something they should improve on". We were aware that this issue had been identified in ICAHT's quality assurance surveys and action had already been taken to improve continuity of care.

We found that care plans were written with the person and confirmed the way they wanted things to be done. We asked staff how they promoted dignity and privacy when providing care to the people who used the service. They told us that they had received training on the principles of good care practice and were able to give examples of how they showed respect, promoted privacy and dignity and showed compassion and understanding of each person's needs. They gave examples such as: knocking on doors and waiting for permission before entering people's homes; speaking with people using their preferred name; asking how they wished for care and support to be delivered before offering assistance and promoting their independence and wellbeing.

## Is the service responsive?

### Our findings

The people who used the service told us that they received effective care, support and rehabilitation which was personalised and focussed on promoting their independence and wellbeing. One person we visited said: "They are all very good, they know what they are doing, they always read the care plan". This person was familiar with their care plan and told us that it reflected their needs and the way they wanted things to be done. They explained that they managed their own medication but staff helped by reminding and prompting them. This arrangement was detailed in the care plan and they said it worked well. They said: "Whatever I ask of them they will do, very good staff, they have a good attitude we get along fine and with their help I'm getting better". Other people told us that they too had similar experiences of receiving care that was tailored to their individual needs.

We could see that care was provided on the basis of a detailed assessment, often involving a range of health and social care professionals including occupational therapists, physiotherapist, doctors, nurses and social workers. Care plans were developed with the person and or their representatives and kept under review and up to date so staff always had access to relevant information. Care plans were centred on the person's needs and people told us that their wishes and personal preferences were respected. For example one person told us that they preferred to have all female care staff for the sake of their dignity and privacy and this was clearly written in their service plan and adhered to.

We asked all the people and all the relatives we spoke with whether they had ever had cause to raise a complaint. In answer to our question all told us that they had never had any reason to complain. The three people we visited told us that if they had any concerns they would tell the staff and were confident that any concerns would be addressed promptly.

Most people spoken with did not know about the complaints procedure although all people visited had been provided with a service users' guide which set out the service's complaints procedure. This also provided useful contact numbers including those for Warrington Borough Council Customer Service team, the Care Quality Commission and the registered manager's telephone number. The Service Users' Guide indicated that the service welcomed complaints and encouraged people to comment on the quality of care provided. If people wanted further information on how to make a complaint they were referred to a leaflet: "Make your experience count". The registered manager maintained a record of all complaints received which showed action taken in all instances and in one case a letter of apology and explanation was given.

We found that managers and staff worked in close collaboration with other health and social care professionals associated with Intermediate Care and Hospital Discharge Team to ensure the people who used the service benefited from multidisciplinary assessment and coordinated care and support.

## Is the service well-led?

### Our findings

The Warrington Borough Council Intermediate Care at Home team (ICAHT) had a registered manager who had registered with the Commission on 11 April 2016. 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 was present during the three days of our inspection and engaged positively in the inspection process, together with other members of the office management team and staff. Information provided by the manager confirmed that she had over 18 years' experience managing domiciliary care provision. Her qualifications included NVQ level 4 in Leadership and Management for Care Services and an NVQ level 4 in Health and Social Care (adults)

The service had comprehensive quality assurances processes including several audits which were based on the outcomes and views of the people who used the service. All the people we spoke to were of the view that the service provided safe and effective care and that the service was well led. The services annual report for April 2016 to March 2017 was made available during the inspection. This indicated that ICHAT provided care, support and rehabilitation for 821 people in the same period. As part of the discharge process from ICHAT, service users are asked to complete a short survey expressing their experience, outcomes and views about the service. The annual report included a summary of the responses in several tables. These indicated that 73.5% of the people who used the service found it to be excellent, 25.17% good and 0.66% poor.

We could see that in recent months the service had received several written compliments and commendations in service user survey forms, which included the following examples: "Thank you to the regular carers for their excellent care and a laugh or two as well, very appreciated", "Thank you from the bottom of our hearts for all the care and attention on every visit. Mum enjoyed your company and would not have been able to remain in her own home if not for your compassion, dedication, kindness and professionalism" and "Without your timely intervention and care I believe my mother would have continued to deteriorate and would have required hospital care and I am so grateful for your services".

Periodic monitoring of the service is also undertaken by Warrington Borough Council's Contracts and Commissioning team (this is an external monitoring process to ensure the service meets its contractual obligations). The latest inspection undertaken by the contracts monitoring team had been undertaken in May 2017 and a draft report had been provided, which the manager had responded to.

Information about ICAHT had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service. A service user guide for people using the service had also been developed, a copy of which was stored within each person's home file. We found that the service users' guide provided helpful information but was inaccurate regarding the manager's qualifications and experience. It stated that she had 20 years' experience managing domiciliary care provision and a BTEC HNC in Public Sector Administration which was incorrect. This was brought to the

attention of the registered manager who made the appropriate amendments.

At the beginning of the year ICAHT moved offices and now shares the same building as the assessment , therapy and nursing team for intermediate care and reablement with whom they worked in close collaboration. All professionals spoken with told us that the move had been positive with the outcome of close collaboration and more effective and more efficient working arrangements. These services working together had both received praise and public recognition for their achievements in the Warrington Borough Council Excellence Awards 2017. The Intermediate Care and Hospital Discharge Team won the collaboration award and the registered manager and reablement team were Highly Commended for Customer Service.