

Calderdale Metropolitan Borough Council Support & Independence Team - Central & Upper Valley 2

Inspection report

Hebden Bridge Health Centre
Hangingroyd Lane
Hebden Bridge
HX7 7DD

Tel: 01422264640

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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

About the service

Support and Independence Team – Central and Upper Valley 2 is a domiciliary care service. It provides personal care to people living in their own houses and flats. However the service differs from other domiciliary care services as it is a short term reablement service which helps people regain their independence following periods of illness or time in hospital. People who use this service are not given specific visit times and the length of stay is dependent on the support they require at each visit. The service, provided by Calderdale Metropolitan Borough Council, works in partnership with the local NHS foundation trust with the office based in Hebden Bridge Health Centre. Referrals to the service are usually from the community, Gateway to Care or following hospital discharge. At the time of our inspection 18 people were using the service.

People's experience of using this service

People felt safe using the service describing staff as open, honest and trustworthy. Staff knew how to identify and report any abusive practice and confirmed training in safeguarding was provided annually. Sufficient staff were deployed to meet people's needs and provide the support they wanted. Medicines were managed safely, by trained and competent staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Detailed assessments were completed prior to people starting the reablement process, which were used to create support plans. Staff completed regular training and received ongoing support, to ensure they could carry out their roles safely and effectively.

People spoke positively about the care and support provided. Staff were described as happy, caring and easy to get on with. One person stated, "Everyone of them has put themselves out to do things for me and support me, I am so pleased." People were treated with dignity and respect and supported to regain as much independence as possible.

People received personalised care which was based around their needs and the goals they wanted to achieve. Reviews were completed to assess people's progress and ensure their support plans remained relevant. People knew how to complain, though none we spoke with had needed to.

The service was well-led with a clear management structure in place. Staff enjoyed working for the service and were complimentary about the support provided to them. Management were described as approachable and always available. A range of systems were in place to assess the quality and safety of the service, with action plans completed to promote continuous improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 6 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Support & Independence Team - Central & Upper Valley 2

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to allow time for the service to gain people's consent for us to visit them in person.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had

been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are details about changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experiences of the care and support provided. Feedback was gathered through home visits. We also spoke with six staff members, including the registered manager, a team leader and support workers and a professional who worked with the service. We reviewed five care files, four staff personnel files and other records relating to the management of the service and the care and support provided to people, including medicine administration records (MAR), audits and quality monitoring information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service felt safe and well supported. One person told us, "I feel very safe, there isn't one amongst them I don't trust."
- Staff had received training in safeguarding, which was refreshed annually. Safeguarding was also discussed during team meetings and supervision sessions, to ensure staff's knowledge remained up to date.
- Safeguarding referrals had been submitted in line with local authority guidance, with records kept detailing action taken and outcomes.

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

- The service assessed risks to people's safety and wellbeing. Individual assessments were carried out prior to the service commencing, to consider both care related and environmental risks and how these could be managed.
- People had been involved in the risk assessment process, which was regularly reviewed to ensure assessments remained relevant and any new issues captured.
- Accidents, incidents and falls had been documented consistently. Regular reviews and audits had been carried out to identify themes and trends and consider actions to minimise reoccurrence.

Staffing and recruitment

- People and relatives confirmed enough staff were deployed to meet needs and provide the necessary support. One person told us, "There's enough staff. They always turn up, if they can't or are running late will contact me." Another stated, "So far had three ladies supporting me, all of them are excellent."
- Staff also spoke positively, one told us, "There are plenty of staff. Work load is brilliant, never feel rushed, you can take as long as you need to."
- Staff were recruited safely. Personnel files contained all required documentation, including references and full work history.

Using medicines safely

- Medicines were managed safely by staff who had received training and had their competency assessed annually and after any issues or errors had occurred.
- Where relevant, people had a medicines profile which explained where their medicines were stored, what support they wanted and how this should be provided.
- Information about each medicine what it looked like and what it was for was also provided. Regular audits had been completed, to ensure documentation had been completed correctly and administration guidelines followed.

Preventing and controlling infection

- Infection risks were being safely managed. Staff had access to and consistently used personal protective equipment, such as gloves, aprons and hand gel.
- Staff comments included, "We use PPE, gloves and pinnies which we collect from the office. We also have training in infection control" and "PPE is readily available and used, we also wash our hands frequently and training is provided."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Detailed assessments had been completed before the service commenced, to capture people's wishes and ensure any care and support met their needs.
- A multidisciplinary team, consisting of reablement staff and therapists were involved in the initial referral process. This ensured the right personnel were assigned to complete the initial visit and assessment and meant therapy input could commence straight away where required.
- A relative told us, "A little team came and spoke to us about what we wanted and the support we needed. Anything we wanted them to do, they have done it."

Staff support: induction, training, skills and experience

- Staff received sufficient training and support to carry out their roles. A six-week induction process was in place, with staff having to complete the provider's mandatory training sessions and be assessed as competent before being able to work on their own.
- Regular supervision was provided which gave staff the opportunity to discuss their role, seek support and consider career development.
- Staff spoke positively about the training and support provided. Comments included, "Training is good, we get plenty of it. Some is online, but most is group sessions" and "Supervisions are done frequently to make sure everything is okay. I absolutely feel supported, couldn't ask for a better team."

Supporting people to eat and drink enough to maintain a balanced diet

- Where part of their care plan, people spoke positively about the support they received with nutrition and hydration. Support was provided in line with people's needs, to ensure they received meals of their choice as well as support to regain confidence and independence in the kitchen.
- One person told us, "They help me with my breakfast and lunch. They ask me what I want and then we make this."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with a range of professionals and partner agencies, to ensure people received effective care and support.
- Both physiotherapy and occupational therapy had been integrated into the reablement team, this had enabled the service to accept people much earlier in their recovery than previously.
- A professional told us, "We can take people much sooner, we are down to approximately 4 days from

receiving the referral. It's great being in the same office and having weekly review meetings. We do risk assessments together, really feel part of the team."

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was meeting the requirements of the MCA. People's consent had been sought, with signed consent forms located in their care files.
- Each person currently using the service had capacity, however the service had the necessary systems in place to carry out best interest meetings and decision making as required.
- Staff understood the MCA and how it impacted on their role. One staff member told us, "Yes, I've heard of the MCA and had training about it. You assume capacity unless person been assessed not to have it. Even if they have issues remembering things, can be times when they are better and able to make a decision."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the care and support provided by the service. Comments included, "The girls have been absolutely wonderful, can't fault them" and "Every one of them has put themselves out to do everything for me. They deserve every penny they earn."
- We noted examples of the service exceeding their remit to support people's wellness. For example, a person whose heating had broken had been told they would need to wait several days for repair. The service stepped in and helped arrange for this to occur the same day.
- There was a positive culture at the service and people were provided with non-discriminatory care which was sensitive to their needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect, by staff in whose company they felt comfortable. One told us, "They [staff] are easy to get on with and don't embarrass you." Another had written on their feedback form, 'I always felt comfortable with the staff, very trustworthy and good at their jobs'.
- Staff were mindful of the ways on which they could maintain people's dignity. One told us, "If providing personal care, cover people up, ensure doors are closed and if using toilet and safe to do so, wait outside but be around to help if needed."
- A major aim of the service was supporting people to regain as much independence as possible. Comments from people and relatives confirmed this was done consistently. One person stated, "I have gone from not being able to do things for myself, to doing everything."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives views and opinions were sought throughout the reablement process. People's care plans were discussed on an ongoing basis, to ensure they reflected the support people wanted and needed.
- More formal views about people's reablement experience, what worked and what could have been done better, were captured through questionnaires, which were circulated both during and after the service had finished. Information from the questionnaires was shared internally with staff, to promote improvements and best practice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and was focused on the areas in which they wanted support. One person told us, "Communication is good. They help me with the things I want." A relative stated, "Anything we have wanted them to do, they have done it. They are now like members of the family."
- People were encouraged to complete a 'my journey through reablement' form, onto which they documented their achievements and progress. We looked at one person's who had recorded, 'I started on four calls per day, with exercises have managed to reduce to just one. They have helped me regain my independence and strength.'
- The service used assistive technology to enhance the support people received and improve their independence. This included the use of bed sensors, falls alarms and medication administering devices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care files included information about communication needs and how these were being met.
- Information was available in a range of formats, to cater for people's varying needs. This included in different languages, with an interpreter service also available if needed.
- People spoke positively about communication with and by the service. A person had written to the service, their letter stated, 'Staff kept detailed records and were excellent at keeping my daughters informed.'

Improving care quality in response to complaints or concerns

- People knew how to complain. Information was provided as part of the assessment process and contained within people's care files.
- A complaint and concerns monitoring sheet was used to record any issues raised by people, relatives or staff. This included actions taken and outcomes.
- All complaints received had been dealt with as per policy and procedures.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well-led by an experienced registered manager, who was supported by two team leaders, both of whom had line management responsibility for the care staff.
- The registered manager understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents and safeguarding concerns.
- A range of audits had been completed each month to assess the quality and performance of the service. These included care files, medication, communication sheets and risk assessments. □
- Action plans had been generated to address any issues noted and ensure the service continuously improved. Completed actions had been signed and dated, with details of outcomes recorded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff found the service to be a positive and inclusive environment, which sought their views regularly and involved them in the decision making process. One person told us, "I'd rate the service 10 out of 10 so far, they are excellent." Whilst a staff member stated, "The service is very open and welcomes our opinions. It's a really well-run service."
- The service carried out spot checks, to ensure people were happy with their support and staff were following guidelines. Checks also provided an opportunity to gather additional feedback about the service as a whole.
- Staff told us they loved working at the service and felt supported. One stated, "Out of all the care companies I have worked for, I've received the most support here. Can ring the team leaders or manager at any time, even when they're not in work and they will answer and help you out."
- Weekly meetings were held to review people and their support plans, and monthly to provide staff with support and discuss wider service issues. Staff told us their input at meetings was welcomed and valued.

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 and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- People, relatives and staff were complimentary about the service and how good their communication

was. One person told us, "They are friendly people, the way they interact and communicate with me is very good."

Working in partnership with others

- The service worked closely with a range of professionals and other council services, to ensure people received the best care possible.
- Due to the remote location of some people and their properties, the service worked closely with emergency services, including the mountain rescue team, to ensure care and support was delivered during adverse weather.