

## Wakefield MDC

# Peripatetic Service

### Inspection report

Staff House behind Waterton House  
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Date of inspection visit:  
14 March 2016  
18 March 2016

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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

We carried out this inspection on 14 and 18 March 2016. The inspection was announced because we needed to make sure the registered manager and staff were available. This was the first inspection for the service since it was registered in 2015. We concluded the inspection on 23 March 2016 with telephone calls to staff, other professionals and people who used the service, to gather evidence to support the inspection findings.

The service provides personal care and support to people living in their own homes. On the day of our visit there were 92 people using the service.

There was a registered manager in post. 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.

People told us that they felt safe using the Peripatetic Service and they trusted the staff who supported them.

Staffing levels were appropriate to meet people's needs in a timely way, although some people and staff said they thought additional staff would enhance the service.

Staff had a good understanding of how to ensure people's safety when supporting them in their home. Risk assessments were documented for individual aspects of people's care.

People were supported by experienced and knowledgeable staff who were confident in their abilities.

Staff training was up to date and managers were creative in finding ways for staff to develop their skills and knowledge and share good practice with others.

Care was person-centred and staff were dedicated to their role with a clear focus on meeting people's needs in an individual way. Staff treated people with kindness, respect and dignity.

The provider promoted best practice and staff were supported well through supervision and effective line management.

Care records documented people's individual preferences and how their support should be given, although some staff were less confident in completing care documentation.

Procedures were in place to manage concerns, complaints and compliments about the service. Only compliments had been received by the service, no complaints.

Clear management structure and an open and transparent culture meant staff understood their roles and responsibilities. Processes were in place for monitoring the quality of the provision and these were being developed further as the service evolved.

We did not identify any breaches in regulation.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and staff knew how to maintain people's safety.

Staff understood how to safely support people with their medicines.

Staffing levels were adequate to meet people's needs in a timely way.

### Is the service effective?

Good ●

The service was effective.

Clear systems for supporting staff were in place, through regular training, staff meetings, supervision and an open management culture.

Staff were trained and very experienced in carrying out their roles.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate, with a clear focus on meeting people's needs in a supportive, enabling way.

People felt staff cared about them and offered individual care suitable for their needs.

### Is the service responsive?

Good ●

The service was responsive

Person centred care was demonstrated throughout the service provision.

Procedures were in place to ensure complaints and concerns

were managed and responded to.

### Is the service well-led?

Good ●

The service was well led.

Processes were in place for auditing the quality of service provision and for managing changes to the service in a positive and forward thinking way.

There was an open, transparent and communicative culture.

Teamwork was evident and staff worked positively and with enthusiasm to meet people's needs.

# Peripatetic Service

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

This inspection took place on 14 and 18 March 2016 and was announced.

The inspection was carried out by one Adult Social Care inspector. Before the inspection we reviewed the information we held about the service. This included looking at any concerns we had received about the service and any statutory notifications we had received from the service. Before the inspection, the provider completed 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.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke in person with two relatives of people who received support and by telephone with eight people who used the service. We also spoke in person with two members of staff and by telephone with six members of staff and three visiting professionals.

We looked in detail at two people's care records and three staff recruitment files. We also looked at records relating to the management of the service including policies and procedures.

# Is the service safe?

## Our findings

We asked people if they felt safe when they were supported by staff in the service. One person said: "Oh I feel very safe with them. When you're in your own flat it's hard to know who you can trust, but I really feel settled and safe". Another person said: "I trust them without any doubt". Another person said: "My safety is never in question". When asked if they felt safe receiving the service, one person said; "I do indeed".

Staff we spoke with were aware of people's individual risks, such as their mobility. Staff told us they referred to the care records and any handover information to see whether there were changes to people's risks. We saw risk assessments were in place; some information lacked specific detail, although we knew from speaking with staff they had knowledge of the detail required. For example, where records stated 'assist with' it did not always specify exactly how staff should assist but our discussions with staff showed they knew people well and would take their lead from people on an individual basis. Staff said they encouraged people to manage as much of their own care as possible whilst being on hand to support with tasks people needed help with. Staff said they were aware of any equipment people needed to stay safe and they were trained and confident to use this. One member of staff we spoke with was also the moving and handling adviser and they told us staff were shown how to use all required equipment, and were occupationally competent before carrying out their role.

Staff we spoke with told us the possible signs of abuse and said they would always report any concerns to their immediate manager, senior managers or to other appropriate agencies if necessary. Staff said they would always challenge and report poor practice if they witnessed this, to safeguard the vulnerable people they supported. This demonstrated that policies and procedures were in place and known by staff for reporting safeguarding issues.

Accidents and incidents were appropriately recorded and monitored to establish if trends or patterns occurred. The registered manager was responsible for regular health and safety monitoring.

Staffing levels were supportive of people's needs and staff reported feeling they had plenty of time to carry out the required support for people at each visit without people feeling rushed. People we spoke with confirmed this. For example, one person said: "They never rush me, I can take my time". Another person said: "I never feel like they're watching the clock. While they're with me, that's my time". Some people and staff we spoke with said they felt more staff would enhance the service and provide greater consistency for people. One relative we spoke with said they would like the same carers for their family member each time. Staff said they covered for one another if there were absences within the team. There were contingencies in place to cover staff absence through the use of an associated local authority service staff team, who were familiar with how the service was run and how to meet the needs of the people.

We spoke with a member of the business support staff who explained how visits were scheduled. We saw there was close monitoring of planned and actual visit times and there were robust contingency arrangements if staff ran late or were absent. The member of staff told us how alerts would be sent to a mobile number and by email if a visit was not made as planned, although they confirmed there had been no

missed calls.

We looked at recruitment files for two members of staff. We saw files contained evidence that suitability checks had been completed prior to employment and there was a recruitment checklist to show when these had been completed. The registered manager told us there had been no recruitment since the service was registered because there had been sufficient existing local authority staff from the previous service to work there.

People told us they had the support they needed to take their medicines on time. Staff demonstrated a clear understanding of how to support people with their medicines. Staff told us most people required prompting, rather than medicines administration. Staff said they were confident in their training and ability to support people with their medicines and there was detailed information within the care records and medication records to show when each person needed their medicines. We saw a sample of the Medication Administration Record (MAR) charts included details of the medicine, what it was for, the dosage and how the medicine should be taken. Staff were confident to report any concerns about medicines, such as if they made or noticed an error, in order to make sure people were safe. One member of staff said: "It's not about who's at fault, it's about making sure mistakes are not repeated and we can all learn".

# Is the service effective?

## Our findings

People we spoke with expressed compliments about the staff skills. One person said: "They just know and that makes me feel alright". Another person said: "They do a fantastic job, they know my needs and my ways". Another person said: "They have great skills, spot on", and another person said: "You can't put a price on experience, the staff know what they're doing and it's like clockwork".

Staff we spoke with told us how they used their skills to provide appropriate support for people. They said they felt well trained to do whatever was required and they were never expected to carry out any tasks for which they were not trained or confident. Staff told us that although they were very experienced in care, they were completing the Care Certificate online and said they found this refreshed their knowledge and skills and complemented their experience. Some staff said they were less confident care plans and with information technology, although recognised this was a useful means of training and record keeping. The PIR told us support assistants were encouraged to access online training to build confidence with the use of IT equipment ready for future changes.

We saw a copy of the skills, knowledge and competencies matrix and saw training was delivered in ways such as in-house delivery, internal booklets and open learning packs, as well as sourcing training providers and useful websites. The registered manager told us they tried to be resourceful and creative in securing training for staff and joined up with an associated local authority service staff team to share training opportunities and resources. The registered manager told us they discussed a 'policy of the month' within staff meetings to refresh staff knowledge of current issues.

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. Staff we spoke with told us they had an understanding of the mental capacity act. They said if they had any concerns about a person's ability to make a decision they would discuss this with their line manager to make sure the person had the support they needed. Staff told us they always ensured people had opportunities to make their own decisions. One member of staff said: "It's all about choice, it's people's right to choose what they want for themselves. I respect their decisions". Another member of staff said: "We don't make decisions for people. We would support them to understand their choices. Giving choices is more important than anything".

People we spoke with told us staff always asked their consent before supporting them in any way. One person said: "They always ask me, they never take for granted what I would like". Another person said: "I make my own decisions and I like the way the staff work with me to give support".

Staff supervisions had taken place at regular intervals and staff confirmed they felt well supported in this process. Staff we spoke with said they did not have to wait for a supervision meeting to raise any issues as there was an open door policy and all managers were approachable. One member of staff said: "They listen

and take things seriously. I feel valued and supported in my work". Staff gave praise for effective teamwork, within the service and with an associated service. One member of staff said: "Everyone works together. We support each other". Another said: "There's a good team feel, even though there has been lots of changes to the way we work".

Staff told us about the handover process between visits and said information about each person and any relevant points for staff to note were communicated. One member of staff said handover information was mostly documented in the communications book and felt more face to face information from one shift to another would improve effectiveness. We discussed this with the registered manager who told us this was difficult to achieve due to staff's differing working patterns. Monthly team meetings were held to discuss issues about the service along with policies and procedures, following which minutes of the meetings were shared among the team.

Staff we spoke with said that healthcare professionals were contacted if necessary to support people. Staff said if they had an concerns about a person's health they would take steps to communicate with their GP or family members where relevant.

## Is the service caring?

### Our findings

People spoke very highly of staff's caring abilities and feedback from all the people we spoke with and their relatives was consistently positive. One person said: "They never rush me, I can take all the time I need. They're very friendly". Another person said: "I'm 96 and I'm happy to be in my own home. They're lovely". Another person said: "Staff listen, they really do care you know, I feel like I really matter, they do a fantastic job". One relative we spoke with said: "I just can't fault the attitude of the staff. It's so caring and kind".

Staff told us they were focused on meeting people's individual needs. Some staff said they treated people with the same regard as they would their own relatives and had high expectations for the quality of care people should receive. One member of staff said: "If it wasn't good enough for my relative, then it wouldn't be good enough for anyone else". Staff told us they took as much time as people needed and if their allocated time was not enough then they would discuss this with their managers to make sure people had sufficient support.

Staff were dedicated and passionate about delivering care to people in a person-centred way. One member of staff told us: "Every person we visit is an individual. They like different things and need support in ways that matter to them. We try to offer what they need in the way they want". Another member of staff said: "There have been changes to the way we deliver our services but not to the quality of what we do when we're with people". Staff told us they had been supporting the same people 'for a number of years' when the service was previously registered and so they knew people's personalities and preferences very well. Staff in a supervisory role said they thought care staff were committed to their work and 'went the extra mile'.

One person we spoke with said as well as providing the physical care and support they needed, staff listened to them when they wanted to 'talk about things'. They told us: "I feel they're there for me, they always ask me how I am and they do mean it. If anything upsets me in my life I know they listen and care how I feel".

People told us their privacy and dignity was respected when staff supported them in their home. One person said: "They always knock, they're polite and well-mannered. They ask me before they do anything for me and I never feel uncomfortable with what they're doing". Another person said: "At my age there's things I just can't do for myself so I need their help, but they help me keep my dignity and I get to be in my own flat". The provider PIR told us that there was a focus on dignity and respect in staff's monthly or bi monthly supervision and in the observational supervision that took place in people's homes.

The PIR told us care review meetings were held in the person's home and others involved in their care package were invited. An advocate would be used if it was felt the individual was unable to speak up for themselves or could not express the issues relating to their care. Copies of care plans were given to people and staff were aware of data protection and the need for confidentiality, and treating any information about the person with dignity and respect.

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs. One person said: "What they provide for me suits me just right. I would never want to go into a home, so having someone help me manage is just right for me". Another person said: "We talked about what I needed and if that ever changes we will talk about it again". Another person said: "The times of my visits are alright and I can get on with my day. If they are running late, which is not often, they always let me know". Another person said: "It's not what they do it's the way they do it that matters. I'm happy, very happy. I've nothing to grumble about". One relative we spoke with said they felt consistency of care staff could be improved to be more responsive to the needs of people with dementia.

Staff we spoke with had a clear understanding of their role and they emphasised that putting people first was their main aim. One member of staff said: "We are here for these people. It's a service they rely on and we have a duty to do it well". Staff told us they felt motivated and that their contact with people during support visits was the best part of their work. One member of staff said they wished there was more in the way of activities for people to do, but recognised this may not be part of people's support packages.

The member of business support staff told us people had care packages tailored to their individual needs and the resources, such as time and staffing were allocated according to these. Staff told us there was scope to adjust people's packages of care if they found people needed more, or less, support. The PIR told us staff undertook equality and diversity training to enable them to support people in a non-judgmental way, regardless of age, gender or beliefs. They encouraged people to attend planned activities with family or outside their home.

The registered manager told us the service was intended to be a diminishing one when it was first registered, due to the nature of the organisation's changing responsibilities. They told us there was an expectation the scale of the provision would gradually reduce. However, they pointed out the service remained responsive to people's needs while ever people needed the service and this could only be reduced in line with this, so the timescale for a reduction in service was flexible to ensure continuity of care for people that needed it.

The PIR told us information about the whole person was gathered during an assessment of need by a social worker, this included a brief medical history and a pen picture of the person's life to enable the staff team to know them better and in turn better assist them with daily living tasks. Staff told us they were aware of where to locate people's information to refer to and update. They said each person's care plan was kept in each person's home for them to be aware of any relevant changes and information. One member of staff said: "I know I can rely on the information in the care record to be up to date for when I visit". People told us they were aware of their care records in their home. One person said: "I don't bother reading my paperwork, there's no need. My care is right and that's what matters".

We saw a sample of two care records and these contained information about people's individual aspects of care. There was evidence of regular reviews involving the person. We spoke with a member of the associated service who told us they sometimes provided staff cover to the Peripatetic Service at times of regular staff

absence. They told us they felt able to support people because there was clear information available for them to understand people's needs.

The registered manager told us they were trialling an assessment and review document for the staff team to give them a condensed breakdown of each person's preferences, person's choice and their potential to retain independence, although this had not yet been rolled out across the service. When no end of life plan was in place, the registered manager said they would refer to the social work team and other relevant individuals and amend the current care plan to see if they were able to meet the change in need.

The PIR told us people were given information about how to raise concerns or make formal complaint; they did not have to wait for a review of their care package. People told us they had no complaints about the service. One person said: "I can't think of a single thing to moan about." Another person said: "They'd be the first to know if I wasn't happy, I speak my mind. But everything is good so I don't have anything bad to say". People said if they were unhappy they felt they could talk to the staff or ring the service. They said they were confident their concerns would be listened to and acted upon.

We saw the complaints record and there had been no complaints, only compliments. The registered manager confirmed there had been no complaints about the service, but assured us the procedure would be followed in line with corporate procedures. We saw corporate information was available in written form and there was a facility for providing interpretation and translation services or copies of the information in other languages and formats, such as braille and audio.

## Is the service well-led?

### Our findings

People told us the service was well organised and managed. One person said: "It runs well, my care is reliable". Another person said: "It must be managed alright, or it wouldn't work like it does". One relative we spoke with said they knew who was in charge and 'would not hesitate' to approach them for any reason. They told us they felt involved and informed about how the service was run.

At the time of our inspection there was a registered manager in post. We found they worked closely with the registered manager of the associated service as some systems and processes were the same and this made for more efficient running of the service. The PIR told us the manager was supported by local authority support networks including: finance department, human resources, workforce development team and the health and safety team.

The registered manager told us they felt well supported in their role and received regular supervision and annual appraisal from the service manager. The registered manager shared good practice with other regulated services and was involved in a number of working groups, one to identify a comprehensive training programme to respond to the needs of the service. There was a clear emphasis on continually striving to improve the quality of the service.

There were clear aims and values which included protecting the most vulnerable, treat people with dignity, respect, provide quality service which keeps them safe. The PIR told us there was a positive culture which was person centred, inclusive and empowering and this encouraged staff to be open, responsible, transparent and accountable.

We found there was an open and transparent culture and the clearly embedded values were understood and upheld by staff. The organisation had registered this service as part of a restructure of adult social care service delivery and as a result, there had been a period of significant change for staff. We found through our discussions with staff, they had been initially unsettled by the changes, but felt involved, included and empowered as developments unfolded.

Staff told us: "There have been changes, we have just fallen into it and gone with the flow of it all". Another member of staff said: "I can't say I was happy about the changes at first, but I can see why they were necessary and to be fair, it's all working out ok. We stay cheerful and we're kept up to date with what's happening". One member of staff said: "I don't like the changes, I prefer to know what's happening, but we get the information when it's available and there's nothing more we can do. The work is as important as it always was and we are still here for the people who need us". Another member of staff said: "You learn to adapt to the changes, the managers are transparent and honest so we know what's going on as much as we can do".

In spite of changes and unsettled working for some staff, we found staff attitude was positive and motivated and they remained focused on the tasks they had to do. Staff gave praise for the amount of communication that took place between managers and care staff and said this contributed to them feeling happy in their work. Not all staff we spoke with knew who the registered manager of the service was and two staff we

spoke with had not met them in person. The registered manager said they were aiming to be more visible in the service.

Documentation to support the running of the service was up to date and well maintained. Policies and procedures were in place and staff were familiar with these. Systems for auditing and monitoring the quality of the provision were in place and plans were underway for implementing a new quality assurance questionnaire across the service and establishing consistency of records held and records made by staff.

Other professionals we spoke with as part of the inspection process were highly complimentary about the standards of care and leadership within the service. Comments from other professionals included: "There is excellent professionalism and communication", "They do up and above what they are required to do", "This is an approachable, inclusive and dedicated service" and "It's a joy to work with them".