

Warrington Borough Council

Warrington Borough Council Intermediate Care At Home

Inspection report

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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	

Overall summary

This inspection was announced and took place on the 04 January 2016. A second day of the inspection took place on 05 January 2016 in order to gather additional information.

The agency was previously inspected in July 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Warrington Borough Council Intermediate Care at Home is a domiciliary care service provided by the local authority. The service is coordinated from premises in Vulcan Close, Warrington and encompasses all of the Warrington area. The service was providing the regulated activity 'personal care' to 78 people when we inspected.

Summary of findings

The main function of the service is to provide rehabilitative home care to new service users over a six week assessment period. When the care package is established and stable, provision is transferred to an outside agency. The service is integrated with Bridgewater Community Healthcare Trust and works closely with other community services.

At the time of the inspection there was a registered manager at Warrington Borough Council Intermediate Care At Home service. 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 two days of our inspection and engaged positively in the inspection process, together with other members of the office management team and staff.

Feedback received from people using the service or their representatives was generally complimentary of the service and confirmed people had received care and support which was personalised and focussed on promoting their independence and wellbeing.

The needs of people using the service had been assessed prior to receiving support from the Intermediate Care At Home service. Care plans and risk assessments had also been completed to ensure staff understood how to meet individual needs and keep people safe.

Staff had been recruited correctly to safeguard the welfare of people using the service and had access to induction, training and qualifications that were relevant to their roles and responsibilities. Staff spoken with also confirmed that they had received formal supervision and attended team meetings at regular intervals.

Systems had been established to monitor key aspects of the service and obtain feedback from people using the service via monitoring visits and surveys upon completion of the service. Likewise policies and procedures had been developed to ensure an appropriate response to suspicion or evidence of abuse and complaints.

Summary of findings

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.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

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.

People were protected from the risks associated with unsafe medicines management.

Good



Is the service effective?

The service was effective.

Staff had access to supervision, induction and other training that was relevant to their roles and responsibilities.

Staff were aware of the need to promote people using the service to have a healthy lifestyle and to maintain hydration and good nutritional intake.

Systems were also in place to liaise with GP's and to involve other health and social care professionals when necessary.

Good



Is the service caring?

The service was caring.

People using the service were treated with dignity and respect.

Staff had received training on the value base of social care as part of their induction training which had helped them to understand the importance of providing person centred care.

Good



Is the service responsive?

The service was responsive.

Records showed people using the service had their needs assessed, planned for and monitored.

People received care and support which was personalised and focussed on promoting their independence and wellbeing.

Good



Is the service well-led?

The service was well led.

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

Good



Summary of findings

A range of auditing systems had been established so that key aspects of the service could be monitored and developed. There were arrangements for people using the service and / or their relatives to be consulted about their experience of the service.

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 was 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 place on 4 January 2016 and was announced. A second day of the inspection took place on 05 January 2016 in order to gather additional information. 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 two adult social care inspectors 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 the provider completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about Warrington Borough Council's Intermediate Care at Home service. We also 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, two deputy managers and 10 care assistants.

We also contacted 19 people who used the service and five relatives by telephone and undertook home visits by invitation to speak with two more service users. Prior to the inspection we sent surveys to an additional 45 people who used the service; 45 relatives and 27 health care professionals to seek more feedback on the service. Nine questionnaires were received from people using the service, one from a relative and three from community professionals. Overall feedback was positive however only 56% of the respondents were of the view that staff arrived on time.

We looked at a range of records including eight 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 by provided by the Intermediate Care at Home Service to be safe. People spoken with confirmed that they felt safe.

Comments received from people using the service or their representatives included: “They’re always on time and regular staff. You get to know them and they help with anything”; “The staff always turn up when they should” and “They have time for me. I’m not rushed. The carers come and see what I need and go and organise it. I feel safe in their care.”

We looked at the files of eight people who were using the Intermediate Care at Home Service. We noted that each person had a care plan and supporting documentation which included information on actual and potential risks. Hazard identification outcome forms, medication risk assessments and moving and handling plans had also been completed to help staff identify risks and the action required to keep people safe. Copies of the records were held at the office and available at each person’s home.

Systems were in place to record any accidents and incidents that occurred within the service. A matrix was in place which contained a log of incidents and actions taken. The registered manager monitored this information on a regular basis and provided regular updates to her line manager to ensure accountability for any incidents within the service.

At the time of our inspection the Intermediate Care at Home Service was providing personal care to 78 people who were living within the Warrington area. The service had one registered manager; two deputy managers; 14 senior care assistants and 63 care assistants that worked variable hours subject to the needs of people using the service.

The registered manager confirmed that the agency 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. A business continuity profile had also been developed by the provider to ensure the service could continue to operate in the event of an untoward incident.

The service used an electronic database to store key information, the contact details of people using the service and for planning staff rotas. We noted that people using the service were allocated a two hour slot for each call and travelling time was allocated to staff between each visit.

Packages of care varied according to each individual’s needs and ranged from a fifteen minute visit up to a two hour appointment several times per day. The registered manager informed us that wherever possible the service endeavoured to deploy the same staff to support people using the service however this could sometimes change due to annual leave, sickness, staff training or when staff had moved on to new jobs.

The registered manager informed us that that there had been six missed visits in the last twelve months, two of which had been declined. Records of action taken in response to any missed visits were available for reference.

The registered provider (Warrington Borough Council) had developed a recruitment and selection procedure to provide guidance for management and staff responsible for recruiting new employees.

We looked at a sample of four staff files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were application forms; two references; disclosure and barring service (DBS) checks; proof of identity including photographs, interview assessment notes; employment gap forms and health declarations.

All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at the Intermediate Care at Home Service. This helped protect people using the service against the risks of unsuitable staff gaining access to work with vulnerable adults.

The registered provider had developed a policy to provide guidance to staff to how to protect people from abuse. The policy was entitled ‘Warrington Safeguarding Adults’ procedures. A whistleblowing procedure was also in place.

Is the service safe?

The Care Quality Commission (CQC) had received no whistleblowing concerns in the last 12 months. 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.

Discussion with the registered manager and staff, together with a review of training records confirmed staff working within the service had completed 'Safeguarding vulnerable adults and / or children' training.

We viewed the safeguarding records for the Intermediate Care at Home Service. There was a safeguarding tracking log and supporting documentation in place which indicated that there had been six safeguarding incidents in the last 12 months.

Records confirmed that safeguarding concerns received by the agency had been referred to the local authority's safeguarding unit in accordance with the organisation's procedures to ensure the protection of vulnerable people. Three of the incidents were not upheld or substantiated.

Management and staff spoken with demonstrated an awareness of the different types of abuse and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated a sound awareness of how to whistle blow, should the need arise.

A corporate medication policy entitled 'Medication Policy for Extra Care Services' had been developed by the provider to offer guidance to staff responsible for the administration of medication to people using the service. Discussion with

staff and examination of training records confirmed staff had received medication training, including in-house training on how to administer Warfarin safely. Warfarin is an anticoagulant (blood thinner). Medication competency assessments had also been completed by staff.

We noted that files were in place for people who required their medication to be administered by staff. We looked at a sample of three medication files and found that they contained copies of guidance, medication procedures; specimen signature lists for staff responsible for managing and administering medication; medication administration charts; medication risk assessments and error incident report and disposal of medication forms. Records viewed had been correctly completed following the administration of medications.

We noted that the medication administration charts did not include details of the balance brought forward. The registered manager assured us that she would update the records to include this information.

Auditing systems had been established to enable the registered manager to monitor medication management and recording issues.

Staff spoken with reported that they had completed infection control training and had access to policies and procedures on infection control. Personal protective equipment was also provided to staff responsible for the provision of personal care.

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided by the Intermediate Care at Home Service to be effective. People spoken with were of the opinion that their care needs were met by the provider.

Comments received from people using the service or their representatives included: “They help me to be independent. I can help myself more now”; “A very good supportive service”; “Communication is excellent”; “The staff seem very well trained. They’re very obliging and talk to me. They’ve all been marvellous” and “They ensure I’ve taken my tablets.”

Some staff spoken with highlighted that the consistency of support was sometimes affected by rota changes, resulting in other staff providing care to people. We raised this issue with the registered manager who assured us that the service endeavoured to provide continuity of care to people using the service and that changes were only made when necessary.

Examination of training records and discussion with the registered manager and staff confirmed staff had access to a range of induction, mandatory, national vocational / diploma level qualifications and other role specific training that was relevant to individual roles and responsibilities.

We noted that new staff received a comprehensive induction away from the main work base which was also supported by a further in-house induction training. The induction programme involved completing a range of mandatory training courses that were linked to the Skills for Care Induction Standards and on-line training. Core and additional training was provided in addition to formal supervision and other support systems.

Staff spoken with confirmed that they felt supported in their roles and informed us that they had attended team meetings and received formal supervision. Monitoring systems for staff supervision sessions and performance and development review records had also been developed to track targets and review progress. Records viewed highlighted that the completion rates for training were generally good.

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.

We checked whether the Intermediate Care at Home Service was working within the principles of the MCA. We noted that the provider had developed corporate policies and procedures to provide guidance for staff on the MCA; Deprivation of Liberty Safeguards (DoLS); adult safeguarding and the independent mental capacity advocate and best interest decision making.

Staff spoken with told us that they had received Mental Capacity Act 2005 awareness training to help them understand their responsibilities in relation to this protective legislation and the need to protect the rights of people who may lack capacity. Staff gave examples of how they asked people’s consent before entering their homes or providing support. Service delivery plans contained personalised information and had been signed by people using the service (where practicable).

The registered manager demonstrated an awareness of the need to liaise closely with care management teams, formal appointees and relatives in the event a mental capacity assessment was required for a person using the service.

We spoke with the management team and staff regarding the promotion of healthcare, hydration and good nutritional intake within the context of person-centred care and respecting people’s rights to choose what they eat and drink.

We noted that daily recording notes contained a record of meals and drinks and that staff had completed food hygiene; promoting independence and other key training to help them understand the needs of the people they cared for.

Staff spoken with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going basis. Systems were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

Is the service caring?

Our findings

We asked people who used the service or their relatives if they found the service provided by the Intermediate Care at Home Service to be caring. People spoken with confirmed the service they received was caring and that they were treated respectfully.

Comments received from people using the service or their representatives included: “They always treat me with dignity and always ask how I would like things done”; “When helping me with personal care they put me at my ease. They’ve all been so very kind and thoughtful”; “They’re always respectful and ask before they do anything”; “The staff are like angels in disguise. They’re lovely girls” and “They treat me with respect and are sensitive to me”.

Staff told us that they received information on the needs of people using the service and were given time to read people’s assessments, service delivery plans and risk assessments. This helped staff to gain an understanding of the needs of people using the service and how best to support them. People spoken with told us that the staff understood how to meet their needs and provided a personalised service that promoted their dignity, privacy and independence.

People’s own wishes about how they wanted to receive their care were recorded in their care plans. We found the service delivery plans completed by the intermediate care at home service contained information about the needs of people and duties required. This enabled staff to support people in a meaningful way that recognised their individuality and preferences.

We asked staff how they promoted dignity and privacy when providing care to people using the service. Staff told us that they had received training on the principles of good care practice as part of their training which had helped them to understand how to provide person centred care and maintain confidentiality.

Staff were able to give examples of how they showed respect towards the people they cared for and gave examples such as: knocking on doors and waiting for permission before entering people’s homes; speaking with people using their preferred name; asking people how they wished for care and support to be delivered before offering assistance and promoting people's independence and wellbeing.

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided by the Intermediate Care at Home Service to be responsive to their needs. People spoken with confirmed the service was responsive and that staff were attentive to their needs.

Comments received from people using the service or their representatives included: “They adapt to my needs. They help me wash which maintains my independence”; “Most are polite and they’re very responsive to my needs”; “Nothing needs improving. The service is good”; “No issues. I’m very satisfied” and “I’ve no complaints but I know exactly what to do if I did. The information I require is in the care folder they provide. They do everything they should.”

We requested permission to view eight intermediate care service files (a file stored at the office or kept within each service user’s home) which contained a range of information relevant to the service provided to each individual by the agency.

Files viewed contained information on the needs and support requirements of people using the service, to ensure suitable levels of support and intervention were available. A range of supporting documentation including: referral notes; hospital discharge assessments and support plans; service delivery plans; timetables and duties of staff; medication risk assessments; dependency assessments; hazard identification and moving and handling plans was also available within files. Review and observation records together with handover notes and other supporting documentation were also available for reference.

We noted variations in the amount of information recorded by staff on daily recording notes. This finding was discussed with the registered manager who assured us that she would take action to ensure staff recorded more detail of duties undertaken.

The registered provider had developed a complaints procedure to provide guidance to people using the service or their representatives on how to make a complaint.

A 'Make your experience count' brochure had also been developed for people using the service to reference and details of how to complain had been included in the intermediate care at home 'Service User Guide'.

We viewed the complaints and concerns records for the service. The complaints log record detailed that there had been four complaints in the last 12 months. We also identified another complaint which had not been recorded on the matrix. Two of the complaints were upheld, two were not upheld and one was partially upheld. Appropriate action had been taken by the provider for each incident and confirmed that complaints were addressed in a timely manner by the service.

No complaints, concerns or allegations were received from the people using the service during our visit. People using the service and / or their representatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to.

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided by the Intermediate Care at Home Service to be well led. People spoken with confirmed they were happy with the way the service was managed.

Comments received from people using the service or their representatives included: “I can’t fault the service”; “It’s absolutely brilliant, friendly and professional. Nothing is too much trouble”; “I’d recommend it to other people and try to put them at their ease” and “Excellent service. Anything I need they’d help with.”

The Warrington Borough Council Intermediate Care at Home Service had a registered manager in place that had been in post for approximately five months. The registered manager was present during the two days of our inspection and engaged positively in the inspection process, together with other members of the office management team and staff.

Discussion with the registered manager confirmed she had management experience in the adult social care sector and had completed the level four Diploma in Leadership and Management for Care Services and in Health and Social Care.

A ‘director business plan’ and a ‘business continuity profile’ had been produced which outlined the provider’s vision, priorities and contingency plans to ensure the on-going development and delivery of the service.

A range of systems to assess and monitor the quality of service provided had also been developed. For example,

people using the service were given a leaflet which informed them of how to raise a concern, compliment or complaint. We also noted that multi-disciplinary team meetings were held each week and on-going checks and reviews were coordinated as required, to ensure key aspects of individual care packages were monitored.

Furthermore, upon completion of the service an ‘Evaluation of Service Provision’ questionnaire was given to the people using the service or their representatives. This information was analysed on a monthly basis and an annual summary report produced together with other key information on the service.

A range of audits were undertaken within the Intermediate Care at Home Service which focussed on home files; office files and medication administration. The registered manager also monitored and reported on a range of issues including: quality issues; accidents; near misses; incidents; staff supervisions; sickness and absence levels to her line manager.

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).

Information on the Intermediate Care at Home Service 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.