

## Stockton-on-Tees Borough Council

# Intermediate Home Care - Stockton

### 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

We inspected Intermediate Care from May 5th until May 12th 2015. This was an announced inspection and we let the acting manager know we were inspecting two-days beforehand. We announced this inspection so we would be able to meet with staff providing support on the day. This meant that the staff and provider knew we would be reviewing the services that were provided.

The inspection team consisted of an adult social care inspector.

The Intermediate Care Team provides a free and flexible service to people in their own homes for a period of up to six weeks. Staff provide care, support, encouragement, rehabilitation and advice to people with the aim of assisting people regain their independence. The service is available to people aged 18 and above who live in the Stockton locality and for example be someone who has been discharged from hospital after a hip replacement.

# Summary of findings

The service supports people with meal preparation, attending to personal care, administering medication, mobilising, shopping, accessing community facilities and domestic support.

The service had a registered manager who had recently retired. A new acting manager was in place at the 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 acting manager and staff that we spoke with had a good understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (2005). People told us they felt safe and staff understood how to recognise and report potential abuse. We saw there were systems and processes in place to protect people from the risk of harm.

We found people were encouraged and supported to take responsible risks. People were encouraged and enabled to take control of their lives.

People told us they were supported to regain their independence by experienced and knowledgeable staff. People told us that staff were reliable. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

Staff who worked at the service were extremely knowledgeable about the care that people received. People told us that they received person centred care. People who used the service told us they were very happy with the care that they received.

People told us they were supported to prepare food and drinks of their choice. This helped to ensure that nutritional needs were met. People told us they were encouraged and supported to be independent with meal preparation.

People were supported to maintain good health and had access to healthcare professionals and services. Where needed people were seen or referrals were made to the therapies team or other relevant health or social care professionals.

People told us they were supported by caring and compassionate staff. People we spoke with said they were happy with the care and support provided and could make decisions about their own care and how they were looked after.

People told us staff respected their privacy and dignity. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

People's care and support needs had been assessed by the referring agency before the service began. Some care packages were set up extremely quickly, often within a matter of hours to provide crisis support or a speedier discharge from hospital. Care records we looked at detailed people's needs and there were clear records of the visits by each staff member that were reviewed by the management team at the service.

Appropriate systems were in place for the management of complaints. People and staff told us the acting manager was approachable. People we spoke with did not raise any complaints or concerns about the service and they told us they knew how to contact the service if they needed to.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

# 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.

People told us they felt safe. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

Staff at the service enabled and supported people to take responsible risks.

There was enough qualified, skilled and experienced staff to meet people's needs. Robust recruitment procedures were in place.

People were supported to manage their medicines in a safe way and staff were aware of safe infection control procedures.

Good



### Is the service effective?

This service was effective.

Staff who worked at the service had completed induction, training and on the job learning. Staff were very knowledgeable about the care that people received.

The acting manager had a good understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (2005) although assessments for capacity were carried out by the referring agency.

People told us they were supported to prepare food and drinks of their choice which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. Where needed people were seen or referrals were made to the therapies team or other health and social care professionals.

Good



### Is the service caring?

The service was caring.

People told us they were supported by caring and compassionate staff. People we spoke with said they were happy with the care and support provided and could make decisions about their own care and how they were looked after.

People told us staff respected their privacy and dignity. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People's care and support needs had been assessed before the service began. Care records we looked at detailed the support that had been provided and these were reviewed regularly as part of the monitoring of people's progress. Staff and people who used the service spoke of person centred care.

Good



# Summary of findings

The service responded to the changing needs of people and responded to very short notice referrals to assist people back to their own homes or where extra support was needed.

Feedback from people was regularly sought and used to make improvements to the service.

## Is the service well-led?

The service was well led.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us the service had an open, inclusive and positive culture.

Accidents and incidents were monitored by the acting manager and the provider to ensure any trends were identified.

**Good**



# Intermediate Home Care - Stockton

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 of Intermediate Home Care - Stockton took place on 5th May 2015 and was announced. We told the provider two days before our visit that we would be coming to inspect. We did this to ensure key staff members such as the acting manager and support workers would be available.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information

Return (PIR) which the provider completed before the inspection. The PIR 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 looked at notifications that had been submitted by the service. This information was reviewed and used to assist with our inspection.

During our inspection we went to the provider's head office and spoke to the overall service manager (who manages reablement services for the local authority), the acting manager of the service, two coordinators and four care staff. We reviewed the care records of six people that used the service, reviewed the records for four staff and records relating to the management of the service.

During and after the inspection visit we undertook phone calls to eight people that used the service.

# Is the service safe?

## Our findings

During the inspection we spoke with four staff and two coordinators. They were aware of the different types of abuse and what would constitute poor practice. Staff said they had confidence that coordinators and the acting manager would respond appropriately to any concerns. Staff told us they had received training in respect of abuse and safeguarding of vulnerable adults. We saw certificates of training to confirm that this was the case. One staff member told us; “it’s about respect for the person. Everyone is different and you should speak to the person as you would wish to be spoken to.” Another staff member said; “I have great confidence in the coordinators. I know my concerns will be dealt with.”

We asked people who used the service if they felt safe with the service, they said; “Yes, I always felt safe with everyone,” and “The girls were all extremely polite, courteous and professional.”

Staff were aware of local safeguarding protocols and provided examples of how they had used these. One staff member we spoke with during the inspection told us of an occasion when a person who used the service had disclosed to them an allegation of abuse. They told us how they reported this to management and the local authority to keep the person safe and that they fully documented the conversation and attended a safeguarding strategy meeting. This meant that staff responded appropriately when abuse was suspected to safeguard people.

Records looked at confirmed that the service’s management team had worked with other individuals and agencies to safeguard and protect the welfare of people who used the service. People who used the service and the relatives we spoke with during the inspection were aware of who to speak with should they need to raise a concern. Every person we spoke with told us they had telephone numbers to contact the office and other agencies if they needed to. We found the service had safeguarding and whistle blowing (telling someone) policies and procedures in place. Staff were provided with a personal copy of these policies at induction. This meant staff had access to information which supported them to identify and report suspected abuse.

Staff also told us about the Smart Phone system that they used to receive information about people using the service

and also to log in and out of calls in people’s homes. They said; “It’s marvellous, it protects both parties. It makes you feel safer. I can get all the notes, risk assessments, people’s preferred name on the phone and we check it regularly for any updates from the office.” The co-ordinator told us the service was provided from 7am until 10pm. We saw there were also systems in place for staff who were lone working to ensure they were safe. For example whilst working at night with a ring round procedure and people could also be tracked using their SmartPhones by the office staff. This showed that the provider took steps to ensure the safety of people who used the service and staff.

The co-ordinator told us staff supported people to take responsible risks. One of the aims of the service was to enable and support people to regain their confidence, ability and the necessary skills to remain at home. The Intermediate Home Care service worked with people to regain these skills. Once a person was assessed as suitable for the service by a coordinator, then they would be allocated to support workers with the assessment information that came from the referring agency, which were usually a social worker from the hospital discharge team or another healthcare professional. This assessment looked at the help and support needed, such as help with personal care, medications, emotional and personal support and social engagement. The coordinator told us any risks associated with care and support would be highlighted. Care records we looked at during the inspection clearly highlighted any risks.

We were shown records which informed that prior to the commencement of the service environmental risk assessments were undertaken of the person’s home. We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. Staff we spoke with told us they felt safe and competent to support people at home and in the community. This meant that the provider took steps to ensure the safety of people and staff.

During the inspection we looked at the records of two fairly newly recruited staff to check that the recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member’s suitability to work with vulnerable adults before they started work. References had been obtained and

## Is the service safe?

where possible one of which was from the last employer. The acting manager told us any gaps in potential staff's employment history were discussed at interview to determine their suitability to work in the service.

We were told that new support staff shadowed experienced staff for as long as they needed to be confident. This helped to ensure that people were supported by skilled and experienced staff.

The acting manager told us that the service employed 18 support staff and was in the process of recruiting four additional staff. In addition to this the service employed, three co-ordinators, an acting manager and clerical staff. The acting manager told us that there were enough staff employed to meet the needs of current people and if there was to be an increase in demand.

Support staff that we spoke with during the inspection told us that there was enough staff to provide care and support to people who used the service. The coordinator told us the agency provided a flexible service in which to ensure that they met the needs of people. We were told and saw records which confirmed that people's needs were assessed on an individual basis. The coordinator told us that staff were provided with daily updates to their rota due to the nature of the quick response service and the six week limit for interventions so it changed all the time. People that we spoke with during the inspection confirmed that the service employed sufficient staff to meet people's needs.

Most people we spoke with during the inspection said that the staff turned up on time and stayed for as long as they were expecting them to. People and staff told us there was a half hour window so if people were told staff would arrive at 08.00am it could be between 07.30am and 08.30am, this was explained to people before the service commenced. Where staff had been delayed on a previous call they contacted the office to inform them to contact the person to state that staff would be slightly late.

We asked staff what they would do in the event of a medical emergency when providing care and support for people who used the service. The coordinator told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. We saw staff had undertaken training in first aid. We saw records to confirm that this training was up to date. Two staff told us they had dealt with emergencies of finding people collapsed and they had followed their procedures and training and were given an opportunity to talk about the incident afterwards with the management team. This meant that staff had the knowledge and skills to deal with unforeseeable emergencies.

Staff told us they had all been trained in infection control procedures and staff showed us the cupboards in the office where they sourced supplies. They told us there was never a problem with this. One person told us; "The girls put cream on me. They always wore gloves and then afterwards would throw them away."

All staff had been trained in the management of medicines. Staff told us they also had regular observations by coordinators to ensure they managed medicines safely in people's homes. One staff member told us; "I went to one lady and they (the hospital) had left a cannula in her arm. I rang the ward and stayed with her until the nurse arrived. I also rang the lady's daughter and informed her and then we also informed safeguarding as this should not have happened."

Another staff member said; "We do regular refreshers. Some people have blister packs and some people need help to take their medicines, we always check the discharge letters to ensure that the medicines are correct, we wear our gloves and we sign that the medicine has been taken."



# Is the service effective?

## Our findings

We saw that staff held suitable qualifications and / or experience to enable them to fulfil the requirements of their posts. Staff we spoke with during the inspection told us on the commencement of their employment they undertook a full induction. This included reading policies and procedures and shadowing other experienced staff whilst they provided care and support to people. Staff had been supported to undertake National Vocational Qualifications and additional training such as a course on Huntingdon's disease.

People who used the service spoke highly of the staff skills and experience. One person said, "They were very helpful and knew exactly what they were doing." Another person said; "They did a wonderful job, it was a safety call and I couldn't fault any one of them, I wouldn't hesitate to recommend this service to anyone."

On the day of the inspection we spoke with staff about training they had undertaken in the last 12 months. Staff told us that they had been trained in safeguarding adults and children, dementia, moving and handling, medication, food hygiene and first aid. During the inspection we looked at the individual training records of staff. We found that what staff had told us about training matched up to certificates on file. Staff reported the following about their training' "I have done a dementia course recently, it made me more aware and was very helpful." Another said; "The dementia training and learning about the person centred approach and passports about how people like to receive their care was great."

Staff we spoke with during the inspection told us that they felt well supported and that they had received regular supervision and an annual appraisal. One staff member said; "The training and office support we get is fantastic, that's why no-one ever leaves!" One staff member said; "We talk about workload, clients and teamwork. You can say if you are struggling with workload and they will get someone else to help your calls." The acting manager showed us a supervision and appraisal matrix/planning document. This detailed planned supervision and appraisal dates for 2014 and 2015. One staff member said, "We have supervision every two or three months and an annual appraisal. You can raise subjects and I always feel listened to. I have never had an issue not listened to or given feedback." Another

staff member said; "I feel I can go to the manager and coordinator with any problem I have and talk about it." The service provided support to people at meal times. People were encouraged to be independent in meal preparation. We saw that people were allocated the time that they needed to prepare and cook a meal. People who used the service told us; "One lady made me bacon sandwiches, she didn't clean up too well," and another said; "They have always come on time and been as helpful as possible with my breakfast and lunch."

The acting manager told us that where necessary other professionals involved in people's care would undertake assessments in relation to mental capacity and if staff had any concern's that someone's capacity was changing they would go back to the social worker to request an another assessment.

The acting manager and staff we spoke with during the inspection told us they worked very closely with other healthcare professionals to support the person in their recovery. The Therapy team of community occupational therapists and physiotherapists were based in the same building and there was regular communication between services. Staff told us they often popped along to see this team if they were confused over any exercises or support that this team had put in place, to clarify it. We were told and saw records to confirm that the service worked closely with GP's, the district nursing service and social workers. We saw that when needed, appropriate referrals had been made to the community physiotherapist, dieticians and occupational therapists. Staff spoke with knowledge and understanding about rehabilitation and people's individual needs. One staff member told us; "It's vitally important that people have control over their own care. People need to be informed about everything and we need to motivate them that they will be able to do things again perhaps with some minor adjustments." We found that changes to rehabilitation and needs were well managed. We saw that occupational therapists and other health care professionals were involved in providing the programme of rehabilitation to people. People were provided with the equipment they needed prior to the commencement of the service for example raised toilet seats and hoists. This meant that people were supported to maintain good health and had access to healthcare services to aid their recovery.



# Is the service caring?

## Our findings

The co-ordinator and acting manager told us there was a person centred approach to the support and care that people received. This was very evident in the way the staff spoke about people who used the service. We found from our discussions with staff that people and their families were given the utmost priority. One staff member said; “It’s great giving people confidence and seeing how people improve.”

Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Despite the quick intervention and short term nature of the service, staff told us they did build relationships with people. One staff told us; “I have built a good relationship with an Asian lady whose first language is not English,” and another staff said; “We let people do as much as they can for themselves and intervene of course if they are struggling.”

People we spoke with told us; “Respect was what I noticed most, every one of them was respectful and kind.” Another person told us; “They were absolutely brilliant, they do anything I ask and more.”

Staff we spoke with understood their obligations with respect to people’s choices. Staff told us that people and their families were involved in discussions about their care.

The acting manager told us staff induction and training, along with policies and procedures supported values and beliefs in the dignity and welfare of people. We saw the key policies and procedures contained information on the service’s values and beliefs such as; privacy; dignity and respect; equality; independence; rights; and confidentiality. It was clear from our discussions with staff that these values underpinned the work they carried out with people. We received feedback from one person that said; “One of the carer’s was outstanding. She really understood the needs of my disability. We were on the same wavelength. It was the little things like she got stuff out of the cupboards and put it on the worktop for me so I would be able to access it later when she had gone.”

People told us that the staff were caring and compassionate. One person said, “They go out of their way to have a chat and make sure I feel ok,” and “They come in smiling and cheerful, it lifts you for the day.”

One staff member we spoke with told us about an event where a person’s partner had passed away just before they arrived to support the person with their night routine. The member of staff told us how they alerted senior staff and the former registered manager came straight to the house to offer support. The staff told us they also had a de-brief session the following day to check that they were okay after the incident. This showed the care in ensuring the person and staff member were supported.

People told us they felt involved in making decisions relating to their rehabilitation. For example, if possible prior to using the service, people were visited in hospital by the coordinator for an initial assessment. During this assessment people were asked what time they would like visits to take place and if they preferred a male or female member of staff. We were told and saw records to confirm that each person’s rehabilitation package was reviewed on a weekly basis. This review was to monitor progress, review rehabilitation that had taken place and to determine if any changes needed to be made. People’s diversity, values and human rights were respected. One staff member told us how staff all wore shoe covers when they attended the home of an Asian family who did not wear shoes in the house to show their respect. Staff demonstrated to us that they knew how to protect people’s privacy and dignity whilst assisting with personal care but how they also ensured that people were safe. Staff members said; “We ensure doors are closed and place a towel over the person to protect their dignity,” and “I ask the client, I don’t assume and ask if the client wants me to leave the bathroom.” People who used the service confirmed that their privacy and dignity was respected and promoted. One person said, “The girls helped me bath safely and with dignity and now I have some handrails and a chair fitted I’m more confident.”

# Is the service responsive?

## Our findings

People were referred to the Intermediate Home Care team after they had been assessed by a social worker, or other healthcare professional. Referrals came from Accident and Emergency, hospital social workers following elective surgery or community referrals from the First Point Rapid Response team working in the local area. The acting manager told us that referrals were acknowledged and responded to and the service could be provided within two hours. Care records we looked at during the inspection confirmed this to be the case. The rapid response element of the service provided support to people who required immediate support to enable them to be discharged from hospital and return home. The service provided flexible care and support to people between the hours of 7am and 10pm. Each week the person's rehabilitation was reviewed to monitor their progress, set goals and plan discharge. At the end of four weeks people were reassessed with a transfer meeting that they and their family attended to determine their progress and any future care needs. One person told us they were now accessing personal care from an agency and they had been supported to access this from their transfer meeting so it could be set up in a timely manner.

The co-ordinator told us how the service responded to the changing needs of people. At each visit care staff documented what progress the person had made and achievements. This also included what the person had been able to do for themselves and the assistance required from staff. The coordinator told us that if anyone had deteriorated they would contact the person's GP or the Rapid response team who could visit the person promptly. Where changes were needed this was actioned quickly as staff could be informed via their SmartPhone and they would then update the care plan. We saw that call times

had reduced as and when a person became more independent, one person told us they now didn't need help with meals but still had help with bathing. This meant that the service responded to the changing needs of people.

During our visit we reviewed the care and rehabilitation records of six people. Each person had an assessment, which highlighted their needs and was written by the referring authority. Of the care records we looked at during the inspection detailed person centred care and support that the person needed, however some plans of care were more task related. The acting manager had already highlighted the improvement needed to make care plans more person centred and new plans that met the requirements of the new Care Act 2014 were to be introduced.

The service was not resourced to provide social activities for people but did provide therapeutic activities as directed by the physiotherapy and occupational therapy teams.

The acting manager told us the service had not received any complaints in the last 12 months. We were told that staff maintained regular contact with people and relatives to make sure that they were happy with their care rehabilitation and support. We looked at the complaints procedure, which informed people how and whom to make a complaint to. The procedure gave people timescales for action. People who used the service told us that they did not have any concerns. People told us that they knew how to raise a complaint and that they had the contact details of the office. They also said that they had been given surveys to complete about the service regarding their satisfaction levels. One staff member told us; "I always tell people about their right to complain. People all have a complaints form in their file in their home or they can just ring the office." We saw that people had been asked to provide feedback on the service they had received. We found that the service had received many compliments and these were shared with the staff team.

# Is the service well-led?

## Our findings

The service up to recently had a registered manager who has managed the service for a number of years and who had just taken retirement. The acting manager had also worked at the service for a number of years both as a support worker and coordinator. We spoke with a coordinator who told us there were clear lines of management and accountability and all staff who work for the service were very clear on their role and responsibilities. Staff told us that the acting manager and other coordinators had an open door policy so that staff had access to support at all times. From discussion with staff we found that the acting manager was an effective role model for staff and this resulted in high levels of morale and strong teamwork, with a clear focus on working together. One staff member we spoke with said, "It's a really good service. I never get up and think I don't want to go to work. I'm very happy here."

The acting manager was supported by the service manager within the local authority and the wider organisation's departments, such as finance and human resources (HR).

Staff we spoke with told us that they felt valued and empowered to do their work. Staff provided us with a number of examples of how and when they had been supported to enable them to work their best within the service, this included choosing training that they found interesting such as end of life care or autism awareness. This showed that staff were listened to and empowered to come up with changes to improve the service.

We found there was a culture of openness and support for all individuals involved throughout the service. We saw staff encompassed the values of the service when speaking about their work and these were clearly embedded in practice. All of the staff we spoke with had worked at the service for numerous years and we saw that the retention rate for staff at the service was excellent. One staff member said, "The personal support to me has been excellent around a family crisis."

People we spoke with during the inspection told us they thought that the service was well led. We asked people if the acting manager was approachable. Staff told us, "I have

100% faith in all the coordinators, I know that if I need anything they will sort it out." Another staff member said; "If you are worried about anything, they will get someone else to accompany you so you aren't on your own."

We asked the acting manager about the arrangements for obtaining feedback from people who used the service. They told us every person who used the service was asked to complete a survey prior to discharge from the service to gather feedback on the care and service provided. Surveys asked people about any concerns, staff punctuality and how the service could be improved. We saw that coordinators used the electronic SmartPhones system to check that staff arrived on time and stayed for the agreed amount of time. We looked at the results of surveys and saw that people had been very happy with the care and service received. One person told us; "I filled out a survey just before the service finished, the girls reminded me that I could say what I liked in it."

We saw records to confirm that full staff meetings took place regularly and staff told us one was scheduled in the next few days. We saw that open discussion had taken place about the organisation, working patterns, safeguarding, training, supervision, documentation, medication, and compliments. The staff we spoke with were proud to work for the service. One staff member said, "We are good at rehabilitating people and giving them their lives back. We are very client focussed and we are a team. I am very proud of what I do."

Any accidents and incidents were monitored by the acting manager and the organisation to ensure any trends were identified. We saw incidents were thoroughly investigated and that appropriate action had been taken including making referrals to safeguarding agencies where needed. Incident and accident records clearly highlighted if there were areas for staff learning and action planning within the document. This system helped to ensure that any trends could be identified and action taken to reduce any known risks.

We spoke with the acting manager about improvements that had been made or were planned for the service. We were told a review was taking place about the whole reablement services provided by social services and health to look at how best people could be promptly and safely discharged from hospital and supported to remain at home. This review was due to conclude and report shortly and although this meant some uncertainty for the service,

## Is the service well-led?

they were confident that with their excellent record of supporting people at home and the excellent service user feedback that they would continue to work in a similar way

and with perhaps even more of a partnership working approach with specialist colleagues. This meant that the provider was committed to delivering a high quality of care and commitment to continuously improve.