Calderdale Metropolitan Borough Council

Support & Independence Team - Central & Upper Valley 1

Inspection report

Beechwood Health Centre
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 10 and 23 December 2015. The inspection was unannounced.

The Support and Independence Team Upper Valley 1 is a domiciliary care agency and helps people regain their independence following periods of illness or time in hospital. The service's office base is situated in Beechwood Health Centre. Referrals to the service are usually from the community, Gateway to Care or following hospital discharge.

Summary of findings

A registered manager was not in place with the previous manager deregistering with the commission in February 2015. 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. A manager had put in an application to become the registered manager in January 2015 however this application had been returned due to being incorrectly filled out. Since then, satisfactory steps had not been taken to ensure a registered manager was in place.

People had care records in place. However care records contained minimal personalised information and documentation was sometimes duplicated.

People did not always have risk assessments documentation in place for areas of identified risk.

Before people started using the service they were assessed by the team leader or the deputy team leader. This assessment identified peoples support needs effectively.

People's support needs were reviewed on a weekly basis. This review identified any changes and information on changes was passed onto staff.

People told us they felt safe around staff who appeared competent and trained. People said staff were polite and patient and respected their dignity.

Staffing levels of the service were sufficient to keep people safe. When there was short term vacancies, staff in the team would take additional work or they would be supported from another Support and Independence team.

Staff were recruited in a safe way. Appropriate background checks had been completed on all staff to make sure they were of suitable character.

Staff told us about people and their needs. Staffs knowledge of people was detailed and this was evidenced in daily recordings. People told us staff were familiar and knew them well.

People told us they were encouraged to do things for themselves. Staff said they promoted people's independence on each visit. This was evidenced in people's daily recordings.

Staff received training on a regular basis to maintain their skills. Specific courses were accessed to enable people to be supported more effectively.

The support and Independence team worked closely with a number of different health professionals. We saw evidence of Occupational Therapists, Speech And Language Therapists and nurses involved in peoples care.

The service had a complaints policy in place. People were aware how to complain. We reviewed complaints and found they had been actioned in line with the provider's policy.

The service worked in line with and staff had knowledge of the Mental Capacity Act (MCA).

The manager told us various audits were completed by themselves and the team leader. A new audit for medicines was present but had not been used yet. Other audits looked at the quality of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full report.

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?

Requires improvement

The service was not consistently safe.

Medicines records did not always list people's current prescription details.

Risk assessments did not always contain sufficient detail to minimise the risk.

People told us they felt safe when being supported by staff.

Is the service effective?

Good

The service was effective.

The service was working within the legal framework of the Mental Capacity Act (MCA).

People were supported with their nutritional and hydration needs effectively.

The service worked closely with health professionals to ensure all health needs were met effectively.

Is the service caring?

Good

The service was caring

People told us they were encouraged to do things for themselves to become more independent.

Staff we spoke with had a good knowledge of people they supported.

People told us they were supported in caring way that respected their dignity.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Care plans did not contain sufficient details to support people effectively.

Care plans did not always contain personal preferences.

A process to listen and learn from complaints and experiences was in place.

Is the service well-led?

Requires improvement

The service was not consistently well led.

A registered manager was not in post.

Staff told us they felt supported and the service was open and honest. This allowed a positive culture to be maintained.

The service completed competency checks on staff and gained feedback from people to help maintain a consistent level of care.

Support & Independence Team - Central & Upper Valley 1

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 took place between 10 and 23 December 2015 and was un-announced. The inspection team consisted of two 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 care service, in this case experiences of services for rehabilitation.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 10 people who used the service and three relatives over the telephone to ask them for their views on the service. In addition we spoke with four care workers, the team leader and the manager. We looked at eight people's care records and other records which related to the management of the service such as training records and policies and procedures.

On this occasion, we did not ask the provider to complete 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. However we reviewed all information we held about the provider and contacted the local authority to ask for their views on the service.

Requires improvement

Is the service safe?

Our findings

People told us they received their medicines in a safe way. We looked at people's Medication Administration Records (MAR) and found people were encouraged to manage their own medicines as part of this rehabilitation process. The description of what support people received from staff with their medicines was documented in their care files. This helped staff provide consistent support.

We saw the service used assistive technology to support people in a safe way to administer their own medicines. One person used a device that opened a pot containing their medicines at the appropriate time. This meant the only medicines this person had access to were the medicines to be taken at that time. This process promoted people's independence, while minimising the risk.

We looked at the training matrix and saw staff had received appropriate training in the administration of medicines.

On the day of inspection we found no people that received support from the service had their medicines administered. We looked at one person who had recently been discharged from the service and required support from staff to administer their medicines. We saw MAR's had been completed in full and medicines were listed so staff completed their checks prior to administration. However where staff supported people with medicines by using a prompt, there was no record of the medicines they supported people with on the MAR or elsewhere. We asked the team leader about this and they confirmed that there was no recording of medicines when a 'prompt' was required.

The Royal Pharmaceutical Society guidance 'The Handling of Medicines in Social Care' states 'When care is provided in the person's own home, the care provider must accurately record the medicines that care staff have prompted the person to take, as well as the medicines care staff have given.'

This meant there was no audit trail of the medication support for people, and the absence of information available on people's medication during the planning of rota's and care visits meant there was a risk, time specific medicines or any special medication requirements would be missed.

We found a new medication profile had been developed which would help assist staff to clearly identify the medicines people were supported with, however this had not yet been introduced at the time of the inspection.

We recommend the provider ensures relevant guidance on the management of medicines in domiciliary care settings is consulted.

People told us they felt safe when they used the service. People made the following comments about the service, "I'm very safe with them [staff]" and, "I feel safe and at ease with them [staff]." Another person told us, "I feel safe and relaxed with the staff." We received a safeguarding alert from the service in August 2015 where concerns had been identified about one person who used the service being abused. The service had taken appropriate action to report this to the local safeguarding department at the council. This showed us the correct procedure was followed. We spoke with staff members who worked for the service. Staff told us about different forms of abuse and what action they would take if they had concerns. Staff told us they felt people were supported in a safe way.

People told us staff supported them to use equipment in a safe way. People said staff supported them in a way that suited them. However we looked at care records and found risk assessments had not always been completed and were not detailed enough to support people safely. This lack of information meant there was a risk new or unfamiliar staff would not be able to clearly follow risk assessments to ensure safe care. For example we found most people had a manual handling risk assessment in place that lacked detail. Information in this assessment did not list the activities that may cause risk and no recommendations on how to reduce the risk were documented. Other risk assessments were not in place despite areas of identified risk. For example we saw from initial assessments and review records that one person had a bacterial infection and this was not risk assessed. People's initial assessments were used to identify environmental hazards within people's houses. However actual assessments of the risk and how to reduce or remove risks had not been completed.

We looked at the rotas for the service and spoke with the staff and people about staffing levels. The service had sufficient numbers of staff deployed to carry out care and support in a safe way. The service had a low turnover of staff members so vacancies and staff shortages did not

Requires improvement

Is the service safe?

frequently occur. The manager of the service told us they supported between 35-55 people at any time and at the time of our inspection 55 people received support from the service. Staff we spoke with told us there was enough staff to ensure people's needs were met. The deputy team leader told us the rotas were designed to support people at the times they required it without being too demanding on staff. If workloads increased, or staff were absent, casual staff were employed and the team leader and deputy team leader who usually worked supernumary could step in to deliver care and support. The service also had arrangements with two other Support and Independence teams run by the provider to share staff should resources become stretched. This showed us the service had procedures in place to support people safely in the event of sickness or emergency.

We reviewed people's records of care and found some variation in visit times. We attributed this to the nature of the support provided by the service. For example the high turnover of clients and having to constantly rearrange rota's to accommodate new discharges from hospital rather than due to insufficient staff being deployed.

People that used the service told us staff arrived in plenty of time and one person said, "They are here when I need them." Where people had required two staff members to be supported, this was built into the rota. People told us they had no concerns about staff failing to arrive.

Safe recruitment procedures were in place. Although the service had a low turnover of staff, people had been checked for the suitability in the role. Applicants had completed an application form and attended an interview. Before staff started work, required checks on their backgrounds and character were undertaken to provide assurance they were of suitable character to work with vulnerable people. This included ensuring a Disclosure and Barring Service (DBS) check, identity checks and references were received. Staff confirmed they had been recruited in line with the provider's policy.

Good

Is the service effective?

Our findings

People told us that the service provided effective care which met their needs. For example they told us that staff carried out support in a way that suited them. People made comments about the service that included, "They had the calls set up and it was very seamless. It was put in place immediately when I was home from hospital. I also know my relative rang and wants it to go on longer term, so it will be kept going. It's excellent. For example this morning I saw another person using them who is now better as well." Another person told us, "They make sure I'm doing okay before they go. They don't rush. They help me so I can reach the hand set and the bottle at night. They treat me with respect and they have a little chat before going. None get irritated or nasty and they will have a bit of fun."

The manager and team leader told us all staff received regular training to keep their skills fresh and up to date. New staff were required to complete a week's induction training which included mandatory training in subjects such as safeguarding, medication and manual handling. Following the week's training, staff had to shadow a more experienced member of the team to ensure they had the competency to fulfil tasks effectively. During this period staff were required to read the policies and procedures and the code of conduct to ensure they reflected the services values whilst supporting people.

We looked at the service's training matrix. This showed us staff received refresher training on mandatory subjects on a regular basis. Staff we spoke with explained details about the subjects they had been trained in. Staff said they felt the training offered was good and they had the appropriate skills to complete tasks effectively. The team leader acknowledged that attending a training course is only effective if staff could demonstrate new skills they had learnt. We saw evidence staff skill was assessed through the use of competency checklists. Records showed all staff were deemed competent at the time of our inspection. This gave us assurance that training was effective and staff had the required skills and knowledge to effectively care for people.

Due to the high turnover of people that used the service, specific training was regularly obtained in order for staff to support people in specialist areas. For example training in use of equipment, leg exercises and brushing teeth. Staff told us they were never expected to use a piece of independence enabling equipment without having received training in its use. Additional training had been provided to staff to effectively support someone who lived with dementia.

Staff told us they received regular supervision and annual appraisal with their line manager. This process ensured their performance and developmental needs were regularly reviewed. Staff told us they received sufficient support from their line managers to complete their roles effectively.

People told us their healthcare needs were met by the service. The service benefitted from close links with healthcare professionals who were based in the same office. This enabled quick referrals and prompt advice for healthcare support. We saw people with specific healthcare needs received support from appropriate healthcare professionals. Guidance and advice left by healthcare professionals was executed by staff. For example one person received support from a physiotherapist. Staff followed the physical therapist guidance on leg exercise during their visit. Staff told us they worked closely with health care professionals who could speed up the process for accessing additional equipment and training in use of the equipment. People's comments included, "I had trouble with my stairs but they got someone in to help me" and another person said, "It would have been impossible to cope, they really care. I've also been having physio."

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA. The manager had a good understanding of how to ensure the correct processes were followed where they suspected people lacked capacity. The manager explained where they had been involved in a multidisciplinary team for one person as part of a best interest process decision around the use of bed rails.

Good

Is the service effective?

People signed to agree to their plans of care and we saw evidence in daily records of care that people were asked for their choices with regards to how they wanted their care and support tasks to be delivered. Overwhelmingly people told us staff followed their direction and were happy to help. One person commented that one staff member, "Goes a little too far with the independence thing" but acknowledged things were fine at the time of the inspection. Another person spoke with the team leader on the day of inspection. We heard the person ask for a morning call time to be made a little later. The team leader said they would adjust the rota to make their call time later in the morning. This showed us staff were responsive to people's wishes in relation to their care and support.

People told us they received sufficient support with food and drink. One person told us, "If I'm awake, they will ask me if I want my breakfast and a pot of tea before they leave." Another person told us, "The food is well done. Served and put on a plate. Some staff check it's what I want." We looked at people's daily notes and saw regular recordings indicated that people received support with food and drink. One entry stated, 'staff encouraged [person's name] to eat as their medicines could not be taken on an empty stomach, and that would make them better'. This showed us people were supported with their nutritional and fluid intake where required.

Good

Is the service caring?

Our findings

Most people told us they were treated in a caring and respectful manner. Peoples comments included," I've had them about six weeks. We've not discussed what happens after yet. I would keep them if I could but I know it's not possible." Another person said, "They are pleasant and polite," and a further person told us, "The care staff are pleasant and friendly and very careful." However one person commented around staff attitude by saying, "They are not unpleasant, but one was a bit funny. I was not in and they came and was a bit funny then but now she's okay. She had not realised that I needed to be out. I'm not willing to be told off. She now realises that."

We asked people if their dignity was respected. Many people gave us examples of the staff respecting their dignity. One person said, "I have a toilet upstairs so they use a commode and any help is done with dignity and they make sure I'm covered for privacy." Another person told us, "They do the care in a separate room and they are nice to both of us. I feel very safe and relaxed with them." This showed us staff had an awareness of preserving people's dignity.

Staff attitude and the level of care they provided was monitored through different methods. This included the complaints process, regular observations of their practice and annual surveys. The service made telephone calls to people who used the service to see if people felt supported in a caring way. From all the documentation we saw, people either felt cared for and respected, or if they had an issue it had been resolved. This helped to ensure the service provided a consistent and caring service.

The staff team were positive and happy with their roles. They told us this positivity helped them to support people in a caring way. Staff talked us through how they treated people and that they always asked if people were okay at each visit. Staff all told us as a team they worked very closely in the same caring manner and didn't raise any concerns about the attitude of staff. This helped ensure people received their support in the same caring manner.

Staff were provided with uniforms and identity badges to ensure people who used the service could be confident that they were letting the correct and authorised people into their houses.

People and their relatives told us the service was effective in encouraging people's independence and empowered them to do things for themselves. For example one person told us, "They encouraged me to wash myself. I now get a wash and if I did not need help they still stood by and were here if I needed them." Another person told us, "I look forward to them calling. It's been about five weeks they have been coming. It's now really working for me. I can get round the house and I can now wash myself and now feel much better." One family member told us the staff monitored their family member and encouraged them to do things themselves. If something was too much for their relative, staff would intervene and offer reassurance.

People told us they felt listened to by staff at the service. We saw records evidenced people were listened to. For example people were asked what time they would prefer their calls, how they liked to be addressed and how they liked their support. We saw examples in care records of where people had requested a change to the service and this had been done.

On the day of inspection we saw a handover from the team leader to staff. This handover was a daily occurrence about any updates staff needed to be aware of. For example details about individuals that used the service. We spoke with staff about people's individual needs. Staff were able to tell us about how they support people, what they needed support with and if they lived alone or with someone. This showed us despite the high turnover of service users, staff maintained good knowledge of people's individual needs.

Requires improvement

Is the service responsive?

Our findings

The service supported people following a referral or from hospital discharge. The team supported people to increase their independence so they could either look after themselves or until a long term support provider could be arranged. People were supported where possible straight after their discharge date to ensure the service responded immediately to the person's needs. Before support was arranged, initial assessments were carried out by the team leader or the deputy team leader on people to make a judgement on the level of support required. One member of staff told us they carried out a further environmental assessment during their first visit to the person's home. This initial assessment contained people's personal information, care needs and areas for support.

People we spoke with told us they received responsive care from staff. People's comments included, "They were there for me when I came out of hospital" and," They changed the timing of my visit so I could go to bed earlier." Relatives we spoke with told us, "Mum gets on well with them and she lets me know how she feels. She is very keen on them and keeping them if it was possible." Another relative told us, "They listen to what we say and help [person's name]." Daily records evidenced that staff supported people in an appropriate way that suited them.

The service had a high turnover of people who used the service for a limited time period and the CQC would not expect the same level of detail in care records compared to services that provided longer term care. However, care records lacked basic and personalised information to enable staff that were unfamiliar with a person, to support them. For example one person's care records did not mention they were incontinent and another person's records had not mentioned the person was discharged from hospital with e-coli. This increased the risk people were supported in an inconsistent way and may not consistently have had their needs met.

We found sections of care records were duplicated for different people. For example three care records for different people stated to 'assist with personal care'. However we found through initial assessments and daily records, one person used a shower chair and grab rail and another person was prompted to wash certain areas of their body themselves. This information was not included in their care plan. We found very little evidence recorded in people's plans of care about their likes and dislikes and a lack of person centred information. Although some people had told us their call time was moved to suit their needs, other people told us their call time did not suit them. This was difficult to monitor because care records did not record people's preferred call times. The lack of accurate documentation about people's care meant there was a risk that people did not receive care in line with their personal preferences.

This was a breach of Regulation 17(2) (C) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the manager of the service. The manager told us to ensure they provided responsive care for the duration of time people were supported by the service; they had a weekly review meeting where each person was discussed. At this meeting, staff spent time discussing each person and if any changes in their support needs had occurred. If changes had occurred the need for further support from health professionals was discussed. We saw examples of changes being made as a result of this weekly review. Most people confirmed that generally they received their support from regular staff who were aware of changes in their needs.

People had not been identified as requiring specific length of call times. We asked the manager about this and they told us people are initially assessed for the number of calls each day and the support required for those calls. Once staff had completed all the required support at each visit, they would leave. As part of a personalised service the manager told us this process allowed people who could be slower to respond to staff, a little more time without staff having to leave. People and their families told us staff stayed long enough to complete all tasks that needed doing. People also told us staff would always check if there was anything else they required before they left. People recalled that staff often would do extra little jobs to help out and people told us this was 'thoughtful' and made a big difference to the satisfaction of people that used the service. This showed us when staff supported people they could make sure they received their care at their pace.

We found people and their relatives were aware how to complain. Most people told us they had not had reason to complain but felt if they did; the matter would be taken seriously. We looked at the complaints file and saw four recordings but only two of these were complaints from

Requires improvement

Is the service responsive?

2015. We saw both complaints were addressed and replied to in line with the provider's policy. In both examples, changes were put into place to resolve the initial concern. The manager told us complaints were taken seriously and investigated. The team leader had contact with people. As part of this process the team leader would ask for feedback on their experience of the service. Any trends or areas for improvement were acknowledged and changes were made. This showed us the service had an effective system of complaints and they routinely learned from mistakes to improve the service.

Requires improvement

Is the service well-led?

Our findings

A registered manager was not in place. The last registered manager deregistered in February 2015. Another manager had put in an application to become the registered manager in January 2015 however this application had been returned due to being incorrectly filled out. Since then, satisfactory steps had not been taken to ensure a registered manager was in place.

The running of the service was led by the team leader and their deputy with overarching support from the manager. We spoke with staff who told us they felt supported by their line managers and felt they had the support to complete their roles and responsibilities. Staff said they had regular communication with the management and so any issues or concerns were addressed quickly and professionally. Staff were able to contact people for support or to voice any concerns out of hours.

Overall staff informed us they were happy working for the service and said there was a positive atmosphere within the team. This showed us the service promoted a positive culture. The staff team were well established and benefitted from being in post for a large period of time. This showed us issues and concerns had been dealt with effectively and staff were happy to work in the current conditions. Staff were aware of their times of working well in advance which we were told contributed to the positive culture. This showed us the management and leadership in the service had a positive effect on staff.

People we spoke with had positive comments overall about the management and staff team. People's comments included, "I can get in touch with the office" and, "Staff are easy to get on with." Another person told us, "They have a level of professionalism." Further conversations confirmed that the service promoted a positive culture.

A number of measures were in place to assess and monitor the quality of the service. We saw evidence that staff practice was monitored for ongoing competency. Such observations looked at philosophy of care, service user interaction, health and safety and documentation.

The manager told us there was a medication audit that had been developed, but this was not in place at the time of the inspection.

Care plans were reviewed at regular intervals. However the review process did not always check the quality of documents. For example one audit of a care record we looked at showed the records included a support plan, risk assessment and a manual handling plan. But there was no comment about the quality or effectiveness of each document. This was an issue as that the concerns we raised about the lack of information within care records had not been identified by the service.

People who used the service were also asked their views on the quality of care and support through phone calls and visits to their home. Most people we spoke with recalled the team leaders visiting the service and asking them about their experience. Checks on issues around quality were looked at. For example if people were treated with respect and dignity, if staff had the right equipment and protective equipment such as gloves and if they are satisfied with the service. Review of this information showed people were generally very satisfied with the service provision.

Annual surveys were conducted to ask people about their view on the service. We looked at the results of this, which indicated people were satisfied with the service and felt they received a good standard of care and support. This feedback corroborated our own findings which assured us that people were generally happy with the service provided.

The team leader showed us they kept a missed call log. We saw seven missed calls for 2015. Each case was investigated and there was clear lesson learnt to prevent reoccurrence. There was a missed call procedure which listed action to be taken immediately after a missed call. For example contact was to be made via phone and any verbal prompts to be communicated.

Staff told us they met with management during team meetings to discuss how to improve the service and any issues that affected the team. Staff felt this supported the positive culture and ultimately benefitted the people that used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance An accurate, complete and contemporaneous record in respect of each service user was not maintained.