

# Calderdale Metropolitan Borough Council

## Extra Care Team 2

### 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 ●

# Summary of findings

## Overall summary

About the service: This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service provided personal care to 13 people at the time of the inspection.

People's experience of using this service:

- People who used the service told us they felt safe. Staff knew what to do if they thought somebody was at risk. Risk assessments were in place and showed what action had been taken to mitigate identified risks.
- Staff were recruited safely and there were enough staff to meet people's needs safely. Staff received appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and received formal supervision where they could discuss their ongoing development needs and any issues they were experiencing.
- People using the service benefited from a caring and responsive service. People told us how staff were kind and caring and treated them with kindness and respect. Staff demonstrated a caring, friendly and respectful approach to people.
- People were supported to have choice and control of the care and support they received. We saw examples of how people were supported to retain their independence.
- Staff supported people to access healthcare professionals and services; medicines were being managed safely.
- Assessments of people's needs were completed and care plans developed when people started to use the service. Care plans were brief but contained the detail staff needed to support people in the way they preferred. Risk assessments were in place and showed what action had been taken to mitigate identified risks.
- People were supported to engage in social and recreational activities through staff working closely with staff from the housing association.
- There was a complaints procedure in place and we saw complaints received were managed well. Compliments were recorded and celebrated at staff meetings.

- There was a registered manager and systems were followed to make sure management was effective. The quality and safety of the service was audited. The registered manager and all staff demonstrated a commitment to continuous improvement of the service.

Rating at last inspection: This was the first inspection of this service since their change of registered location in March 2018.

Why we inspected: This was a planned inspection based on the date of registration.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Extra Care Team 2

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of one adult social care inspector and an assistant inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to older people living in their own flats within a supported housing complex.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This was because it is small and the manager is often out of the office due to their registered manager duties in other of the registered provider's services. We needed to be sure they would be in.

Inspection site visit activity started on 12 February 2019, when we spoke with people who used the service and staff on the telephone it ended on 28 February 2019. We visited the office location on 28 February 2019 to see the manager and staff; and to review care records and policies and procedures.

#### What we did:

We reviewed information we had received since the service registered. We used information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We checked information held by the local authority commissioning and

safeguarding teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with five people who used the service and one family member, by telephone and a further two people and two family members during our visit to the service. We spoke with three staff on the telephone and three staff face to face, as well as the team leader and registered manager.

We looked at three care records for people who used the service, three staff files including recruitment, training and supervision records and records relating to the quality assurance of the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe. When we asked one person if they felt safe when staff visited them they said "Oh yes. They talk to you, they ask how you are".
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- Staff told us they had received training in safeguarding felt confident raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. They told us information about safeguarding was available for them to refer to.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were assessed. These assessments included risks, such as, skin integrity, nutrition, falls, moving and handling mental health and social isolation. When a risk had been identified action had been taken to minimise the risk. People had been involved in the development of their risk assessments.
- Accidents and incidents were recorded and were included in the team leader and registered managers auditing systems. This meant that lessons could be learned and the risk of reoccurrence minimised.
- People used the care phone system when they needed help in an emergency. Staff told us they were responsible for answering the care phone between 7.30 am and 9.30pm.

Staffing and recruitment

- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were enough staff available to meet people's needs safely. Staff said if there was a problem due to, for example, sickness, staff could be brought in from one of the other provider's services also the team leader would support in providing care. Staff told us answering the care phone sometimes affected their ability to make calls as planned but said this had never presented a risk to people.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the administration of medicines.
- When a medicines error had occurred, this had been managed appropriately and included a referral to

safeguarding.

- People told us they received their medicines on time

Preventing and controlling infection

- Appropriate measures were in place to protect people from the risk of infection.
- Staff told had access to personal protective equipment. People who used the service told us staff wore gloves and aprons when supporting them.

Learning lessons when things go wrong

- Robust auditing systems were in place to identify issues which might affect people's safety. Staff told us issues were discussed in staff meetings so they could learn from them.



# Is the service effective?

## Our findings

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

Good; People's outcomes were consistently good, and people's feedback confirmed this.

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

- The team leader told us they received information from the local authority in the form of a care plan about people who wanted to use the service. They said they used this information and met with people before agreeing to provide a care package but did not complete their own assessment. We discussed this and the team leader said they understood the benefits of doing their own assessment and would look at doing this in the future.
- Assessments of people's needs were completed and care plans developed when people started to use the service. We saw the care plans were brief but contained the detail staff needed to support the person in the way they preferred. Care plans were kept in people's flats. When we asked one person if staff knew how to provide care and support for them they said, "Oh yes, there's a care plan".

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff told us they had received training about the MCA and demonstrated a good understanding why a person's capacity might fluctuate and of the need for assessment. Staff understood about best interest decisions.
- The team leader told us one person had difficulty in making decisions but had support from their family in doing this. The team leader was aware the family had the correct legal authority to do this.
- People had signed their consent to receive care and support as described within the care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff were given opportunities to review their individual work and development needs. Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. Staff told us they received plenty of useful training and could request training they felt would help them in their role. When we asked people who used the service if they thought staff were well trained one said, "They certainly seem to know what they are doing, they have a lovely manner".
- Staff told us they received good support from the team leader and registered manager. One said "I know if

I have an issue I can go speak to my team leader. I can speak to my manager about it straight away, it's always been resolved". Staff said they had one to one supervisions with the team leader who also assessed their competencies in care delivery on a regular basis.

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

- People told us staff supported them to make meals and drinks as they needed. Staff described to us how they would support people who were nutritionally at risk. They said they would encourage people with snacks and drinks, keep a food diary if necessary and would speak with the GP if they thought the person needed more support. The advice from the speech and language therapist (SALT) was prominently displayed in one person's care plan file to make sure staff knew how to support them safely.

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

- People told us staff supported them to contact, for example, their GP if they needed to see them. Staff told us they had good relationships with health care professionals such as district nurses and physiotherapists and worked them to provide effective care for people.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- All the people we spoke with were complimentary of the care they received. When we asked if staff were friendly and caring people said, "Very friendly," "Friendly kind and really nice" and "Oh yes, we have a bit of a laugh with them." A relative we spoke with said, "They are superb, all the carers are lovely and even pop in to see [relative] between calls."
- Staff told us they had received training in respecting people's diversity. One staff member said, "Everyone is different, we try to support them how they prefer."
- All the care staff we spoke with were enthusiastic about their jobs and really enjoyed providing care and support to people. One said, "I love everything about my job."
- Staff completed daily records describing the care and support they had delivered. These demonstrated a caring, respectful and empathetic approach to people.
- Staff clearly knew people well and staff were friendly, caring and respectful.

Respecting and promoting people's privacy, dignity and independence

- Staff gave us several examples of how they make sure people's privacy and dignity needs were met. For example, staff said they would always make sure people's doors and curtains were closed when they were providing care. They said they would always explain to people what they were doing and ask if it was alright with them.
- People who used the service confirmed staff respected their privacy and dignity, one said "Oh definitely, it's the way they are trained I suppose."
- People told us staff supported them to be as independent as possible. A relative told us "Because they do what they do [relative] can still live here in sheltered housing."
- Several staff had the role of as 'Dignity Champion.'
- The registered manager showed us a case study about a person who used the service who had been unwell. They had struggled to drink independently and had felt it undignified to use adapted cups. Staff supported the person to try different cups and found the person could use straws to drink independently. This support meant the person retained their dignity and independence.

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

- People and their relatives told us they were asked for their views and were supported to make decisions about the care and support they received.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they had been involved in the development of their care plans. One said, "Yes, I did it with the boss and I signed my name". Two people's relatives told us they had been involved in care planning, one said, "Yes, we are included and we can look at it when we visit because it's here (in the person's flat)". Another relative said, "We did it originally, they asked us what (relative) wanted".
- A keyworker system was in place to support a person-centred approach to care. We saw people's care files included an introduction to them from their keyworker. The introduction started with the name of the keyworker followed by 'I am pleased to let you know I will be your keyworker'. The introduction included a photograph of the keyworker, explanation of what their role entailed, how they would provide support and said they were there to answer any questions the person or their relatives might have. The introduction also said, 'I look forward to helping you to celebrate any significant dates and events that are important to you'. The Introduction also included a little bit about the keyworker such as their family, hobbies and work history. This helped people to build a relationship with their keyworker.
- Staff worked closely with staff from the housing association, who owned the building, to enable people to access activities and to socialise. The two teams had worked together to support a person maintain their hobby of working with tools in the outdoor shed to retain their skills and promote their wellbeing. Staff also made sure people were informed about events and services provided by the housing association within the complex. This included a restaurant, a shop and a hairdresser. People were also informed about activities such as exercise classes and working with children from the local primary school in a 'Food for life' project which involved horticultural and cooking activities.

Improving care quality in response to complaints or concerns

- Systems were in place for people to let staff know if they were unhappy with any aspect of the service. The complaints procedure was included in people's care files kept in their flats. When we asked people if they were aware of the complaints procedure some said they weren't sure but said they were sure it would be easy to find out what to do.
- Three complaints had been made to the service in the previous year. All had been managed in line with the complaints procedure with records made of the action taken and the outcome. We discussed with the registered manager the benefits of obtaining the complainants signature to confirm their satisfaction with the resolution.
- Records were maintained of the large number of compliments received. The registered manager told us these were celebrated with all staff during meetings.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in post who provided leadership and support. The registered manager was registered to manage other of the provider's services which meant they were not always available at the service, however, they were contactable by telephone. The registered manager was supported by a team leader who was available at the service on weekdays. We found the management team open and they demonstrated a commitment to making a genuine difference to the lives of people using the service.
- The Quality assurance systems which were in place to monitor the quality and safety of the service were effective. These included weekly keyworker checks of documentation and medication which were then audited monthly by the team leader and registered manager. Monthly safeguarding audits were completed by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an open and transparent culture in the service. Staff told us they received good levels of support from the team leader and the registered manager.
- The registered manager understood their regulatory requirements. They informed CQC of events that happened in the service as required by regulation.
- The registered manager, team leader and care staff were clear about their roles and responsibilities and all demonstrated the same commitment to providing high quality, safe care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held which staff told us they found useful and said they were encouraged to express their opinions and ideas. Minutes of staff meetings showed how information was shared and good practice celebrated.
- People using the service, relatives and professionals had completed a survey of their views about the service although they had not yet produced information to let people know the results of the survey or any actions taken because of feedback received.

## Continuous learning and improving care

- The registered manager undertook regular training and development. They took part in the local registered managers forum where managers from similar services got together to share information, best practice and to learn from each other's experiences.

## Working in partnership with others

- The service worked in partnership with other organisations to help promote quality within the service. This included Skills for Care to support staff training and health care professionals.