

Kirklees Metropolitan Council

Kirklees Council - South Short Term & Urgent Support Team

Inspection report

Directorate of Commissioning, Public Health and Adult
Social Care
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Huddersfield
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Ratings

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

Summary of findings

Overall summary

This inspection took place on 23 and 29 January 2019 and was announced. We told the provider two days before our visit that we would be inspecting their service. This was to ensure they would be available at the office to provide us with the necessary information we needed to carry out the inspection.

This service is a domiciliary care agency. It provides personal care to people in their own houses and flats in the community. Not everyone using Kirklees Council – South Short Term and Urgent Support Team receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Kirklees Council – South Short Term and Urgent Support Team provide a reablement and rapid response service. The reablement service provides people with support for up to six weeks to help them live independently. In some instances people receive 'extended reablement' past these six weeks until a permanent care provider can be found. The rapid response service supports people for up to two weeks to prevent admission to hospital or in the event of a breakdown in carer arrangements. At the time of our inspection there were 120 people receiving support with personal care from the service.

At the time of our inspection the service had a registered manager who registered with the Care Quality Commission in January 2017. 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. Two weeks prior to our inspection the registered manager had left the service to start a different job in Kirklees Council. The registered manager of Kirklees Council – North Short Term and Urgent Support Team was acting as the manager for this service on an interim basis. The current registered manager of the service was available during day one of our inspection.

When we inspected the service in June 2016 we rated the service as good. At this inspection we rated the service requires improvement.

Accidents and incidents were not always recorded for people using the service. Staff understood safeguarding processes however there was evidence not all concerns were reported.

Basic risk assessments were completed at the time of referral however there was little evidence these were reviewed regularly or when changes occurred.

Medicine support requirements were not always consistently recorded. It was not always clear how staff should support people to take their medicines.

The above examples meant the provider was in breach of Regulation 12 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 version of the report.

Themes from lessons learnt from safeguarding, complaints and manager audits, are considered and discussed with locality managers and through staff meetings when appropriate. Inconsistencies with recording of accidents and incidents to people meant this process did not always capture all potential themes.

The registered provider was not working fully within the requirements of the Mental Capacity Act 2005 (MCA). The registered manager and staff were aware of the principles of the MCA and how to apply it in practice. However, the service was not routinely completing decision specific mental capacity assessments relevant to the care being delivered. There was an over-reliance on assessments from other professionals.

People's needs and choices were generally considered in line with current legislation, however recorded outcomes were not always clear or person-centred. People's recorded consent to care and information sharing was not always clear.

Care plans did not always provide detailed information to enable staff to be responsive to people's needs, however daily records and communication logs do show staff know people and were able to support their needs sufficiently and provide them with choices about their daily lives.

Staff received an induction and were supported through training. However further training was not always available in line with the service policies, for example, a quarter of staff had not received a mandatory refresher training for moving and handling. Although, this had been booked for the current quarter.

Communication between staff and teams was good. However, transfer of documentary information was not always consistent and there was a reliance on support staff communication and record keeping to ensure consistency of safe care.

The governance framework was not able to show how care is monitored appropriately to show how risks and regulatory requirements are managed to ensure people were safe.

The service regularly reviewed staffing levels to ensure there were enough staff to support people; most staff had regular access to supervisions.

Staff had good access to PPE and are trained in infection control.

People were supported to meet their nutritional needs where it was necessary to do this.

People were well-supported to access suitable healthcare through teams working closely with healthcare professionals to support people's independence.

People told us they were treated kindly and with dignity and respect.

People's concerns and complaints were recorded and responded to appropriately.

There was a clear vision and strategy for the service, which was well-communicated to staff and people using the service. This strategy promoted outcomes for people to regain their independence.

People who used the service and their relatives were asked about their opinions and were engaged and

involved.

Staff had access to regular meetings.

The service had a number of pilots ongoing to improve and innovate the ways in which people were supported to access and receive care and support, working closely with integrated care teams in doing this. The service had good working relationships and links with other organisations across health professionals, other council services and the wider community.

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 not always safe.

Accidents and incidents to people were not always recorded and considered for referral to safeguarding procedures.

Medicines were not always administered safely.

Basic risks were considered and addressed, however, risks arising during care and support were not always recorded or reviewed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's rights under the Mental Capacity Act 2015 were considered by the service, however improvements were required in relation to completing decision specific assessments.

Staff had received the training and support they required for their job role and to meet people's needs.

People received support to ensure their healthcare and nutritional needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

People and relatives told us staff were kind and caring.

People were treated with respect and their privacy and dignity was maintained by staff.

People were encouraged to be as independent as they could be.

Good ●

Is the service responsive?

The service was responsive.

People received person-centred care from staff and staff gave

Good ●

people choice about how they received their care and support.

A complaints procedure was in place and people and relatives were confident if they had concerns these would be dealt with appropriately.

Is the service well-led?

The service was not always well-led.

Systems were not always robust enough to assess, monitor and improve the quality of the service. The service was focused on providing high quality care to people.

People's, relatives' and care providers' feedback was regularly sought and used to improve the service.

Staff were supported by an effective management team that was approachable, offered support and leadership.

Requires Improvement ●

Kirklees Council - South Short Term & Urgent Support Team

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.

This inspection took place on 23 and 29 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care service and we needed to make sure that appropriate staff and documents would be available during our visit. The inspection was carried out by one adult social care inspector and two assistant inspectors on the first day and by one adult social care inspector on the second day.

Before our inspection the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We reviewed all the information we held about the service, including previous inspection reports and notifications received by CQC. A notification is information about important events which the service is required by law to tell us about. We contacted the local authority safeguarding team and Kirklees Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During this inspection we spoke on the telephone with three people and three relatives of people who use the service. We spoke with the registered manager and the acting manager and two other staff. We looked at the care records of eleven people and reviewed other information, such as safeguarding referrals and incident monitoring for some of these people. We reviewed the recruitment records of four staff and four

other staff files and checked training, supervision and appraisal records of staff. We also looked at various documents relating to the quality assurance and management of the service.

Is the service safe?

Our findings

At the last inspection we rated this key question as good. At this inspection we found aspects of the service that were not safe.

Systems, processes and practices did not always safeguard people from abuse. The service had close links with the local authority safeguarding team and concerns raised as safeguarding were tracked and actioned, in line with policies. Staff were trained on safeguarding and a staff member when asked if they thought people were safe told us, "Yes, I do. If we thought they weren't safe we'd report it to the manager for things to be done." However, whilst reviewing care plans we found an instance of a medicines error, which had not been reported as a potential safeguarding concern. We found another instance where a home support worker found a person with unexplained bruising, this was logged on their records, but had not been reported as a potential safeguarding concern. We discussed this with the acting manager who agreed these instances should have been reported. This meant we could not be assured the systems in place always protected people from abuse.

Basic risks to people were identified and assessed before the service started so staff were aware how to support people safely and minimise these risks. However, we found these risks were not always centred around the person receiving support. We also found risks arising during the period of support were not always identified or reviewed. For example, we found a person who needed assistance to put their legs into bed at night but the risk identification sheet did not show any manual handling risks. This meant this person may be at risk from incorrect support. Another person's risk assessment showed they needed one care worker to support them to move but we found two care workers were supporting this person to move. This meant the risks to this person when being moved were not up-to-date.

The provider had not always ensured the safe administration of medicines. Records of requests for service and assessments of people's needs were not always clear about whether the person needed their medicines administered by a care worker or at what time. For example, one person's care plan listed all the medicines they needed to take but there was no information about the dosage. We established with the registered manager this person self-medicated but this was not recorded because the medication assessment and medication information form had not been completed. Another person's request for service showed they needed assistance to ensure the correct dosage but there were no details of these recorded. This person's medication information shows different medication to be given to that originally listed. This meant there was a risk that staff could administer the wrong medicine to people at the wrong time.

Where people had been prescribed topical creams there was no body map to ensure staff administered this in the right place. Where people had been prescribed medicines on an 'as and when' basis (known as PRN) there were no PRN protocols in place to ensure staff knew when to administer these. This meant the provider was not ensuring medicines were administered in line with best practice and guidance.

The above examples constitute a breach of Regulation 12 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 end of this report.

Analysis from the quality assurance of care plans and from safeguarding tracking was used to consider lessons learnt and any improvements to the delivery of the service. These were discussed at locality team meetings so staff were kept up to date. However, we found care plan audits had not identified the issues we found relating to safeguarding and medicines. We discussed this with the acting manager who told us they would review how they monitored and improved the service.

There were sufficient numbers of staff to ensure people were supported safely and to meet their needs. The service regularly monitored the numbers of people using the safe and their needs to ensure staffing levels were accurate. The service was responsive and flexible in their approach to staffing rotas in order that people's requests for the time and type of call was met wherever possible. People told us, "Yes, they have never cancelled any calls."

People we spoke with told us they felt safe. For instance, when asked if they felt safe a person said, "I certainly do." A relative explained, "If it is someone new they (staff) always introduce themselves to [name of person] and let [them] know what they are here for. The key safe is always locked and I have seen the records where they write the property is secure."

People were protected by the prevention and control of infection. Staff had received infection control training and told us they had good access to personal protection equipment (PPE) such as aprons and gloves for use when undertaking personal care. A staff member said, "We always have our gloves and pinnies to wear. We have some more in the office."

Is the service effective?

Our findings

At the last inspection we rated this key question as good. At this inspection we found the service was not always effective.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found it was not fully compliant.

At this inspection we found the service wasn't fully working within the requirements of the MCA. Mental capacity assessments and best interest assessments had not taken place for people, where it was unclear whether someone had capacity to make decisions about their care. For example, one person's request for service stated they had capacity however this person's 'person-led assessment' record their children holding a Lasting Power of Attorney, although there was no record of this or how this person had consented to care and support.

Another person's person-led assessment recorded their consent to share information but showed they were unable to make some or all decision about their needs. When this person demonstrated behaviour that challenged their record sheet showed the home support worker had discussed with relative's options for managing this. This meant although the person was recorded as having capacity to make decisions about their care they were not involved in this decision and it was not clear whether this decision was made in the person's best interests.

We discussed consent and capacity with the acting manager. The service relies on consent and capacity being considered by trusted assessors. We found there was no service level agreement between the service and partner organisations and the service did not have a policy. This meant the service could not be assured that people had consented to care and support. The acting manager told us they would have this in place by the end of the month.

Peoples' needs and choices were assessed and care and support were delivered in line with current legislation and guidance. However, successful outcomes were not always recorded and it was not always clear how staff should support people with their individual needs. For example, one person's records showed they needed support to shower but it was not recorded how the person should be supported. Most of the support and goal plans we looked at had not been completed, or were unable to be located.

The service provided an induction for new staff, which included training and shadowing experience staff

members. Staff who were new to care were also supported to complete the Care Certificate qualification. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected in health and social care for people who are new to care. Staff received regular training and undertake mandatory refresher training to ensure their skills and competencies are up to date. The service tracked staff training. However, we found over a quarter of all staff had not received refresher training in line with the service policies for moving and handling. We discussed this with the acting manager who confirmed these staff were supporting people to move. This meant people were at risk of being moved by staff who had not received up to date training. The acting manager confirmed all staff who had not received up to date training were planned to undertake this training by the end of March 2019.

People's care needs were assessed to include their diverse needs arising from any protected characteristics under the Equality Act 2010. Protected characteristics are the nine groups protected under the Equality Act 2010. They include age, disability, gender assignment, marriage and civil partnership, and religion. We saw, for example, people's communication needs and religious preferences were considered at the point of referral. People who were being supported with communication needs clearly had how they should be communicated with recorded.

People told us staff knew their needs. A person told us, "Yes, they certainly seem to know. They encourage me to do things for myself." A relative said, "They know [name of person] well."

Staff we spoke to were knowledgeable about people's care and support needs. A staff member told us, "[I] encourage independence and see what they (people) can and can't do. We work with them on a daily basis. We're always updating each other with what we've done."

Staff, teams and services worked together to deliver effective care and support. Requests for service were triaged quickly, which meant there was little delay for people needing support. A relative told us, "Team work well, they communicate. They ring each other at a weekend so they all know. Notes provided are copious. They contact management team if they have concerns and they let the family know." Staff explained how they worked together. A staff member said, "I will get in touch with the other [home support workers]. I will ring them and get updated on our clients. We have continuity. Any changes I get updated with everything."

We suggested to the acting manager the service relied heavily on the note taking of the home support workers and that home support workers used the record keeping of tasks completed the previous day to provide support rather than reviewed and updated care and support plans. The acting manager told us they would consider and implement improvements.

The service worked closely with health professionals. Referrals for service were received from health colleagues and the service made timely referrals to health services based on identification of need by the home support workers.

Staff received regular supervisions and appraisals where they were able to discuss support and training. Staff had an annual community supervision to assess their practical competency.

People who needed support were assisted and encouraged to eat and drink to maintain a balanced diet. A relative said, "They (staff) try and encourage [name of person]."

Is the service caring?

Our findings

At the last inspection we rated this key question as good. At this inspection we found evidence to support this rating.

All the people and relatives we spoke with told us staff were kind and caring. People's comments included, "Very nice, both good", "Very helpful and friendly", and "When you need help they're there, there is support when things get difficult". Relatives' comments included, "Brilliant, they really look after [person's name]", "Respectful, very caring", and "Respectful, friendly, personable, get [person's name] involved".

Staff were able to explain how they respected people's dignity and privacy. A staff member said, "You have to be patient and reassure them a lot." Another told us, "The [person] can decide for themselves what their needs are." However, we found some of the words used by staff when recording information were not always dignified. We discussed this with the acting manager who was going to discuss with staff.

During reablement home support workers regularly discussed with people how their support should be altered to support their independence. However, evidence showed the recording of people's involvement was sporadic and sometimes had not involved the person despite them having capacity to be involved. For example, one person's records showed they had capacity to consent to their care and support but the home support work had discussed increasing their care package with a relative.

Is the service responsive?

Our findings

At the last inspection we rated this key question as good. At this inspection we found evidence to support this rating.

People receiving a reablement package of care received care responsive to their needs. People were supported and encouraged to improve their independence in daily tasks and home support workers reviewed their progress and changed their support to meet these changing needs. Although, these changes were not always formally recorded as care and support plans were not reviewed.

People receiving a rapid response package of care received some care responsive to their immediate needs. However, we found the assessments did not always contain enough person-centred information to support staff in understanding how people were to be supported. There was evidence staff got to know people quickly and used the record sheet for recording a person's individual needs. This meant the home support workers regularly relied on the previous home support worker's records to deliver care individual to a person.

Staff told us there were regular meetings to discuss people's progress against objectives and their changing needs. This enabled the service to be responsive to people's support needs.

People were offered a choice by staff when supporting their needs, for example, in the food and drink they were offered or the places they wanted to go.

People's concerns, complaints and compliments about the service were recorded, tracked and resolved. The system had a three-tier level of complaint and depending on the severity action was taken at a different managerial level. Senior managers were able to track and monitor all complaints.

People's end of life care needs were taken into account and their wishes recorded.

Is the service well-led?

Our findings

At the last inspection this key question was rated as good. At this inspection we found evidence that this area required improvement.

At the time of our inspection the registered manager for the service had left two weeks previously to take up another job in Kirklees Council. A new manager had been recruited and the service was waiting for them to take up the post. There was an expectation that this new manager would make an application to become the new registered manager for the service. The acting manager for the service was also the registered manager for a sister service in Kirklees Council. We spoke with both the existing registered manager and the acting manager during our inspection.

The service filed all documents electronically using more than one electronic system. During our inspection we observed that it was sometimes difficult to locate key documents relating to people's care and support. The information contained in the majority of electronic records did not match the information on other electronic records or the documentation kept in people's homes. The acting manager told us the challenge was in keeping up with real time changes. The acting manager was considering how the service could improve this.

The service had systems in place to monitor the level of service provided, for example, through exit questionnaires for people to assure themselves people were happy with the service provided. The service monitored and analysed complaints as part of their service improvement. The service recorded and tracked accidents and incidents experienced by staff but did not record, monitor or track accidents and incidents experienced by people using the service. This meant the service was unable to ensure safety was reviewed and improved for people.

The service undertook regular audits of people's care records. Four records were checked each month, and issues from these were raised at staff meetings. However, we could not be assured the governance framework of the service was robust. This was because the audits had failed to identify the issues we found relating to medicines, safeguarding referrals, risk assessments, consent, capacity and best interest decisions.

The service had a strong focus on continuous improvement and partnership working. Plans were in place to develop this further through closer and more integrated working with partner organisations.

The service had a clear strategy, which was to provide and promote people's independence through the reablement service, and to provide a rapid response to carer crisis. Staff understood this strategy and were able to describe how they provided support to people in line with this vision. Staff told us management were approachable and open. A staff member said about the management, "Very supportive. We can go to them to talk to them about anything. Even down to personal situations. My coordinator and manager were fantastic. They're all there for you." Another staff member told us, "I feel like my manager allows and supports you to work in a flexible way that suits you and it meets my needs. I feel supported when I need

something. I know where I can go." Another staff member said, "There's always support and back up there."

Staff told us they enjoyed working at the service. Staff meetings took place regularly with standing agenda items to support both staff and people. Meeting minutes showed staff were able to raise concerns and discuss issues during these meetings.

Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. At the last inspection there had been some confusion about when to notify the Care Quality Commission in relation to some statutory notifications. We did not find this a concern at this inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Individual risks were not always identified or reviewed when changes took place during people's care and support. The service did not always take action to mitigate these risks. Safeguarding concerns were not always appropriately identified or recorded, which meant appropriate action to mitigate risks was not taken.</p> <p>Medicines were not always administered safely or properly in line with current guidance. Medicines records were often conflicting, the application of topical creams was not recorded as described in best practice.</p>