

Warrington Borough Council

# Warrington Borough Council Intermediate Care at Home


## Inspection report

Irwell Road  
Warrington  
Cheshire  
WA4 6BB

Date of publication:  
22 December 2020

Tel: 01925443071  
Website: [www.warrington.gov.uk](http://www.warrington.gov.uk)

## Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good 

# Summary of findings

## Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling The Care Quality Commission's (CQC) regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

### About the service

Warrington Borough Council Intermediate Care at Home is a domiciliary care service provided by the Local Authority. The service is managed from premises in Irwell Road, Warrington and provides intermediate, and rehabilitative personal care across the Warrington Borough Council area. At the time of the inspection, the provider was supporting 85 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People received person-centred care that was tailored around their support needs and areas of risk. Packages of care were regularly reviewed, and levels of risk were routinely assessed, reviewed and monitored.

People told us they felt safe receiving care from the provider. People were protected from avoidable harm, staff received safeguarding training and knew how to escalate any concerns that presented. Safeguarding incidents were reported and regular reviews and trend analysis took place.

Safe recruitment processes were in place; candidates were appropriately selected and the necessary recruitment checks were carried out. Staffing levels were routinely monitored and people received care and support by staff who were familiar with their support needs.

Medication processes and systems were safely implemented. Staff were appropriately trained to administer medication and routinely had their competency levels checked. Medication audits helped to monitor and review medication compliance; areas of improvement were quickly responded to and managed.

Governance systems helped to monitor the quality and safety of care people received. The registered manager ensured that all areas of care were monitored and assessed, this helped to ensure regulatory compliance but also helped to identify where improvements were needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

#### Rating at last inspection

The last rating for this service was 'Good' (published 12 December 2017) insert date last report published in brackets.

#### Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Warrington Borough Council Intermediate Care at Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

### Is the service caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

### Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Warrington Borough Council Intermediate Care at Home

## **Detailed findings**

## Background to this inspection

### The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 3 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

### Inspection team

The inspection was conducted by an inspector, a member of the CQC medicines inspection team, an Expert by Experience and CQC support services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats

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. This was because we needed to be sure that the

provider or registered manager could support us with the virtual inspection.

Inspection activity started on 02 November 2020 and ended on 05 November 2020

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with four members of staff, one social worker, one occupational therapist as well as the registered manager.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at staff personnel files in relation to recruitment procedures. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at call monitoring data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Safe medication processes were in place.
- People had relevant medication risk assessments in place; assessments were regularly reviewed and contained the most up to date information staff needed.
- Staff completed medication administration records and topical medication administration records appropriately. Accurate records meant that staff were following medication policies and procedures and people received a safe level of care and support.
- Regular medication audits were completed; areas for improvement were identified and actions were put in place.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. People told us they felt safe receiving care from the provider. Comments we received included, "The girls [staff] are lovely, they make you feel good, you have no reason to feel frightened" and "They [staff] look after me, they help me."
- Staff were familiar with safeguarding and whistleblowing procedures. One member of staff told us, "Staff are very good at following all procedures, management act on any concerns immediately."
- Clear reporting and recording procedures were in place. The provider ensured that all safeguarding incidents were reported and there were clear processes in place to review, monitor and analyse monthly and quarterly incidents.

### Assessing risk, safety monitoring and management

- People's support needs and areas of risk were assessed, and measures were put in place to ensure the package of care could be safely provided. One member of staff told us, "There are thorough care plans and risk assessments in place, documents are really structured and provide lots of information."
- Individual risk assessments helped staff to tailor their support and ensure safety measures and guidance were always followed. For instance, we saw risk assessments in place for falls, choking, skin integrity and medication.
- Risk assessments were regularly reviewed, often by a number of different healthcare professionals who were involved in the persons care. Any changes were communicated with staff and assessments were updated accordingly.
- The provider ensured that internal and external environmental risk assessments were carried out on people's homes. This ensured that areas of 'risk' were identified, communicated with staff and followed up on, keeping staff and people safe.

### Staffing and recruitment

- Robust recruitment procedures were in place to ensure people were safe.
- Disclosure and Barring Service checks were carried out and suitable references were obtained before applicants were employed.
- The provider used an electronic monitoring system to analyse staffing levels in conjunction with packages of care they provided. This ensured that there was enough staff providing the care and support people needed.
- All people we spoke with told us they felt there were enough staff to provide the care they needed. Staff told us that although Covid-19 had impacted staffing levels, this was always well managed, and people continued to receive the care they needed by staff they were familiar with. One relative said, "There are sufficient staff to do exactly what [person] needs at specific times."

### Preventing and controlling infection

- The provider had effective infection prevention and control (IPC) procedures in place. New Covid-19 procedures and policies had been introduced and staff understood the importance of complying with such procedures.
- New guidance and particularly Covid-19 procedures were clearly communicated with staff. Staff told us, "(We're) up to date with procedures, guidance, protocols. We get lots of e-mails so we're up to date with everything" and "Guidance is communicated and circulated in a timely manner."
- Personal protective equipment (PPE) was routinely ordered; staff told us there was always enough PPE for them to access. People we spoke with all confirmed that staff wore the necessary PPE when providing care.
- The provider also conducted 'spot checks' (staff observations) to ensure they were following all the necessary IPC procedures.

### Learning lessons when things go wrong

- There were systems and processes in place to ensure all accidents, incidents, complaints and safeguarding events were reported and recorded.
- The provider had measures in place to review, monitor and analyse all incidents of concern to ensure lessons could be learnt.



# 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.

At the last inspection this key question was rated as 'good'. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider ensured that consent to care and treatment was in line with principles of The MCA 2005.
- People were supported to make decisions around the care and support they needed and were not unlawfully restricted.
- Care records contained relevant information in relation to people's mental capacity and where appropriate, capacity assessments were completed to establish the level of support people needed.

# 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.

At the last inspection this key question was rated as 'good'. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People were treated well and provided with kind and compassionate care. People said, "They [staff] are brilliant, it's their attitude, nothing is too much trouble for them" and "Anything you ask them to do they do, it's their attitude, they are friendly, make me feel normal like part of their family, they are absolutely brilliant."
- Staff developed positive relationships with the people they supported. Staff knew people well and were able to provide the care and support they needed.
- Equality and diversity support needs were assessed; measures were put in place to ensure people received the right level of support.
- Care plans were regularly updated and contained all the relevant information staff needed to familiarise themselves with. One person said, "They understand my needs, they encourage me to make my own decisions, I accept their advice, but I am independent."

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

- People were involved in the care that was provided and they were encouraged to make decisions. All relatives told us that staff promoted people's independence as much as possible.
- People were involved in the care planning process and regular reviews that took place. One person said, "I have a folder, they [staff] ask my opinion, every so often someone [staff] comes from the office and asks questions."
- People were requested to complete feedback questionnaires about the care they had received. The registered manager ensured feedback was reviewed and improvements were made where necessary.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as 'good'. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Individualised, person-centred care plans were in place.
- Care plans contained the choices, wishes and preferences of people receiving support. For example, one care plan stated 'I like to have porridge for breakfast with tea and no sugar.'
- Care plans contained up to date, consistent and relevant information; staff developed a good understanding of people's likes, dislikes and preferences. One person told us, "They understand my needs, they encourage me to make my own decisions, I accept their advice but I am independent."
- Regular reviews took place in relation to the support people received. We reviewed care plans that had been updated since packages of care began. People were involved in the decisions that were made and supported to be as independent as possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication support needs were established during the assessment stage.
- Staff were provided with up to date information in relation to the communication support people required. For instance, one care record stated, 'Slightly hard of hearing, would like carers to speak to me in a slightly higher tone while facing me.'
- Alternative methods of communication could be provided upon request.

End of life care and support

- End of life care was not routinely provided by Warrington Borough Council Intermediate Care at Home. However, the registered manager explained that this was an area of care being explored.

# 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.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were involved in the care they received and were empowered to improve their own health and well-being.
- Person-centred care was promoted throughout the staff team. One person told us, "They [staff] understand my needs, they encourage me to make my own decisions, they see improvement and comment on it". Staff told us, "It's outstanding; the care and compassion that carers have" and "Person-centred care is really promoted."
- Staff confirmed the care people received was centred around them and their needs. One staff member told us, "[The care] is very person-centred, we adapt and change [the level of care] as people start to improve."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was aware of their legal and regulatory duties and acted on their duty of candour responsibilities accordingly.
- All accidents, incidents and safeguarding events were routinely reported, and records were well maintained.
- Investigations were conducted, reports were analysed, trends were established, and lessons were learnt when needed.
- The provider was committed to evolving and enhancing the provision of care being delivered. Development plans had been discussed, action plans had been devised and a new model of care was in the process of being tailored to the needs of people within the borough of Warrington.

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

- Managers and staff understood the importance of providing safe, effective, compassionate and high-quality care.
- The registered manager submitted the necessary notifications to CQC as well as liaising and escalating any significant incidents / events within the local authority.
- There was a range of processes and systems in place which helped to monitor, review and assess the quality and safety of care people received. A range of quality audits, checks and governance systems helped to review different aspects of care being provided.

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

- People were involved in the assessment and care planning stage from the outset; equality and diversity support needs were identified, and support measures were appropriately put in place.
- People were regularly involved in care reviews; records contained the choices of people receiving care.
- Feedback forms were circulated, responses were reviewed and improvements were implemented where possible.
- Staff told us they felt thoroughly engaged and involved in the provision of care people received. Comments we received included, "We're well informed about anything significant" and "I feel like a valued member of the team, everything is communicated to us, we're up to date with everything."

Working in partnership with others

- The provider supported people with a range of different rehabilitative and therapy provisions as part of the package of care being delivered.
- People received a holistic level of support from care workers, occupational therapists, physiotherapists and social workers. One social worker said, "As a team we all work really well together, it's a full team approach."