

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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Date of inspection visit:  
12 February 2020  
13 February 2020

Date of publication:  
24 March 2020

## 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

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 at home. In some instances people receive 'extended reablement' beyond 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.

### People's experience of using this service

People felt safe using the service and in the presence of staff. A range of assessments had been completed to identify risks and keep people safe. Staff had received training in safeguarding and knew how to identify and report any concerns. Enough staff were deployed to meet people's needs and provide the support they required. Medicines were being managed safely by staff who had been trained and assessed as competent.

Staff received regular training and ongoing support to enable them to carry out their roles effectively. People told us staff were competent and supported them in the way they wanted. Detailed assessments were completed prior to the service starting, to capture people's goals and what they wanted from the reablement process.

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.

Staff were described as friendly, supportive, patient and very caring. People and relatives spoke highly of the support provided by the service. People were treated with dignity and respect and supported to regain as much independence as possible, at a pace which suited them.

People received personalised care which met their need and wishes. Regular reviews were completed, to discuss people's progress and ensure their support plans were up to date and accurate. Information on how to raise a concern or complaint was provided to each person using the service. None of the people or relatives we spoke with had any concerns. Any complaints which had been submitted, had been managed appropriately.

The service was well run with a clear leadership system in place. Staff enjoyed working for the service and felt supported in their roles. This was evidenced by the low staff turnover rate and length of people's employment. Regular meetings were held to review people's care and provide support to staff. A new, robust auditing system had been designed and implemented along with an ongoing action plan, to ensure continuous improvement.

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 (and update)

The last rating for this service was requires improvement (published 20 February 2019) and there was one breach of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

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 ●

# Kirklees Council - South Short Term & Urgent Support Team

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by one inspector 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.

### 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 would be in the office to support the inspection. We also needed to allow time for the service to gain people's consent for us to contact them via telephone and visit them in person.

### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are details about changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and six relatives about their experiences of the care and support provided. Feedback was gathered through telephone calls and home visits. We also spoke with eight staff members, including the registered manager, locality manager and support workers and two professionals who worked with the service.

We reviewed nine care files, four staff personnel files and other records relating to the management of the service and the care and support provided to people, including medicine administration records (MAR), audits and quality monitoring information.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure the safe management of medicines, consistently identify or record safeguarding concerns and identify or review individual risks when changes took place to people's care and support. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

### Using medicines safely

- Medicines were being managed safely. Staff had received detailed training and had their competency assessed.
- New medicines booklets had been introduced since the last inspection, these contained all the information people and staff needed to manage medicines safely, including details of medicines prescribed, support needs and how these would be provided.
- Documentation, including medicine administration records had been completed consistently by staff. Regular audits had been carried out to identify and address any issues.

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

- People using the service felt safe. Relatives also had no concerns about their family member's safety. Comments included, "Yes I feel very safe and the same staff come to help me and they've got to know me well" and "Yes [relative] is safe, the carers are wonderful."
- Staff had received training in safeguarding which was refreshed annually. Safeguarding was also an agenda item at each team meeting.
- A log was used to document safeguarding concerns. This included what had occurred, the action taken and outcomes.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service had assessed risks to people's safety and wellbeing. Detailed assessments had been completed prior to people's service commencing, to identify potential risks and what actions should be taken to minimise these.
- Accidents and incidents had been documented consistently. A log had been used to record what had occurred, the action taken and any lessons learned.
- Issues or concerns had been reviewed by senior management within the council and shared with staff during meetings as part of the lessons learned process. This helped to promote continuous improvement.

### Staffing and recruitment

- Enough staff were deployed to meet people's care and support needs. People were complimentary about staffing and the consistency of care. One person stated, "I'm delighted with the three carers I've had. The continuity has been good; they've turned up on time and I've never felt rushed. I really can't fault them."
- Staff also spoke positively about staffing levels. Comments included, "This is one of the best services I have worked for in terms of staffing. We never have more calls than we can handle."
- Staff were recruited safely. Personnel files contained all required documentation, including references and full work history. Files had been audited regularly to ensure compliance.

#### Preventing and controlling infection

- Infection risks were being managed appropriately. Staff had access to and consistently used personal protective equipment, such as gloves, aprons and hand gel.
- Staff had received annual training in infection control, which included input from Kirklees Council's infection control unit.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant 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

- Detailed assessments were carried out prior to people using the service. Discussions were goal orientated, to ensure care and support met people's needs and wishes.
- The reablement process was seen as an extended assessment, which would help determine whether longer term care would be needed. A multidisciplinary approach was used to determine next steps, including involvement from occupational and physiotherapists.
- Agreements with partner agencies, such as Trusted Assessors; who assessed and referred people to the service, had been introduced since the last inspection, to ensure referrals made into the service were appropriate and information provided about people and their needs was accurate.

Staff support: induction, training, skills and experience

- Staff received enough training and support to carry out their roles. A matrix was used to monitor training completion and ensure staff remained up to date. Alongside the provider's mandatory training program, bespoke sessions were provided to ensure staff could meet people's specific needs.
- Following consultation with staff, a new supervision and appraisal process had been introduced. Staff spoke positively about the support provided and one staff member told us, "I definitely feel supported. We have so many supervisions. My coordinator is very good, any issues get sorted quickly."
- People and relatives felt staff were well trained. Comments included, "Yes, they seem to know what they are doing. The physio has been once and now the carers help me with my exercises."

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

- Where provided, people spoke positively about the support they received with nutrition and hydration. Support was provided in line with people's needs, to ensure they received meals of their choice as well as support to regain independence in the kitchen.
- One person told us, "They help me to make my meals because I can't stand for long since I've had this fall, but I'm slowly improving and I'm hoping to be able to do it all myself soon."
- Another stated, "For the first few weeks, they came at breakfast and lunch time and provided what I wanted meal wise, until I was able to make my own meals."

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

- The service worked closely with a number of professionals, to ensure people received effective care and support.

- A number of therapists worked alongside reablement staff, to assess people's needs, provide guidance and support people's journey back to independence.
- Where people required ongoing support beyond the six week reablement process, the service worked alongside partner agencies, to ensure a smooth transition to longer term care, whether this be domiciliary care or a 24 hour care placement.

#### 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.

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 service was meeting the requirements of the MCA. People's consent had been sought, with signed consent forms located in their care files.
- We saw evidence of best interest meetings and decision making taking place, where people lacked capacity to consent to elements of their support package.
- Staff had a clear understanding of the MCA and how it impacted on their role. One told us, "Its whether people can understand and feedback information to make decisions. If not, any decisions need to be in their best interest."

# 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. At this inspection this key question has remained the same. This meant 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

- People spoke highly about the care and support provided. Comments included, "The carers who have been coming to me are so professional and cheerful. I really can't sing their praises enough. I'm highly delighted with the service" and "I have had an excellent service from the whole team."
- Relatives were also complimentary, one told us, "They [staff] are so patient and caring. From the minute [relative] came out of hospital to the minute their care finished two days ago they were excellent. I've only got the highest praise for the care they've received over the last six weeks."
- There was a positive culture at the service and people were provided with non-discriminatory care which was sensitive to their needs. We noted examples of the service promoting people's religious and spiritual needs, such as arranging visits around people's prayer times.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected during personal care and staff always explained what they were going to do before carrying out a task. People said staff were polite and always asked for their consent before providing support.
- Staff were mindful of the ways in which to maintain people's dignity. Staff comments included, "I make sure the door is closed and there's a towel over them when providing personal care, be respectful" and "I check they are comfortable with me supporting them, if safe to do so, I wait outside the door when using the bathroom or toilet, so I can assist if required."
- One of the main goals of the service, was to support people to regain as much independence as possible. People confirmed the service did this successfully. One person stated, "I can now get in and out of bed so that's progress... I'm able to walk more now with a frame too."

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

- People's views and opinions were sought throughout the reablement process. People were actively involved in discussing their care and support and ensuring this met their needs. Where necessary, we saw changes had been made timely to ensure people received the care they wanted.
- The service sought people's views about their care and support, including what went well and what could be improved via exit questionnaires. Feedback was shared internally, to drive improvements and maintain areas of good practice.

# 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. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and wishes. Support plans were compiled alongside each person and focussed on the goals and outcomes they wished to achieve.
- Regular reviews were completed to assess people's progress, with people signing off goals and outcomes once they felt these had been achieved. One person told us, "There is a huge wodge of papers for me to look at if I like. I've signed some papers to say I have done everything for myself."
- We noted a number of examples which demonstrated how responsive the service had been to people and their needs, including the use of assistive technology, to promote people's independence and keep them safe.
- The registered manager told us, "Each person is entitled to a Carephone (provided by the service), so they are safe and can summon assistance, we also use automated medicine dispensers, falls detectors and GPS systems."

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.

- Care files clearly detailed people's communication needs and how these would be met. This included any aids or equipment in place.
- Information was available in a range of formats, to cater for people's varying needs. This included different languages, with an interpreter service available if required. The service was also looking at the use of braille, to cater for people with visual impairments.
- People and relatives were happy with how information was communicated. One relative told us, "My husband can't hear well and they are very patient with him. They repeat things to him. They are so kind and wonderful."

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain but told us they had not needed to. The complaints process along with contact details were provided to each person upon commencement of the service.
- One person told us, "Yes, I know how to complain, there is a page in the book with numbers on. However, I have no complaints or concerns."
- A log was used to document any complaints received, actions taken and outcomes. Complaints and

compliments were also forwarded to Kirklees Council's complaint and compliments unit, who provided additional oversight and support .

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-led, with a clear management structure in place. The registered manager was supported by locality managers and coordinators, each of whom had line management responsibility for a small group of staff.
- The registered manager understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding concerns and deaths.
- The service had improved their quality monitoring systems since the last inspection. This was a computerised system which covered all areas of service provision and provided improved oversight. Findings from audits were used to identify themes and trends and generate action plans to ensure the service continuously improved.
- Quarterly quality meetings had taken place with senior staff. These were used to ensure the service was compliant with regulations, allow for the sharing of good practice and discuss service development.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was an inclusive environment, which sought people and relative's views on a regular basis. The service was described as well-led with positive feedback provided by everyone we spoke with. Comments included, "Everything is top quality, everyone has been absolutely great" and "Within 90 minutes of being contacted, they arrived to do the assessment and a team was put in; such a brilliant service."
- People and relatives spoke positively about how well the service communicated with them. One person told us, "The email and phone contact from them has been very good too. The support has been excellent and I'm highly delighted."
- Staff told us they loved their jobs and felt supported. Comments included, "I can go to any manager without fear. Very supportive about everything and they keep things confidential" and "I love it here. I've worked for companies in the past, reported stuff but nothing happened. Here anything I have brought up has been looked into and they get back to you with what has been done."
- Staff meetings were held weekly to provide feedback and updates about people using the service, and monthly to discuss wider service related matters and provide staff support.
- Staff's views and opinions were sought via questionnaires and also through messaging services. One told us, "We get survey's through the post, also get text messages asking for our feedback."

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

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- People, their relatives and staff had no concerns in this regard. Effective lines of communication were maintained throughout the reablement process.

Working in partnership with others

- The service worked closely with a range of professionals, partner agencies and other council services, to ensure people received the best care possible.
- Professionals spoke positively about their involvement with the service. One told us, "Contact with the service is good. We work well as a team and feed into one another."
- Where necessary, such as when access to people's properties was affected by the weather, the service worked closely with emergency services, to ensure people continued to receive the support they required.