

Manchester City Council - Adult Directorate

Short Term Intervention

Service

Inspection report

South Gorton Neighbourhood Office
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Greater Manchester
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09 January 2020

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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

The Short Term Intervention Service supports adults with a learning disability in gaining confidence and skills to live as independently as possible in their own homes. This service may be provided for up to twelve weeks, although some people received longer support. The service provides reablement and assessment to identify any other support people may require in the longer term. At the time of our inspection 16 people were receiving support.

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

The management team provided, flexible person-centred care to people, so they could remain living in their own homes for longer. People were supported to have control of the service they received. They were supported to access culturally valued activities and build positive relationships.

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. Risk assessments had been developed to minimise the potential risk of harm to people. People when required, were supported to receive their medicines as prescribed from trained staff. The registered manager had a system to record any incidents and accidents and learn from any trends or patterns.

People's needs were assessed, and reablement care and support had been planned with them and their relatives. Staff had received regular training and supervision to support them to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were positive about the service and said staff were kind and caring. People told us were treated with dignity and respect and their right to privacy was upheld. Staff said working alongside people regularly promoted trust and built positive relationships. The registered manager worked with people's advocates when appropriate.

People and their relatives told us the service was well led and they would recommend the service to others. The service worked with a variety of agencies to ensure people received all the support they needed. Staff stated the management team were always approachable and available to provide support.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion within a reablement setting. People's support focused on them having as many opportunities as possible for them to gain new skills, relearn old skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 June 2017).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Short Term Intervention Service

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

One inspector carried out the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care and reablement support 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 08 January 2020 and ended on 09 January 2020. We visited the office location on 08 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection. 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.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the service provided. We spoke with one volunteer who participated in recruitment and five members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and a variety of records related to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The registered manager had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies. People told us they felt safe.

Assessing risk, safety monitoring and management

- The registered manager managed all risks to people's reablement, environment, safety and wellbeing as part of their initial and ongoing assessments. Feedback from people and relatives was positive. One relative said, "They have managed [relative's] competing needs. They have been invaluable."
- Staff said the registered manager managed risks around their roles. There was a lone worker policy, personal safety training and staff were appropriately matched with people to minimise risk and keep people and staff safe.
- The registered manager liaised with other local authority agencies to plan and review support for people identified as high risk.

Staffing and recruitment

- The registered manager had suitable staffing arrangements to meet people's needs. The rotas were planned so staff had time to get from one visit to the next. People told us staff visited them on time and stayed for the full duration of the visit. No one we spoke with had experienced any missed visits.
- The registered manager followed robust recruitment procedures. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way a provider can make safer recruitment decisions and prevent unsuitable people from working with people who may be vulnerable. The registered manager included a volunteer with experience of receiving support in the recruitment process. They had input with the questions asked and sat on the interview panel.

Using medicines safely

- People received medicines when they should. When appropriate, people were supported with the ordering, transporting, administration and safe storage of their medicines. People told us staff prompted them to take their medicine and this was recorded appropriately. One person said, "They ask me how I am and have I took my medicine."
- The provider provided medication training and assessed competency for the management of medicines by observing staff as they administered people's medicines.

Preventing and controlling infection

- The registered manager had effective infection control processes and procedures. Staff followed appropriate infection control practices which protected people from the risks of poor infection control. They told us they used personal protective equipment, such as disposable aprons and gloves, when they supported people. Learning lessons when things go wrong.

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. The registered manager met with other service managers fortnightly to review accidents and incidents. The registered manager told us, "We meet and look at near misses, trends and themes."

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. At this inspection this key question has remained the same. 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

- People's needs were assessed before and during their time with the Short Term Intervention Service to ensure effective and timely support. Care plans contained risk assessments and alerted staff on any behaviours and medical conditions that required additional consideration.
- The registered manager worked closely with families and health and social care professionals to ensure staff provided care in line with current practices and adhered to people's wishes and desired outcomes. The registered manager was aware of good practice updates and discussed these with relevant professionals.
- The provider worked with health professionals to deliver a service that promoted people's integration within their local community. One relative told us, "[Family members] would not have been able to remain in their house as long as they have without the support of the team."

Staff support: induction, training, skills and experience

- Staff told us they had access to ongoing training and development relevant to their role. They received ongoing training that met the Care Certificate standards. This is a nationally recognised set of standards social care staff need to adhere to. About the available training one staff member commented, "I have had a lot of training. It has boosted my confidence."
- People and relatives told us staff members were knowledgeable and well-trained.
- Staff told us they received ongoing formal and informal support from the management team. One staff member said, "I can contact [the registered manager] anytime if I am stuck and want support."

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

- People's nutritional needs were well managed where required. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded. This included people's preferences and if people required their food and drinks prepared to meet their dietary and health needs.
- People told us they were happy with the arrangements to support their relatives with their dietary needs. The registered manager told us they had colour coded meals to help people prepare their own meals.

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

- The service delivered person centred care to ensure people's physical, mental and emotional needs are managed effectively. When appropriate, the service supported people past the 12-week short term framework to ensure positive outcomes for people.
- As part of their reablement service, the registered manager introduced people they supported to new support agencies and helped people integrate into their new support service.

- The registered manager worked with specialised professional services and informal support networks of families and friends to ensure people's needs were met. They supported people to make and attend health appointments when required.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their representative. People's legal representatives and their powers of attorney had been recorded as part of the initial assessment.

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

- The registered manager respected people's diversity and helped people learn skills to be part of their local community.
- The registered manager ensured people had the same staff who knew them well. New staff were introduced to people before working alone. People were positive about the way they were supported by staff. One person said, "The staff are nice. I see them as my friends not just as staff." One relative said, "The staff that tend to come are regular staff."

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

- People and relatives continued to be consulted about care and make decisions for their wellbeing. Every effort was made to ensure people and relatives were supported to contribute to their care, so the management team and staff understood their preferences and wishes. This included staff having access to the management team through telephone calls or independent visits to the office. One person told us, "They [staff] do help, and they listen." This encouraged people to make decisions for their care and understand the support provided.
- The registered manager, when appropriate had worked with people's advocates and had copies of relevant paperwork. These are people who ensure people's rights and best interests are being protected.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and supported people to be as independent as possible. One staff member said, "It's important to build trust, to build positive relationships." Care plans described what people could do for themselves and where they needed support. Systems were put in place to help people living independently to learn daily living skills and manage their finances.
- Staff supported some people to take part in activities that were important to them. They supported people to learn new skills, so they could access locations independently.
- People told us staff always stayed for the full time of their visits and were never rushed.
- People's confidentiality was respected. Care records were kept securely, and all electronic communications were password protected.

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

- The service delivered care and support that focused on individual needs, preferences and routines. There was a consistency of staff and people valued the relationships that had formed.
- The service was flexible and responsive to people's needs and preferences. The support times could be changed and the location staff met people reflected the support required.
- Care plans mirrored people's needs and offered staff an oversight of each person and step by step guidance on what people would like on each shift. For people with complex needs, there was additional comprehensive information that had been developed with or reviewed by healthcare specialists.

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 needs were identified and recorded in their care plans. These were shared appropriately with others, including professionals. One person was supported to understand and manage their visual impairment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had been supported to manage their unique behaviours and expand their life experiences. The registered manager had developed a positive relationship with one person. This allowed the person to build new relationships through their established relationship with the registered manager.
- The service supported one person with specific support needs to maintain their job within the local community while a more permanent support network was identified. Feedback included, "Short Term Intervention Service, they are a godsend, [family member] is now doing something. I would recommend them."

Improving care quality in response to complaints or concerns

- The registered manager had systems to analyse complaints and concerns to make improvements to the service. Information related to how to make a complaint was available. At the time of our inspection the registered manager had no ongoing complaints.
- Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally.

End of life care and support

- At the time of the inspection there was no-one receiving end of life support. The registered manager told us they would ensure all relevant support was available to ensure people received the necessary support to remain in their own homes. In the past they had worked alongside other agencies to ensure people's end of life care needs were met.

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

- The registered manager promoted a positive, listening culture that enhanced people's lives. People said staff were caring, supportive. One relative told us, "They [Short Term Intervention Service] are really really good. I can contact them anytime. I would be lost without them."
- Staff feedback on the management team was overwhelmingly positive. One staff member told us, "The managers have a lot of experience and they are approachable." A second staff member said, "The managers are nice. It is a friendly team."
- The management team were committed to protecting people's rights about equality and diversity by promoting people's abilities and they fostered an inclusive environment.

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The management team knew how to share information with relevant parties, when appropriate.

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

- The registered manager audited the service to gain oversight and promote a quality service. The registered manager received overwhelmingly positive feedback on the service delivered.
- People spoke positively about how the service was managed. They informed us the registered manager and management team were visible and had a good understanding of people's needs and backgrounds. One relative said, "I've rang the office and said how pleased we are with the people who come to the house and we don't want to lose them."
- The registered manager and management team understood their roles in terms regulatory requirements which included informing CQC when required to report incidents that had occurred.

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

- The registered manager had systems to gather the views of people, relatives and staff. In one instance, we saw action was taken to investigate feedback that was not positive, so improvements could be made.
- Staff told us they could contribute to the way the service was run through team meetings and supervisions. One staff member said, "We have an opportunity to discuss what went well and what could

have gone better."

- People were supported to engage in culturally valued activities in people's local communities. Staff offered flexible support that promoted people's independence. In one case leading to one person becoming a volunteer at the activity.

Working in partnership with others

- There were established relationships with other services involved in people's care and support. The service asked people what support they required, liaised with community health and social care professionals and family members to ensure people's needs were met. This included managing people's ongoing health and behavioural concerns.