Calderdale Metropolitan Borough Council

Support & Independence Team - Central & Upper Valley 2

Inspection report

Hebden Bridge Health Centre
Hangingroyd Lane
Hebden Bridge
HX7 7DD
Tel: 01422 264640
Website:

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Ratings

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

Overall summary

This inspection took place between 11 and 23 December 2015. The inspection was announced. We gave 24 hours' notice to the provider to make sure people were available in the office to help us.

The Support and Independence Team (Upper valley 2) is a domiciliary care agency and helps people regain their independence following periods of illness or time in hospital. The service's office base is situated at Hebden

Summary of findings

Bridge Health Centre. Referrals to the service are usually from the community, Gateway to Care or following hospital discharge. At the time of the inspection the service supported 33 people with their needs.

A registered manager was not in place with the previous manager deregistering with the commission in February 2015. 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. A manager had put in an application to become the registered manager in January 2015 however this application had been returned due to being incorrectly filled out. Since then, satisfactory steps had not been taken to ensure a registered manager was in place.

Most people or their relatives assisted them with medicines. However the service did not keep a complete record of medicines in line with good practice guidance and their own policy.

People felt safe using the service and were encouraged to be independent. Staff told us they had a good understanding of how to support people with their independence.

Systems were in place to identify and manage risks within people's homes but assessments did not contain sufficient detail to safely minimise the risk.

Care plans reflected the care and support people needed to regain their independence. Staff understood the importance of meeting people's individual needs and provided the care and support they required.

People were very happy with the service and told us they were assisted in ways that suited them.

Staff recruitment procedures were in place and were being followed to ensure only suitable staff were employed by the service. There were appropriate numbers of staff available to provide the care and support each person required.

Staff had received training and demonstrated an understanding of people's individual choices and needs and how to meet them. Staff understood the importance of treating people with dignity and respect and people confirmed this.

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to report concerns. Complaints procedures were in place and people confirmed they would raise any issues they might have with management.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA). People using the service had capacity to make decisions for themselves and the manager, team leader and staff understood their responsibilities under the MCA.

People received the support they required to meet their nutritional needs. Input from health and social care professionals was accessed as part of the reablement process and systems were in place to respond to people's healthcare needs.

The team leader was committed to the provision of good quality care to enable people to regain and maintain their independence. The service provided staff with training and support to maintain a high standard of care to people using the service.

Systems were in place to monitor and review the quality assurance in the service. The team leader said they completed visual checks and spoke with people for their feedback.

Summary of findings

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 consistently safe.

Records did not always describe the full details of people's medicines.

Risk assessments did not always fully describe how to minimise risks to people.

People told us they felt safe when being supported by staff.

Requires improvement

Is the service effective?
The service was effective.

Staff received training so they had the skills and knowledge to care for

people effectively.

Staff understood people's rights to make choices about their care and supported them to regain their independence.

People were supported to maintain appropriate nutritional intake. People had access to health and social care professionals and these were accessed to promote good health.

Good

Is the service caring?
The service was caring.

People told us staff treated them with dignity and respect and staff prioritised this when caring for people.

Staff had the time they needed to give people the care and support they required and people did not feel rushed.

Staff supported people to regain their independence.

Good

Is the service responsive?
The service was responsive.

People's care and support was planned and reviewed regularly so changes were identified and care adjusted to meet their changing needs.

People said they were able to raise any concerns with the team leader so they could be addressed.

Good

Is the service well-led?
The service was not consistently well led.

A registered manager was not in post.

Requires improvement

Summary of findings

People were happy with the way the service was run and felt supported and able to discuss any points they might have.

The service completed competency checks on staff and gained feedback from people to help maintain a consistent level of care.

Support & Independence Team - Central & Upper Valley 2

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.

The inspection took place between 11 and 23 December 2015 and was announced. The inspection team consisted of 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, in this case experiences of services for rehabilitation.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people who used the service and four relatives over the telephone to ask them for their views on the service. In addition we spoke with six care workers and the team leader. We looked at five people's care records and other records which related to the management of the service such as training records and policies and procedures.

On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we reviewed all information we held about the provider and contacted the safeguarding team to ask for their views on the service.

Requires improvement

Is the service safe?

Our findings

Staff said they received training in medicine administration and were able to describe the process of supporting people with their medicines. Staff training records we viewed confirmed staff had received training in the safe administration of medicines. When speaking with staff and people who used the service we found generally people were able to manage their own medicines.
Self-administration was encouraged for people using the service as part of the reablement programme and staff said they only occasionally needed to support people with medicines. We spoke with five people and their families. They confirmed they received their medicines in a safe way when prompted by staff. People's care records indicated to staff the level of support each person required. For example prompting, assisting or full administration. This informed staff how to support people in an individual way.

On the day of inspection we found no people that received support from the service had their medicines administered. However, where staff supported people with medicines by using a prompt, there was no record of the medicines they supported people with on the MAR or elsewhere. We asked the team leader about this and they confirmed that there was no recording of medicines when a 'prompt' was required.

The Royal Pharmaceutical Society guidance 'The Handling of Medicines in Social Care' states, 'When care is provided in the person's own home, the care provider must accurately record the medicines that care staff have prompted the person to take, as well as the medicines care staff have given.'

This meant there was no audit trails of the medicines people were prompted to take, and the absence of information available on people's medication during the planning of rota's and care visits meant there was a risk, time specific medicines or any special medication requirements would be missed.

We found a new medication profile had been developed which would help assist staff to clearly identify the medicines people were supported with, however this had not yet been introduced at the time of the inspection.

We recommend the provider ensures relevant guidance on the management of medicines in domiciliary care settings is consulted.

People confirmed they felt safe around care staff and were satisfied with the service. Staff understood their role in keeping people safe whilst maximising their independence over the time period the service provided each person with support. We spoke with staff, who all displayed a consistent awareness of neglect and abuse. Staff were able to give examples of different types of abuse, warning signs of abuse and what action they would take to keep people safe. We spoke with the team leader who knew how to make a referral to the local safeguarding team and notify the Care Quality Commission if they had a safeguarding concern. Staff told us and we saw in training records they had undertaken safeguarding training. The service followed the local authority's policies for safeguarding and whistleblowing. The LA's policy included adherence to the West and North Yorkshire and York Multi-Agency Policy and Procedures on safeguarding adults. The team leader provided refresher safeguarding briefings for care staff during team meetings giving them an opportunity to voice any concerns around safeguarding and review and discuss any examples of safeguarding incidents.

Staff described the care and support people needed to improve and ultimately maximise their independence whilst maintaining their safety. They said if they identified any risks following the initial risk assessment they would inform the team leader who would review the risk. For example, one person had a loose mat and step up into a shower where the risk assessment had been updated to reflect this. Records showed there had not been any accidents involving people using the service in the past 12 months and staff knew to report and record any accidents should they occur.

Although staff told us and we saw how risks were initially assessed, risk assessment documentation was not robust enough to inform staff how to minimise risk. Risk assessments were brief and lacked detail of the control measures in place. We saw examples of identified risk in people's care records that had not been assessed. For example, risks associated with personal care did not list potential hazards and did not have a risk rating. This made it difficult to judge the severity of risk and how to reduce or remove risk.

There were appropriate numbers of staff employed to meet people's needs. The service had a stable staff team with a low turnover, most of whom had worked for the local authority for many years. People confirmed they received

Requires improvement

Is the service safe?

the help and support they needed and staff always attended and stayed until tasks were completed. The team leader showed us rotas for staff and these included the number of visits each staff member needed to make. The team leader told us visit times were not rostered in so staff had no limit with regards to the time they stayed with people consequently travel time did not have to be accounted for. Staff felt there were enough of them to cover all the people who used the service and people were provided with a regular team of care staff for the time they used the service. Cover was provided for staff holidays and sickness and the team leaders and deputy team leader had the training and experience to provide cover in the event of any situation where a care worker could not attend. It was clear from our conversations they were happy to cover when required. The manager told us the service only aimed to support from 35 – 55 people at a time. This ensured the current staffing levels were not stretched and all people were supported appropriately. The manager told us the service responded to weather alerts and travel disruption and took action to provide continued care and support to people safely.

We reviewed people's records of care and found differences in visit times. We acknowledged this was due to the nature of the support provided by the service. For example, the service had a high turnover of clients and had to constantly change rota's to accommodate new people who had come to use the service. We were satisfied that inconsistent visit times were not due to insufficient staff being deployed.

People that used the service told us staff arrived in plenty of time and one person said, "They take their time to do the care properly and safely." Some people that used the service required two staff members to support them; this was evidenced on the rota.

Recruitment procedures were in place and being followed to ensure only suitable staff were employed by the service. Prospective staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out. These included Disclosure and Barring Service checks, proof of identity documents and two references, including one from the previous employer. Photographs of each member of staff employed by the service were taken and staff were issued with identity badges which they wore when attending people's homes. This showed us the service completed appropriate checks on people before they started employment with the service.

Good

Is the service effective?

Our findings

People told us care was effective and they had their needs met by the service. For example one person said, "They need a sense of humour, but they are still professional." Another person said, "It has helped so much and they have explained things to me about it all" and a further person told us,"Mostly staff who visit have often called before so they know what to do. I have got used to them."

Staff received training to provide them with the knowledge and skills to support and care for people effectively. New staff were required to complete a week's induction training which included mandatory training courses, reading policies and procedures and the code of conduct for the service. New starters also shadowed and worked alongside colleagues as part of their induction. Staff confirmed they did not work alone with people until the team leader signed them off as being competent.

We viewed training records and saw care staff received training in topics including health and safety, infection control, first aid and medicines management. Specific training was obtained in order for staff to support people in specialist areas. For example training in the use of equipment, dementia care and brushing teeth. Training was planned in advance and various courses were attended throughout the year. This meant staff received an ongoing list of courses to keep their skills fresh. All staff had a recognised qualification in health and social care and all those we spoke with were knowledgeable about their work and had a good understanding of how to meet people's needs. Staff said they felt the training offered was good and they had the appropriate skills to complete tasks effectively. As part of the monitoring of effective staff, the team leader completed random competency checks on people to see if they demonstrated the skills they had received in the training courses. All staff had been assessed as competent from the team leader. This gave us assurance that training was effective and staff had the required skills and knowledge to effectively care for people.

Care staff were supervised and their care provision observed to ensure they were caring for people effectively. Spot checks were carried out in people's homes so the team leaders could observe care, support staff and get feedback from the person about the care they received. All the staff told us they received regular supervision and found these sessions productive and felt able to discuss any points they wished to. Annual appraisals were also carried out for staff, to discuss their progress and any training and support needs. Staff said the training and supervision they received was appropriate and helped them with their work.

Information regarding people's healthcare needs was recorded in the care records, so staff had this information to hand and knew people's medical needs. The service worked in the same building as other healthcare professionals that worked as part of the same team. This enabled frequent and quick contact for anyone that required health support in specialist areas. Healthcare professionals involved with people included occupational therapists, physiotherapists, community nurses, GPs and dieticians. Staff told us if a person needed input from health and social care professionals at home, this was arranged. We discussed with care workers the action they would take if someone was unwell. They said they would seek medical help and, depending on the severity of the situation, they would contact the person's GP or the emergency services for assistance. They also said they would record the event and report it to the team leaders or manager. Staff spoke about being flexible with visits to make sure people were ready to attend hospital or other healthcare appointments and these were planned for. This meant people's healthcare needs were identified and input gathered from healthcare professionals when needed.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA. The manager and team leader had a good understanding of how to ensure the correct processes were followed where they suspected people lacked capacity.

Good

Is the service effective?

People had told us they had agreed to plans of care and we saw that some care records had been signed. People told us the staff listened to their choices and respected their decisions. One person said they were happy with the way their care was delivered, but if they wanted something changing, they would talk to the team leader and they were confident changes would be made. Another person told us, "It was all agreed with me. Agreeable." This showed us people received effective care in line with their wishes.

People told us they received sufficient support with food and drink. One person told us, "They help me with my food if I need it." Staff understood the importance of ensuring people had a good diet. People were encouraged to regain their skills to make drinks and simple meals as part of their reablement programme. If there was a concern someone was not eating properly then staff said they would report this to the team leaders or the manager so medical help could be sought.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received and confirmed they were always treated with respect and in a caring manner. Comments about staff included, "They are respectful and polite and they like a laugh with me. But they are still professional" and, "They are always very nice." Further general comments provided evidence that the staff were considered polite and respectful by people and they respected people's rights and independence. Surveys conducted on people that used the service indicated people felt well looked after and well cared for. Comments from the surveys included 'Friendliness and good humour at all times, sensitive care given', 'All the team were friendly, caring and helpful, 'Everyone has been so lovely, thank you' and 'Thought it was an excellent service'.

People told us they had their views listened to and they were able to make choices. This was evidenced though the surveys and their daily records of care. The team leader also made contact with people to see if they were happy with their care or if they wanted any changes made. Possible changes were discussed in the weekly review meetings for each person and alterations made to people's plans of care. The team leader showed us one example where a visit time did not suit someone and they requested a change. We saw evidence this request was actioned. This showed us people's views and preferences were respected by the service.

We asked staff about dignity and respect. Responses given provided us with assurance that staff treated people with dignity and respect at all times by offering choices and respecting their home. Staff spoke in detail about the importance of maintaining people's dignity at all times and they placed this at the centre of their work. This was clear from our conversations with both staff and people who used the service that staff took pride in their work and took great satisfaction from seeing people regain their independence. People that used the service told us they had their dignity respected. One person said, "Very professional, they treated me with respect and dignity at all times."

People were assessed by the team leader to identify their needs and draw up a package of care. People's needs were identified and a plan of care was agreed so they knew what to expect from the service. Care records were person centred, identified the care and support each person needed and included information about the person's life and interests. Care staff confirmed they read the care records and spoke with people to ensure they fully understood the care and support people wanted and needed. They said it was important to know about people's life histories and interests as this provided topics of conversation that the person would be interested in. This showed us staff understood the importance of ensuring positive caring relationships with people.

Staff told us they were happy in their roles and worked well as a team. The team leader explained that there was a positive attitude that passed itself onto the people they worked for. People told us they received care from the same people and reported staff were always sharing a joke and polite. We saw the light hearted atmosphere lent itself to sharing information with staff and building caring relationships.

People and their relatives told us the service was effective in encouraging people's independence and empowered them to do things for themselves. People gave us examples of how their independence was promoted. One person told us, "Just once they helped me to have a shower and I'm now able to do this", and one relative told us, "I had originally helped to get them safely into the bath, but they have helped [person's name] have a wash, then, by prompting them to wash themselves increasingly they had done this themselves." We asked staff how they promoted peoples independence. Staff told us they encouraged people to do things for themselves but they would support the person if they required assistance. For example one staff member told us," Even if after we have helped them they can just make a cup of tea, they can then do a bit more and so on." This showed us staff were aware of the importance of supporting people with their independence.

Good

Is the service responsive?

Our findings

Care records contained sufficient information to ensure staff provided responsive care.

The service supported people following a referral or from hospital discharge. The staff team then supported people to increase their independence in their own homes so they could either look after themselves or until a long term support provider was identified. People confirmed the service responded appropriately to their needs and helped them to regain their independence. For example one person told us staff encouraged them to put stockings on but once staff realised the task was too difficult, they supported the person to put them on. They told us, "I told staff I would pay for the stockings to be put on, as neither I nor my wife can put them on. We tried to use a special aide but it did not work. The ones [staff] who now call just do it." A member of staff told us they worked hard to support people with their independence and said most people were able to do a little more with encouragement. They also told us if people were unable to do something, they would support them with this task.

Before people were supported by the service, they received an initial assessment from the team leader or deputy team leader. This assessment ensured people that would use the service could be supported effectively by the staff. Following the initial assessment, a further assessment was carried out upon staff's first visit to the person's home. This was because the support required could change depending on the environment. This showed us assessments carried out on people prior to them receiving support were responsive to their support needs.

People were regularly assessed to ensure their changing needs were being identified and met. Following on from initial assessments of people's care and support needs, reviews were carried out by the team leader and staff on a weekly basis. These identified a person's achievements and any improvements made in their condition. The team leader also spoke with people in person or via a phone call to see if they were happy with the service and if they had any needs that were not being met. This enabled the service to monitor people's progress and adapt their package of care to meet their changing needs. Although for the majority of people progress was good, if someone was identified as needing longer term support, the service continued with the support until the person became sufficiently independent or a long term provider could step in.

Staff told us as people did not have set times for support; they could stay with people longer if the person required additional support time. For example one staff member told us," We get enough time between calls and their time taken is what is needed. We can spend as long as is needed. We try to prioritise if someone lets us know they need to be out" and another staff member told us, "We don't give exact times, but we try to settle on times that work for them. I say we can't promise but will try. 'I try to set a time and if I can't get there then I can get a message to them" and a further staff member said, "We get enough time between calls and if we feel pushed, we can ring the office and they call them [the person]; another team member will pick it up. We try to give times if possible but we have to be flexible." People that used the service told staff arrived at appropriate times and did not leave until tasks were completed. People also said before staff left, they checked if there was anything else they required. This showed us staff stayed for the appropriate amount of time.

Due to the nature of the service caring for a high turnover of people for a limited time period, we would not expect the same level of detail in care records compared to services that provided longer term care. We looked at care records for five people and found information was pertinent to each individual and aspects of people's plans were person centred. Care records did reflect how people wanted to be supported. For example one person's care record gave details about what areas the person could wash themselves and what areas they required support with washing.

People confirmed they would feel confident to raise a concern if they had one. We asked care staff what they would do if someone wished to complain. Staff had a clear knowledge about the procedure and said they would encourage people to speak with the team leaders or the manager. The service had a complaints policy in place which staff knew how to access. We looked at the recorded complaints for the service for 2015 and found three complaints. All the complaints had been responded to within the time frames set out in the policy. The outcome of complaints had also been logged and indicated two of the complainants were happy with the outcome. The team

Good

Is the service responsive?

leader told us complaints and concerns were always acted on and lessons learnt. The staff team discussed learning from complaints together during meetings and where things could have been done differently or better they implemented new strategies.

Requires improvement

Is the service well-led?

Our findings

A registered manager was not in place. The last registered manager deregistered in February 2015. Another manager had put in an application to become the registered manager in January 2015 however this application had been returned due to being incorrectly filled out. Since then, satisfactory steps had not been taken to ensure a registered manager was in place.

The daily running of the service was completed by the team leader with additional support from the manager. During conversations with staff, they told us they thought the service was well managed on a day to day basis and they felt supported. Staff told us they had sufficient opportunity to raise any concerns or ideas to the management team and they felt their line manager listened to them. The service had contact numbers for support out of normal working hours which supported staff on urgent issues. On the day of inspection we observed the team leader speaking with staff and directing their questions in a confident and professional manner. The team leader told us they always looked for ways to improve the service and work closely with the team to ensure good practice. People that used the service told us they thought the service was well managed and the team leader was easy to get hold of if required. This demonstrated the service was well managed.

During our observation of the office environment, staff were returning and leaving the office at various times throughout the day. On the day of inspection we saw staff were open and honest with each other having discussed better ways to support people and offered advice to one another. Staff told us, they were happy in their roles and the team shared a positive work ethic. This showed us the service was constantly looking to provide a better standard of care to the people they supported.

People that used the service told us they believed their care was specific to them and empowered them to do things for themselves. People said staff were positive and often shared a joke with them.

Systems were in place for monitoring the service. The manager and the team leader conducted regular quality monitoring and this covered telephone feedback with people, direct observations for staff, reviews for people supported by the service, complaints, compliments, safeguarding referrals and safety checks. The team leader told us as part of the process for quality monitoring; they completed a 'quality assurance spot check'. We looked over the previous two months and found 18 phone calls to people had been made with their responses recorded. Policies and procedures were in place and were updated periodically.

The manager told us there was a medication audit that had been developed, however this was not in place at the time of the inspection. Care records for people had been reviewed. However we found the care records review form consisted of a tick box to identify if areas of a person's care plan had been completed. This audit did not allow for the auditor to elaborate on the quality of the care plan and if it was effective in its use.

A survey was conducted to ask people about their view on the service. We looked at the results of this, which indicated people were satisfied with the service and felt they received a good standard of care and support. This feedback corroborated our own findings which assured us that people were generally happy with the service provided.

The team leader showed us they kept a missed call log to identify potential problems and prevent a reoccurrence. We saw seven calls had been missed during 2015. Each case was investigated and there was clear recordings for lessons learnt to prevent reoccurrence. There was a missed call procedure which listed action to be taken immediately after a missed call. For example contact was to be made via phone and any verbal prompts to be communicated where needed. The team leader said missed calls were apologised for to the person and an explanation given as to why they occurred.