

Northumberland County Council

North STSS (Short Term Support Service) Berwick

Inspection report

McDonald House
Wallace Green
Berwick Upon Tweed
Northumberland
TD15 1ED

Tel: 01670629401

Date of inspection visit:
19 July 2023

Date of publication:
06 September 2023

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

North STSS (Short Term Support Service) Berwick is provided by Northumberland County Council. It provides three distinct services: reablement, crisis intervention and a 'bridging' service, when people are awaiting longer-term care packages. At the time of the inspection, the service was providing care and support to 18 people in their own homes.

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

People experienced consistent, effective and safe care from reablement staff.

The provider had a range of systems and processes in place to monitor and mitigate risk. Records were accurate and reviewed regularly. Specific risks to people were assessed and staff understood them well.

The culture was an open one in which people and staff were safe and well-supported. There was a proactive approach to working with external partners and this had an impact on the health and wellbeing outcomes people experienced.

The registered manager had been at the service for 3 months and had made good progress in that time; they understood the service well and had made positive links inside and outside the service.

The registered manager involved people who used the service and their relatives through regular care plan reviews and surveys. People, relatives, external professionals and staff all spoke highly of the service and the new registered manager.

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.

Rating at last inspection

The last rating for this service was outstanding (report published 18 August 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service and the time that had passed since our last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained outstanding based on the findings of this inspection and existing ratings of key questions.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for North STSS (Short Term Support Service) Berwick on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

North STSS (Short Term Support Service) Berwick

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors 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 homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 18 July 2023 and ended on 20 July 2023. We visited the location's office on 19 July 2023.

What we did before the inspection

We requested feedback from local commissioning and other partners and reviewed information we already held about the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

During the inspection we spoke with 5 members of staff, including the registered manager, deputy manager and regional manager. We contacted a further 8 reablement staff by email.

We also spoke with 4 people using the service and 5 relatives. We contacted 2 health and social care professionals.

During our visit we looked at care records, medication records, staff recruitment records, supervision and competence documentation, training records, and the policies and procedures used by the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question remains good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the provider's safeguarding arrangements and knew what to do if they had any concerns about people being at risk. Staff had worked openly and proactively with external professionals to keep people safe. One told us, "People are safe in their care. If they have concerns about a client, who was potentially unsafe, they put additional calls in to ensure they remained safe while the package was being sorted."
- The provider had up to date safeguarding, whistleblowing and related policies in place. Staff had access to the local authority's safeguarding policy and a range of inhouse measures to support people's (and staff) safety. Safeguarding training was refreshed annually.

Assessing risk, safety monitoring and management

- Staff assessed potential risks prior to people using the service. They liaised well with local hospitals, people and relatives to ensure they had the right information about people's needs. Where people faced specific risks, there were corresponding plans in place. Where we gave advice to the registered manager about how to improve their documentation of risk, they were responsive to this.
- Risk assessments were in place and regularly reviewed as part of ongoing care delivery. There was a collaborative approach to reduce the risk of people being discharged unsafely.

Staffing and recruitment

- There was a stable, mutually supportive staff team that understood people's needs. The registered manager understood the importance of people receiving a continuity of care. Most relatives we spoke with described a team of regular reablement workers who supported them.
- The provider carried out recruitment checks, including checks from the Disclosure and Barring Service (DBS), to reduce the risk of employing unsuitable people. There were systems in place to regularly check safety information, such as staff DBS records and professional registrations.

Using medicines safely

- Staff supported people to take their medicines safely. The registered manager regularly assessed staff competence and completed audits to ensure practice remained safe. The majority of people did not require support with medicines but staff were appropriately trained and skilled.
- The provider had an up-to-date medicines policy.

Preventing and controlling infection

- Staff received mandatory training in infection control, respiratory infections and use of personal protective equipment (PPE) as part of their induction.

- The provider had an up-to-date infection control policy in place.

Learning lessons when things go wrong

- Any incidents or accidents were acted on promptly. Debriefs and reflective practices were part of the culture. Staff had confidence that they would be supported if they made an error.

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 our last inspection we rated this key question outstanding. The rating for this key question is good. 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; Continuous learning and improving care

- Systems to monitor and improve the quality of the service were in place. These were a blend of daily oversight through office staff updating systems, to monthly audits of care files, medication records and other core information. Managers had strong oversight of the service. There was some duplication of information because staff used one system to record daily information, which then needed to be transferred to another system. The provider was in the process of exploring future IT solutions and was responsive to feedback.
- Learning lessons from mistakes or incidents were a well-established part of the culture. Communication between staff and with external professionals were open and proactive.
- The provider sought regular feedback from people who used the service, and relatives, to explore ways to continually improve the service. There were a range of measures in place to support staff to give people high standards of care. For instance, links to the local authority's disability and LGBTQ networks, a specific menopause policy for staff.
- Staff were well supported. One told us, "The new manager has taken time to meet us individually allowing us to get to know each other better. We are kept up to date, informed of any changes and what is expected of us as reablement workers."
- The registered manager had been at the service for 3 months and in that time had focussed on getting to know people, staff and systems. They had a passion for improving the way people experienced a joined up approach to health and social care. They were pursuing academic work focussing on recruitment and retention in social care and hoped to utilise the learning from this to further develop the service.
- Staff were knowledgeable about their roles and the majority had been at the service a number of years.
- Staff consistently described a sense of achievement from their work and relished supporting people to regain independence. They understood the core values of the service and the impact it could have in terms of supporting people quickly back to independent living, and freeing up hospital beds.

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 understood their legal responsibilities under the duty of candour, and what notifications they were required to make to CQC. They had developed an aide memoir to increase staff confidence in this area.
- The registered manager worked openly with social workers, nurses and others, to ensure people's needs were supported well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager carried out range of quality checks to ensure that standards of care were being met. They worked to a well-designed ongoing service improvement plan. They had identified the need to use more detailed language in reablement visit notes and had put in place systems to improve/standardise these.
- There were clear deputising arrangements in place and mutually supportive working relationships.
- The registered manager had formed strong bonds with relevant healthcare professionals to ensure the transition from one manager to another was smooth, and that people using the service, and staff, did not experience any problems. They attended a weekly multidisciplinary team meeting to work with healthcare clinicians. This ensured they retained strong oversight of the service and that people's needs were assessed prior to using the service.

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

- The registered manager and staff involved people in decisions about the care they received and sought feedback from them and their relatives.