

Care Plus Group (North East Lincolnshire) Limited

Intermediate Care at Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 10 July 2018 and was announced.

Intermediate Care at Home generally provides short-term personal care services to people in their own home. The service focuses on promoting self-care and enabling people to reach or regain an optimum level of independence. Three separate teams make up the service. The Crisis Support Team provides more urgent and personal care support lasting up to seven days and if people require longer support the Peri Team manage this. The Short Term and Reablement Team (START) provide support for up to six weeks. At the time of the inspection the service was supporting 32 people.

At our last inspection we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We received outstanding feedback about Intermediate Care at Home. All comments from people who used the service, relatives, health and social care professionals were extremely complimentary and consistent stating they were really happy with the care, treatment and support the service provided. We also saw very high volumes of positive feedback people had given directly to the service, either in the form of thank you letters and cards, or in the questionnaires they had completed once the programme of reablement was completed.

The service was exceptionally well-led. The registered manager was well-respected by the staff team and partner agencies and had fostered a very open and transparent culture. They placed a strong emphasis on providing a high-quality service and looked for ways to continually improve to benefit people and to meet the demands of a changing local health and social care picture. Staff were proud to work for the service and felt valued for their work and their contribution to continuous improvement.

There were very effective processes in place to monitor quality and understand the experiences of people who used the service. Where improvements were needed, these were addressed. People's views were continuously sought, they felt listened to and assured any complaints they made would be taken seriously and acted upon.

Personalised reablement programmes with varying degrees of intervention and flexible staffing arrangements continued to enable people to reach or regain an optimum level of independence.

Through continuous review, any changes in people's needs were quickly identified and their care package amended accordingly. The service was flexible and responsive, any additional support was provided where necessary, including assistance with nutrition and hydration. People received very positive outcomes as a

result of the high quality and effective care they received which helped reduce avoidable hospital and care home admissions.

People were at the heart of the service. Staff worked in partnership with people, their families and other agencies to support them to reach their full potential. Support plans were personalised and contained agreed goals that people wished to achieve, which were reviewed and updated as support progressed. People had good access to a range of aids and equipment which supported their safety and return to independence.

Equality, diversity and human rights were at the forefront of how support was provided. The strong person-centred culture apparent at our previous inspection continued through the exceptionally kind, caring and compassionate approach from the registered manager and all members of the team.

Staff were creative in overcoming obstacles and finding opportunities to go 'over and above' to promote people's independence and wellbeing. People told us that staff were very professional and always respected their dignity when undertaking personal care tasks. People were signposted to access local community groups to promote inclusion, independence and a healthy lifestyle.

The service was committed to providing a learning and development programme that nurtured staff's knowledge, skill and professional development. Staff felt well supported and were highly motivated to provide a very personalised service to people they supported.

The safety of people who used the service was taken very seriously and managers and staff were well aware of their responsibility to protect people's health and wellbeing. Positive risk taking was promoted so people could have full control over their lives. Staff understood the various types of abuse and knew who to report any concerns to. People were supported to take their medicines safely. A robust recruitment and selection process was in place which ensured prospective new staff had the right skills and were suitable to work with people who used the service.

People who used the service were encouraged to make their own decisions. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Outstanding.	Outstanding ☆
Is the service responsive? The service remains Outstanding.	Outstanding ☆
Is the service well-led? The service remains Outstanding.	Outstanding ☆

Intermediate Care at Home

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.

This inspection took place on 10 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit. One adult social care inspector visited the service on the first day of inspection. On the 23 and 24 July 2018 the inspector telephoned eight people who used the service and two relatives for their feedback.

Before the inspection we contacted the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we received from the service and reviewed all the intelligence held by the Care Quality Commission.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the nominated individual, registered manager, the business administrator, two admission and discharge coordinators, two schedulers, two assistant practitioners, ten care workers and three health and social care professionals. Following the inspection, we received feedback via email from four social care professionals.

We looked at five people's care files and their medication administration records. We also looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, staff rotas, training, supervision and appraisal records, minutes of meetings, accident and incident records, complaints, recruitment information and a selection of the provider's policies and procedures.

Is the service safe?

Our findings

At the last inspection in October and November 2015 we rated the service as Good. At this inspection, we found the service remained Good.

People and their relatives told us they felt safe with the staff and trusted them. Comments included, "Yes, I do feel very safe. When I'm walking, one [member of staff] stands in front and the other walks behind, which gives me confidence" and "All the staff are very safety conscious and I feel very safe with them."

Staff had received training in how to safeguard people from the risk of harm and abuse. Staff said there was an open culture in the service which encouraged them to report any concerns. All felt that if they raised concerns these would be dealt with to make sure people were protected.

Assessments were completed to minimise risks whilst ensuring people could make choices about their lives and their independence was optimised. Areas included falls, nutrition, moving and handling and fragile skin. Also assessed was the use of aids and equipment to promote reablement. Environmental risk assessments were thorough, and included risks inside and outside the person's home.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Staff had received training in the safe handling of medicines and undertook annual competency assessments to ensure their skills and knowledge were up to date. The service had introduced a new barrier products pathway; staff attended workshops and seminars from guest speakers on this subject, to ensure they administered new topical medicines correctly. A person told us how knowledgeable staff were around the use of creams and how their skin condition had improved.

The provider continued to follow safe recruitment processes. Staff were deployed in sufficient numbers to meet people's needs. People told us they did not feel rushed by staff and staff stayed with them as long as necessary, to support and guide them in whatever task or skill they were trying to complete. When staff had capacity in their rota, they provided support at the provider's intermediate care unit, which provided continuity of care for people needing on-going support.

The registered manager had ensured that lessons were learned and improvements made when things had gone wrong. Records showed arrangements were in place to analyse accidents and incidents so they could establish how and why they had occurred. A lone working policy was in place and an on-call system was available to staff outside office hours to seek help and support. Staff had access to personal, protective equipment for their safety and to help them control the spread of infection.

Is the service effective?

Our findings

At the last inspection in October and November 2015 we rated the service as Good. At this inspection, we found the service remained Good.

People said staff were well-trained, competent and very attentive to their needs. Comments included, "The staff were so experienced and willing to share their knowledge. I've nothing but praise for the support they gave me and advice about moving safely" and "Staff were very on the ball."

The provider was committed to ensuring the staff team were competent, motivated, had good access to professional development and were supported in their career pathway. New staff completed a comprehensive six week induction. Senior staff were provided with management courses through the new apprenticeship scheme, which demonstrated the provider's commitment to succession planning. All staff spoke highly of the training they had received. A member of staff said, "The training is spot on. The courses are excellent and often use scenarios and involve role play. They also assess our competence and learning."

Staff had received regular individual supervision sessions, an annual appraisal and attended regular team meetings. These meetings were very thorough and used to drive up the standards of care through monitoring best practice, information sharing and identifying any knowledge and skills gaps.

There was clear evidence of collaborative working and excellent communication with other professionals to support a positive transition to and discharge from the service. Staff attended multi-agency planning meetings if people's needs were complex, to ensure the right support was in place. A professional told us, "Telephone conversations are professional, pleasant and discussions appropriately challenging to ensure they are the correct service for the individual to experience."

People were supported to regain their independence with meals and drinks. Following assessment, aids to support the preparation, cooking and eating of meals were provided as necessary. Where people were at risk of malnutrition or dehydration, this was recorded in their care plan and monitored by staff. Any concerns would be reported to the office staff and health care professionals.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection. No applications had been made to the Court of Protection. People had signed to record they consented to the care and support staff provided. Staff completed MCA assessments and best interest decisions when necessary. This showed us people's

rights were protected in line with legislation and best practice guidance.

Is the service caring?

Our findings

At the last inspection in October and November 2015 we rated the service as Outstanding. At this inspection, we found the service remained Outstanding.

The registered manager fostered a caring and compassionate approach to all people who used the service, their families and staff. Their focus included the promotion of dignity and valuing people's diverse needs to provide a very high standard of person centred care. Without exception, people and their relatives told us about the very kind and caring approach from staff. Comments included, "The carers are all lovely", "Absolutely fantastic care. I was always happy when I heard them [staff] knock on the door and they would come in with their chirpy voice and smile. I loved their visits" and "Exceptionally caring staff who have achieved results far beyond our expectations, we are so impressed with the quality of care and their very kind approach."

The service logged all compliments received from people who used the service and their relatives, which was considerable. Feedback was shared with the staff team and the provider. Examples of comments made included the following, "Once again I would like to express my gratitude and tell you how impressed we have been with the service you provide and the type of people you employ. They have all been so lovely and very caring" and "Grateful thanks for the wonderful care and attention, all my carers were without exception so kind and professional. I have never felt more safe and confident with their attention. It's a wonderful service that you provide."

Respect for people's privacy and dignity was at the heart of the service's culture and values and people who used the service, their families and care workers felt respected, listened to and valued. The registered manager told us, "A person centred approach and the dignity challenge philosophy [part of the Dignity in Care campaign] and its 10 principles are intrinsic within Intermediate Care at Home practice for all staff." The principles were included in the organisations' mission statement, policies and this information was also posted in the building and provided to staff on a small laminated card. All staff we spoke with understood these principles and confirmed they were reflected in every aspect of their work.

One member of staff described how they had attended a team building exercise and this had prompted them to consider the dignity challenge in respect of the staff working at the organisation and how this would fit with the bullying and harassment policy. They adapted the wording of the challenge to reflect the focus on staff and designed a new card which was issued to all staff and discussed in staff meetings. The member of staff explained how the staff team always showed dignity and respect to all the people who accessed the service and it came naturally to them. They felt these values should also be reflected in the ways staff treated each other.

Every person we spoke with said their privacy and dignity was respected and preserved at all times. They also told us staff promoted their independence. The organisation's vision statement focused on 'getting you back to where you want to be' and 'promoting life choices, equality and dignity' to support people to regain their confidence and or daily living skills so they could continue to manage independently at home. Records

showed this happened with each person setting outcomes to achieve whilst using the service.

The service demonstrated they were creative and determined to overcome obstacles to provide care that was sensitive to people's individual needs. The registered manager explained they had supported a person who had become ill whilst they were staying in the area on a temporary basis. The records showed staff were resourceful and they demonstrated compassion and determination to ensure the person received appropriate care and support. This included obtaining clothing, toiletries, continence pads, bedding, equipment, food and medicines to meet the person's needs during the crisis.

The registered manager gave us examples of how the team routinely went 'the extra mile' for people. These included a member of staff who had recognised on a home assessment visit that the loose carpets and space constraints posed difficulties for the person to mobilise safely around their house. The member of staff had spent 10 hours moving and repositioning furniture and returned the next day to secure the carpets. Another example given was the support provided to meet a person's preference for their personal care whilst they were waiting for home adaptations. The person preferred a shower and so staff made arrangements to take the person in their car each day to the provider's intermediate care unit to use the facility there. The person told us, "I really appreciated the showers, the staff were great about that."

People who needed access to advocacy services were provided with support. Advocates are trained professionals who support, enable and empower people to speak up. Information packs for people contained details on how to access advocacy services.

Although the service provided short term support, the staff respected the importance of understanding people's personal histories and cultural backgrounds so they could develop a trusting relationship and support them in a very person-centred way. People were included in discussions about their care and support, encouraged to express their views and make decisions for themselves. People's preferences, likes and dislikes were always respected.

The service matched staff with people as far as possible to promote positive relationships which would put people at ease when receiving care. The registered manager explained how recently one person had expressed a preference for more mature workers and this had been facilitated.

Every member of staff spoke proudly about their roles and responsibilities. They spoke about the importance of treating people with compassion, of understanding people's needs and providing the best possible care. Comments from staff included, "We fit the service round people and person-centred care is at the forefront of everything we do" and "We always respect people and our organisation respects us" and "We get to know people well and our team provides excellent individualised care support."

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff demonstrated how respect for equality, diversity and human rights was embedded within the service and integral to everything the staff did. They gave us examples of how they had supported people with their disability, sexuality, culture and faith. One person we spoke with told us, "The staff always treated me as a person and not a disability. It made a real difference to our relationship."

Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. We found information was held securely within the service and access was restricted to ensure it was not viewed by unauthorised people.

Is the service responsive?

Our findings

At the last inspection in October and November 2015 we rated the service as Outstanding. At this inspection, we found the service remained Outstanding.

People and their relatives described the service as highly responsive. Comments included, "There have been occasions when staff stayed longer or visited more often, which was very helpful. I'm really impressed with the service and the difference they have made" and "Excellent service which was completely tailored around their [family member's] support needs."

The registered manager told us the service was highly responsive and flexible in their approach and this was echoed by information we received from professionals. One professional described how the service was often able to pick up cases at short notice, where other services were not able to. They described how they had been recently working with the service on a complex case, they told us, "Throughout these discussions I have found the team to be approachable, honest and realistic. We have resolved issues quickly and not lost sight of the individual in this complex situation."

The service provided short term support to some people other than reablement, for example to prevent admission to hospital, to facilitate a hospital discharge or to support people whilst awaiting a long-term care package. This meant people could remain in their own homes, where they wanted to be.

People who used the service received excellent personalised care and support. Staff used inclusive and individual ways of involving people in their care and reablement programmes, with success. For example, staff supported one person with reading exercises to improve their speech, as directed by the therapy team. To support the person's participation staff encouraged them to read information about their favourite football team. Another example staff gave was supporting a person to menu plan effectively by focussing on their favourite foods. Staff went through cookery books with the person to pick out pictures of the food they enjoyed most. Staff then laminated the pictures with the ingredients written out underneath and the person chose each day which menu they wanted support with.

The provider used an electronic recording system which enabled information to be shared amongst different health professionals in different agencies, when the person provided consent for this. This meant other professionals would have access to up to date information to support timely and effective admission and discharge arrangements.

Multidisciplinary review meetings were held daily or weekly depending on the team providing support. People's care, treatment and discharge planning arrangements were fully discussed.

During assessment and care planning, people were supported to identify goals and outcomes which were important to them. They told us they were fully involved in this process. People reviewed their goals with staff and used an outcome star to score their achievement towards self-reliance. The results were positive and monitored through the provider's governance systems. Feedback from health and social care

professionals was very positive about the service and the excellent results they achieved. The provider's quality report showed high numbers of people were still at home after discharge from hospital and input from the Intermediate Care at Home team.

The therapy teams were involved in the assessment process which included looking at any home adjustments, aids or equipment needed to support people's comfort and independence. Staff regularly made referrals to a local agency which supported people to remain independent through the use of assisted technology. The service had increased the range of care and mobility equipment they could sell to people [non-profit scheme] who were not able to access the community or aware of the products. This meant people could commence reablement programmes without delay.

The service met the Accessible Information Standard (AIS). The AIS is a law that aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's sensory loss and communication needs were flagged up in assessments and recorded in the person's care and support plan, providing clear instructions for staff on how best to communicate with the person. Some staff had been trained to use a form of sign language. The management team had developed a new 'kit bag' to support AIS and staff took this with them to use on assessments. The bag contained a variety of communication aids including, a white board and marker pens, picture and cue cards, communication aids for mental capacity, medicines and dementia. A member of staff said, "We are always looking at innovations, new ideas and new ways of working. The kit bags are really useful."

Staff were highly motivated and reflected pride in their work. They talked about the high standards of care they delivered and the results they achieved. Comments included, "It's very rewarding to see how much progress people make with our support" and "We tailor our approach for each person and focus on positive outcomes. We have an excellent team which includes all the therapy staff."

People told us staff had helped to restore their confidence. Comments included, "The staff have given me confidence. I was terrified of falling again and now I'm walking about quite independently" and "Staff set little goals which she [family member] worked towards and this really helped to develop her confidence."

Staff made efforts to prevent people's social isolation by supporting community inclusion through local clubs and health and wellbeing initiatives. People were provided with a comprehensive information pack which included details about all local activities and groups.

The service rarely delivered end of life care due to changes in other community service provision. However, when they had done so, the staff had been responsive to people's changing care needs. Staff were experienced and had the skills to meet the emotional and practical support people required at this time. We were told of instances where the service worked proactively in partnership with relevant professionals and services so people's wishes to die at home were fully supported.

People were provided with information about how to make a complaint at the start of the service. All the people we spoke with knew how to make a complaint, no-one had any criticisms of the service. Records showed the service had received one formal complaint in the last 12 months which had been fully investigated and the concerns raised had not been founded. Outcomes from any complaints or concerns received were reviewed by the registered manager and the provider in order to identify any areas for improvement, so changes could be made.

Is the service well-led?

Our findings

At the last inspection in October and November 2015 we rated the service as Outstanding. At this inspection, we found the service remained Outstanding.

People received a service that was exceptionally well-led. Comments from people and relatives included, "A brilliant service. We couldn't have wished for better" and "Excellent communication and organisation at all times; everyone was so friendly and helpful."

We received very complimentary feedback about the service from professionals who had regular involvement with the service. One professional said, "My team work closely with Intermediate Care at Home(ICaH). We deal with different intermediate tier services throughout the UK and my impression is that ICaH provide an excellent service in comparison to others. It is the attention to detail and customer interaction the service provides that makes them different. We feel confident in referring to ICaH as we believe the people we are working with will get the best service possible that ICaH can provide." Another told us, "The staff go over and above. They are competent, communicate well and work with us positively to problem solve and achieve the best outcomes for people."

There was a very experienced and accomplished manager in post. 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.

The registered manager had excellent leadership skills and was passionate about providing high quality care to people. They had a sustained track record in delivering high standards of performance, collaborative working with partner agencies, managing change and a commitment to innovation and on-going improvement.

The Nominated Individual told us, "[Name of registered manager's] complete focus is to deliver the highest standard and best quality care to the clients supported by the Intermediate Care at Home service and nothing less is acceptable. She is an outstanding leader, supporting, encouraging, enabling to all members of her team. She is proactive in-service developments, seeking to change, improve and innovate. Also in seeking and listening to feedback from the team, clients and their families and continually reviewing the service ensuring that the highest quality of care is maintained and delivered. Her focus and commitment without question is to her team, the clients and their families."

The registered manager told us how incredibly proud they had been when the service achieved an outstanding rating at their last inspection and how they had been invited by Skills for Care to contribute to their 'Good and Outstanding care guide'. Following this they had given presentations to local provider groups about their continued journey to maintain this rating and the work and commitment from the team and organisation this involved.

The culture of the service was open and inclusive. The organisation had a clear mission statement and values which were embedded throughout the organisation's processes, culture and behaviours. The service priorities around the '6C's' – care, compassion, competence, communication, courage and commitment [the values of Compassion in Practice, a national strategy for nursing and care staff] were supported and fulfilled.

The service continued to promote the use of champions who were responsible for sharing information and learning about their area of interest, these topics included, CQC, dignity and respect, medication, computerised care systems and apprenticeships.

There were staff benefits schemes and annual star awards to recognise staff achievements. The staff we spoke with were all proud to work at Intermediate Care at Home. Without exception, the staff spoke very highly about the support they received, how the service was managed and the encouragement they had towards making improvements. Comments included, "I love working here. I'm so impressed with how much this company cares about the people it looks after and the investment in staff training to provide a high quality of care", "The manager is brilliant. So approachable, supportive and encouraging new ways of working", "The manager is an amazing lady and gives off this really positive 'vibe'. She is proud of us and the service and always open to ideas. She has fostered an amazingly good team and lone working practice. The staff are all very friendly and welcoming."

The service worked alongside a number of other charitable and voluntary organisations and staff were involved in new initiatives and projects. Some examples included the collection for food donations at Christmas to support the local food bank and during the inspection staff were collecting unwanted clothing to support a local charity working with homeless people.

There were very effective communication systems in place. Care Plus Group(North East Lincolnshire) Limited had a clear senior management structure and flow of information and communication through the management team. Weekly organisational newsletters were emailed to all staff. Staff had been provided with new mobile phones which allowed improved access to rota information, emails and organisational information to support their day to day work. The arrangements for staff meetings had changed following consultation. Meetings were now included within the staff rotas and results showed a 12% increase in attendance over the year.

There was a robust quality monitoring programme within the service focussing on continuous improvement to support the delivery of high quality care to people. This could be seen through the use of quality assurance surveys, reflective practice, consultation and networking, client monitoring visits and telephone calls, meetings and audits of the service.

The service worked in partnership with other local key organisations. They worked with North East Lincolnshire Clinical Commissioning Group to provide emergency support for 'failing' services. We received this feedback from the organisation, "The support has always been delivered to an exceptionally high standard with professionalism, in a timely manner even at extremely short notice."

There was a full range of policies and procedures in place, the registered manager had a lead role within the organisation to review these in line with The National Institute for Health and Care Excellence (NICE) guidelines and had recently reviewed 'People's experience in adult social care services' and provided feedback to NICE and the quality and performance team.

The provider submitted statutory notifications to CQC in line with legal requirements. They are records of

incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.