

Calderdale Metropolitan Borough Council Support & Independence Team - Central & Upper Valley 1

Inspection report

Beechwood Health Centre
60b Keighley Road
Halifax
HX2 8AL

Tel: 01422383584

Date of inspection visit:
04 March 2020

Date of publication:
26 March 2020

Ratings

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

Summary of findings

Overall summary

About the service

The Support and Independence Team Upper Valley 1 is short-term rehabilitation, domiciliary care service. At the time of our inspection there were 32 people receiving personal care. The service provided by Calderdale Metropolitan Borough Council works in partnership with the local NHS foundation trust and the office base is situated in Beechwood Health Centre.

People's experience of using this service

The service had systems in place to help safeguard people from harm. People's individual risks and environmental risks were identified and managed to minimise the risks. The service had systems in place to help ensure staff were recruited safely. People said they did not have missed or late visits from the service. Medicines were managed safely by the service. Staff were aware of procedures to be used to help prevent the spread of infection.

The service carried out thorough assessments of people's needs prior to admitting them to the service. The service provided a thorough induction and on-going training for all staff. People's nutritional needs were documented and adhered to.

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.

People said they were treated very well by staff from the service. People were as involved as possible in planning and delivering care and support. People were encouraged to express their views in person and via regular surveys. The service promoted and encouraged independence and people said their dignity and privacy were respected.

The service was flexible and person-centred. People's choices and preferences were documented within their care plans. People's communication needs were noted and used by staff to ensure people were fully involved. Systems were in place to record complaints, but there had not been any made recently.

The service ensured there was open and honest dialogue with people. The management completed regular spot check phone calls to people to ensure they remained satisfied with the support provided. The service worked closely with therapists to achieve good outcomes for people with regard to rehabilitation.

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 6 September 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Support & Independence Team - Central & Upper Valley 1

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The service is a short-term reablement service which helps people regain their independence following periods of illness or time in hospital. People who use this service are not given specific visit times and the length of stay is dependent on the support they require at each visit. Referrals to the service are usually from the community, Gateway to Care or following hospital discharge.

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.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We spoke with six people who used the service and three relatives via telephone about their experience of the care provided.

During the inspection

We spoke with the registered manager and seven members of care staff. We reviewed a range of records. This included six people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

- The service had systems in place to help safeguard people from harm. There was an appropriate safeguarding adults policy and guidance for staff to follow.
- All staff had completed safeguarding training and their knowledge and understanding was good. Staff felt they would recognise signs of abuse and be confident to report them appropriately. They were confident to use the whistle blowing procedure to raise concerns about poor practice they may witness.
- The service had logged safeguarding concerns raised and followed them up with appropriate actions.

Assessing risk, safety monitoring and management

- The service assessed individual risks and put in care plans to mitigate risks identified. Environmental risks had also been assessed to help ensure staff and service user safety.
- Staff had completed appropriate health and safety and fire training.

Staffing and recruitment

- The service had systems in place to help ensure staff were recruited safely. Staff files included all relevant documentation.
- Staffing levels were sufficient to meet people's needs. People said they did not have missed or late visits from the service. A staff member said, "We have time to do all tasks and cover for each other within the team. Colleagues will help in the interim. We are a good team, we support each other."

Using medicines safely

- Medicines were managed safely by the service. All staff completed medicines training and their competence was checked regularly to ensure they continued to have the correct skills.
- The medicines policy was appropriate and up to date. The service documented people's individual needs regarding what medicines they took, timings of medicines, how they preferred to take them and the support required.

Preventing and controlling infection

- The service had an appropriate and up to date policy and procedure around infection prevention and control.
- Supplies of plastic aprons and gloves were plentiful and staff called in to the office to collect these when they needed them. Staff were aware of procedures to be used to help prevent the spread of infection.

Learning lessons when things go wrong

- Accidents, incidents and complaints were recorded and followed up. The records were monitored and

analysed for any patterns or trends. The service ensured lessons were learned and practice changed if any trends were identified, to ensure continual improvement to service provision.

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

- The service carried out thorough assessments of people's needs prior to admitting them to the service. They ensured the people they supported had the potential for rehabilitation and improvement in line with the service's remit.
- People's health and support needs were clearly recorded within their care files.

Staff support: induction, training, skills and experience

- The service provided a thorough induction for new staff, which included a range of training regarded as mandatory by the service. New employees also shadowed a more experienced staff member until they and the management deemed them competent to work alone.
- On-going training was completed by all staff as required. Staff were supported with job progression and professional development. A staff member told us career development was picked up during staff supervisions and they felt they had been well supported with this.

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

- People's care files included information about their needs with regard to nutrition. Where people were supported with meal preparation, their preferences were documented.
- People were encouraged with hydration to keep them well. One person said, "They [staff] always ask if I want a drink before they go."

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

- The service worked in partnership with the NHS Foundation Trust. They collaborated with a range of professionals to help ensure good outcomes for people they supported. One professional said, "Referrals are being accepted quickly and if declined reasons are given for this, with reablement happy to have a discussion in regards to individual cases. "
- Physiotherapists assisted people with a programme of exercises, which staff at the service had been trained to continue to encourage and support. This helped ensure people kept up the regime and achieved the best possible benefits.
- The service made referrals for equipment to help people reach the best level of independence possible. A relative said, "The carers come four times a day. They use a glider to transfer [relative] and they do this safely."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People, where they were able, signed consent forms to accept support. These forms were present in care files.
- People said they were consulted about care and support. The people who used the service had capacity to make decisions about their care and support. This was because they needed to be able to fully engage with the rehabilitation programme.
- Staff had completed MCA training and demonstrated a good understanding of the principles.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they were treated very well by staff from the service. One person told us, "I said I could manage in the evenings. They [staff] came the next night to see if I was OK and had managed. They went out of their way to visit after their other calls."
- The service had an appropriate equality and diversity policy in place and staff had completed training in the subject. A person who had been supported with their particular needs had commented that they did not feel judged or self-conscious. They had written a letter of appreciation to ensure the service was aware of what this had meant to them.

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

- People were as involved as possible in planning and delivering care and support. A person said, "They tell me what they are doing. I can't fault them."
- People were encouraged to express their views in person and via regular surveys. A comment from a recent survey read, "I like my independence and all the staff make me feel as involved in my care and support as they can."

Respecting and promoting people's privacy, dignity and independence

- The nature of the service was to promote independence. One staff member told us, "We don't do it [tasks] for them but work together with them so that they can live independently."
- People said their dignity and privacy were respected. One person said, "They do personal care and they are very respectful." Another person told us, "[Relative's] dignity and privacy are respected. They [staff] are very mindful about this."

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 was flexible around people's changing needs. This was evidenced within care plans and by what people told us. If someone was identified as unsuitable for rehabilitation, the service re-referred for more appropriate support services.
- People's choices and preferences were documented within their care plans. It was clear people, and their relatives where appropriate, were consulted and involved all through the process.

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, and methods were clearly documented. The registered manager told us the staff had used picture cards, drawings and interpreters in the past to aid communication.
- All information produced by the service could be accessed in other forms, such as large print or other languages to ensure it was fully accessible.

Improving care quality in response to complaints or concerns

- The service had an appropriate and up to date complaints policy. This was outlined within the information given to people who used the service.
- Systems were in place to record complaints, but there had not been any made recently. People told us they knew how to complain, but all agreed they had no complaints to make at present.
- The service had received several compliments and thank you cards. Comments included, "Thank you everybody for your love, care, kindness and support."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 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 service had a culture which was inclusive and positive. The partnership between people, the therapists and support workers was empowering and helped people reach their goals.
- People reported good outcomes of a return to the best level of independence they could achieve. One person said, "I am doing very well and getting better day by day with their [the service's] help."

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 service ensured there was open and honest dialogue with people. For example, on the very few occasions when a visit had been missed, apologies were given in person and in writing.
- Notifications about significant incidents, such as serious injuries, deaths or allegations of abuse, were submitted to CQC as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff described the support from the manager and team leaders as excellent and said there was an open-door policy. One staff member said, "We don't have to wait for supervision or a meeting. We can ask for help, even if it is out of hours. We can always telephone someone."
- Other professionals felt the service was good quality. One professional with regular contact with the service said, "I assess people moving forward from Reablement and find that the feedback I get is that people find the service very good, they don't want to move from Reablement."
- Staff were able to describe their roles and were knowledgeable and well trained. One staff member told us, "Training is top notch, fabulous."

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

- In discussions with the registered manager and staff members, we found people's diverse needs and characteristics were recognised and respected.
- Regular surveys were completed by people who used the service. These showed positive feedback and comments included, "I feel I am listened to when I make a decision about my health and care and feel my family are also involved."
- Staff attended regular team meetings where discussions included all aspects of their duties and people's

needs and provided updates on policy and guidance.

Continuous learning and improving care

- The service produced evidence of regular audits. These included falls audits, accident and incident audits, documentation audits, monthly returns to the local authority and missed call monitoring. All were followed up with appropriate actions and learning.
- The management completed regular spot check phone calls and visits to people to ensure they remained satisfied with the support provided.

Working in partnership with others

- The service worked closely with therapists to achieve good outcomes for people with regard to rehabilitation.
- The service also worked in partnership with local district nursing teams, social workers, the early stroke discharge team and the falls team. This helped ensure good joined up care for people.