

Calderdale Metropolitan Borough Council

Extra Care Team 1

Inspection report

1 Clement Court
Crossley Gardens
Halifax
HX1 5PN

Tel: 07734459782

Date of inspection visit:
14 March 2019

Date of publication:
10 April 2019

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: This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service provided personal care to 12 people at the time of the inspection.

People's experience of using this service:

- People who used the service told us they felt safe. Staff knew what to do if they thought somebody was at risk. Risk assessments were in place and showed what action had been taken to mitigate identified risks.
- Staff were recruited safely and there were enough staff to meet people's needs safely. Staff received appropriate training and they told us the training was very good. Staff were supported by the registered manager and received formal supervision where they could discuss their ongoing development needs and any issues they were experiencing. Staff appreciated the team leader making spot checks to assess the quality of care delivery.
- People using the service benefited from a caring and responsive service. People told us how staff were kind and caring and treated them with kindness and respect. Staff demonstrated a caring, friendly and respectful approach to people.
- People were supported to have choice and control of the care and support they received. We saw examples of how people were supported to retain and increase their independence.
- Staff supported people to access healthcare professionals and services; medicines were being managed safely.
- Assessments of people's needs were completed and care plans developed when people started to use the service. Care plans varied in detail but generally contained the information staff needed to provide care safely and in the way the person preferred. Risk assessments were in place and showed what action had been taken to mitigate identified risks.
- People were supported to engage in social and recreational activities through staff initiative and working closely with staff from the housing association.
- There was a complaints procedure in place and we saw complaints received were managed well. Compliments were recorded and celebrated at staff meetings.

- There was a registered manager and systems were followed to make sure management was effective. The quality and safety of the service was audited. The registered manager and all staff demonstrated a commitment to continuous improvement of the service.

Rating at last inspection: This was the first inspection of this service since their change of registered location in March 2018.

Why we inspected: This was a planned inspection based on the date of registration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 ●

Extra Care Team 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and an assistant inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to older people living in their own flats within a supported housing complex.

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 24 hours' notice of the inspection visit. This was because it is small and the manager is often out of the office due to their registered manager duties in other services run by the registered provider. We needed to be sure they would be in.

We visited the office location on 14 March 2019 to see the manager and staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received since the service registered. We used information the provider had sent us in the Provider Information Return (PIR). 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 the improvements they plan to make. We checked information held by the local authority commissioning and safeguarding teams in addition to other partner agencies and intelligence received by the Care Quality

Commission.

We spoke with five people who used the service and one family member during our visit to the service. We spoke with another relative on the telephone. We spoke with three staff face to face, as well as the team leader and registered manager. We also spoke with a visiting district nurse.

We looked at three care records for people who used the service, three staff files including recruitment, training and supervision records and records relating to the quality assurance of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I know I'm safe here".
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff. Staff had signed to say they had read and understood the policies.
- Staff were very clear about safeguarding. They said they had received training and described what they would do if they thought someone was at risk. They were aware of whistleblowing and knew who to report any concerns to. They knew they could contact safeguarding directly and said they would not hesitate to do so.
- Missed calls were treated as safeguarding events. They were reported appropriately and investigated. If the call was missed as a result of staff error, an extra supervision was organised to speak with the staff member to discuss why the call had been missed.
- The 'Herbert Protocol' was in place for people at risk of becoming lost outside of their home. This is a protocol used in conjunction with West Yorkshire Police.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were assessed. These assessments included risks, such as, skin integrity, nutrition, falls, and moving and handling. When a risk had been identified, action had been taken to minimise the risk. Risk assessments were robust and staff had signed to say they had read them. A relative told us they had been involved in developing risk assessments for their family member.
- Accidents and incidents including near misses were recorded and analysed on a monthly basis. The team leader said they used the analysis to look for any patterns in accidents. This meant that lessons could be learned and the risk of reoccurrence minimised.
- People used the care phone system. This a system which enables people to contact operatives by pressing a button on a phone or a pendant to get help in an emergency. Staff told us they were responsible for answering the care phone between 7.30 am and 9.30pm.

Staffing and recruitment

- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were enough staff available to meet people's needs safely.

Using medicines safely

- Each care file included a medication profile which gave details about where medicines were stored within the person's home, the support the person needed, any allergies and who was responsible for prescribing and ordering medicines.
- Body maps were in place to identify where prescribed creams should be applied.
- Monthly auditing of medicines was completed. Any identified issues were recorded alongside what had been done to rectify them
- People told us they received their medicines on time. One person told us staff were kind and patient when administering their eye drops.

Preventing and controlling infection

- Appropriate measures were in place to protect people from the risk of infection.
- Staff told us they had access to personal protective equipment. People who used the service told us staff wore gloves and aprons when supporting them.

Learning lessons when things go wrong

- Robust auditing systems were in place to identify issues which might affect people's safety. Staff told us safeguarding issues were discussed in staff meetings as a learning exercise.

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

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 team leader received information from social work staff in the form of a care plan about people who wanted to use the service. They said they used this information and met with people before agreeing to provide a care package. New documentation was in place to support the team leader in assessing if they were able to provide the support the person needed.
- Assessments of people's needs were completed and care plans developed when people started to use the service. The team leader reviewed initial care plans after approximately two weeks as they found people's needs often changed as their independence increased as a result of receiving support.

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.
- Staff told us they had received training about the MCA and demonstrated a good understanding of capacity and consent issues.
- A relative told us they had Power of Attorney for their family member in relation to health and wellbeing. They said staff always explained to their relative what they were going to do and sought their consent.
- People had signed their consent to the care delivered as described in the care plan. One person said staff always "check it's ok before they do anything".

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff were given opportunities to review their individual work and development needs. Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. Staff told us the service "make an effort big time with training". They said additional training was provided in line with the needs of people who used the service.
- Staff told us they received good support from the team leader and registered manager. One staff member said they found regular supervisions and "spot checks" to assess their competence in care delivery "very helpful"

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

- Staff supported people to meet their nutritional and fluid intake needs as needed. An up to date fluid intake chart was in the care records for a person who had been identified as at risk in this area. One person told us staff supported them by making their meals for them. Another person's care records showed they were fed through a tube directly into their stomach. Their care plan in relation to this needed to be clearer that the person could not take any food orally. We felt assured this would be addressed by the manager.

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

- One person told us staff would call for a doctor if they needed to see one. Staff told us they had good relationships with the district nurses who provided support to people using the service. We spoke with a visiting district nurse who said staff worked well with them. They said they were confident staff would act on any advice they gave. We saw a compliment had been received by the home from a community matron. It said, "Staff are friendly and approachable, nothing is too much trouble".

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

Good: 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

- All the people we spoke with were complimentary of the care they or their relative received. One relative said of the care "absolutely brilliant, no concerns whatsoever". Another relative told us how their family member could feel low after hospital stays. They said the staff "encouraged their family member to get better and to their own baseline".
- All the care staff we spoke with said how much they enjoyed their jobs. One said, "It's a great place to work, I really enjoy it" another said, "I just like caring for people".
- Staff completed daily records describing the care and support they had delivered. These demonstrated a caring and respectful approach.
- There were several examples of staff 'going the extra mile' in their approach to care. This included providing one person with a Christmas tree, moving a person's television so they could watch it whilst they were ill in bed, shopping for people in their own time and helping to arrange transport for hospital appointments.
- Staff clearly knew people well and staff were friendly, caring and respectful.

Respecting and promoting people's privacy, dignity and independence

- A person who used the service said, "staff are "wonderful they are always respectful". They said staff and helped to maintain their privacy and dignity, always explained what they were doing and supported them to do as much as they could for themselves.
- When we asked a relative if their family member was supported with a caring approach they said "Absolutely, with dignity and respect. Care is just incredible. All very confidential".
- Several staff had the role of as 'Dignity Champion.' This meant they were trained to support other staff in making sure people's dignity was upheld and respected.
- One person had started to use the service because they wanted to increase their independence after living in a care home. Their relative said in feedback to the service "I feel like I have my (relative) back, this is due to the really good care provided."

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

- People and their relatives told us they were asked for their views and were supported to make decisions about the care and support they received. One relative said they felt fully involved with their family member's care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they had been involved in the development of their care plans. One said, "Yes, it's kept here (in the persons home) they talk to me about it". Two relatives told us staff involved them in the development and review of their family member's care plans.
- Care plans varied in their content with some having more detail than others. A care plan for a person living with dementia did not contain any information relating to their needs in this area.
- A keyworker system was in place to support a person-centred approach to care. We saw people's care files included an introduction to them from their keyworker. The introduction started with the name of the keyworker followed by 'I am pleased to let you know I will be your keyworker' and explained what their role entailed, how they would provide support and said they were there to answer any questions the person or their relatives might have. Care files also included a one-page profile of the person to help staff in getting to know them.
- Staff worked closely with staff from the housing association, who owned the building, to enable people to access activities and to socialise. Staff also organised such events as coffee mornings to support people with their social needs. One person had reported an increase in their confidence and mental wellbeing as a result of staff support in meeting their social and recreational needs.

Improving care quality in response to complaints or concerns

- Systems were in place for people to let staff know if they were unhappy with any aspect of the service. Where concerns had been raised these had been managed well. The complaints procedure was included in people's care files kept in their flats. People said they would raise any concerns with staff or the team leader.
- Records were maintained of the large number of compliments received. The registered manager told us these were shared and celebrated with all staff during meetings.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in post who provided leadership and support. The registered manager was registered to manage other services run by the provider which meant they were not always available at the service, however, they were contactable by telephone. The registered manager was supported by a team leader who was available at the service on weekdays. We found the management team open and they demonstrated a commitment to making a genuine difference to the lives of people using the service.
- The quality assurance systems which were in place to monitor the quality and safety of the service were effective. These included weekly keyworker checks of documentation and medication which were then audited monthly by the team leader and registered manager. Monthly safeguarding audits were completed by the registered manager.

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

- There was an open and transparent culture in the service. Staff told us they received good levels of support from the team leader and the registered manager.
- The registered manager understood their regulatory requirements. They informed CQC of events that happened in the service as required by regulation.
- The registered manager, team leader and care staff were clear about their roles and responsibilities and all demonstrated the same commitment to providing high quality, safe care and support.

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

- Staff meetings were held which staff told us they found useful and said they were encouraged to express their opinions and ideas. Minutes of staff meetings showed how information was shared and good practice celebrated.
- Staff said they sometimes felt they lacked leadership when the team leader was away, for example on annual leave. However, they said they could contact team leaders from other of the provider's services.
- People using the service, relatives and professionals had completed a survey of their views about the service although they had not yet produced information to let people know the results of the survey or any

actions taken because of feedback received.

Continuous learning and improving care

- The registered manager undertook regular training and development. They took part in the local registered managers forum where managers from similar services got together to share information, best practice and to learn from each other's experiences.

Working in partnership with others

- The service worked in partnership with other organisations to help promote quality within the service. This included Skills for Care to support staff training and health care professionals.