

Calderdale Metropolitan Borough Council

Support & Independence Team - Lower Valley

Inspection report

Brighouse Health Centre
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Brighouse
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Tel: 01484728931

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19 September 2019

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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 (Lower valley) is a domiciliary care agency providing short term reablement services to help people regain their independence following periods of illness or time in hospital. The service provides short term personal care and support to people in their own homes in the Brighouse, Rastrick, Halifax and Elland areas. The service's office base is situated in Brighouse Health Centre. Referrals to the service are usually from the community, Gateway to Care or following hospital discharge. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service was focused on providing people with timely and effective reablement following illness or injury.

People had good relationships with the staff and were complimentary of the care and support they received to enable them to regain their independence. People said staff took time to get to know them. Staff often went the extra mile to make sure people's needs were met.

People were involved in development of their care plans to make sure the support received met their reablement goals. People's preferences about the support they received was integral to the care planning process.

The service included support from physiotherapists and occupational therapists. Staff maintained strong links with other health and social care professionals to ensure goals were achieved.

Staff were recruited safely, well trained, and people had consistent staff providing their care. There was a good standard of information showing how staff could minimise any risks, and people received their medicines safely.

Systems were in place to manage issues which might affect the safe delivery of care such as adverse weather conditions.

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. People had signed their consent to care plans and risk assessments. People told us staff made sure they understood the support they were providing.

Robust systems were in place to gain the views of people using the service. Feedback from people was analysed and used to inform the review and development of the service.

The service benefitted from strong leadership. The registered manager was committed to the continuous development of the service to make sure people received effective reablement support. They promoted a supportive and inclusive team culture. Staff had a thorough understanding of the aims of the service and were supported to work with other professionals to promote the quality of service provided to people.

Rating at last inspection: At our last inspection we rated the service as good. (Published 15 March 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 - Lower Valley

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 Support and Independence Team (Lower valley) is a domiciliary care agency providing short term reablement services to help people regain their independence following periods of illness or time in hospital. The service provides short term personal care and support to people in their own homes. 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.

Inspection activity started on 17 September and ended on 19 September 2019. We visited the office location on 19 September 2019.

What we did before 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.

During the inspection

We spoke with six members of staff including the registered manager, team leader and four reablement support assistants.

We reviewed a range of records. This included three people's care and medication records. We looked at two 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.

We spoke on the telephone with four people who used the service and four relatives about their experience of the care provided.

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

- Safeguarding policies and procedures were in place. Staff knew what to do if they thought someone was at risk. Safeguarding alerts had been made as necessary to the local authority safeguarding team.
- One person, when asked in a survey completed by the provider, 'What are the best parts of the service you receive?' said "Feeling safe, expecting the girls to call".

Assessing risk, safety monitoring and management

- Risks associated with people's care and support needs were robustly assessed, and staff had access to information to help them minimise any risks as much as possible. People told us they felt very safe using the service.
- Risk assessments associated with the environment in which staff would provide support were completed.

Staffing and recruitment

- Systems were in place to make sure staff were recruited safely.
- Staff turnover was very low which meant people received consistent support from experienced staff.

Using medicines safely

- Staff received training in administration of medicines. One reablement support assistant had been working with the local authority's assistive technology team to introduce automated medicine boxes which reminded people when to take their medicines and helped make sure the person took the right medicine at the right time.
- Care files included individual medication profiles which gave details of GP, chemist providing medicines, allergies and how the person wished to be supported with their medicines.
- When people used paraffin based creams or oxygen, safety information from the fire service about their use was included in the care file.

Preventing and controlling infection

- Staff said they had access to as much protective equipment such as gloves and aprons as they needed. People told us staff respected their homes and left them clean and tidy.

Learning lessons when things go wrong

- Accidents were audited monthly to identify themes and trends for which action could be taken to minimise the risk of reoccurrence.
- Systems were in place to respond to issues that might affect the service. For example, in bad weather

conditions, staff had worked across the provider's services so that visits could be made on foot.

- Where missed calls were identified, the manager worked with staff concerned to find out why the call had been missed and what could be done to prevent it happening again. Records showed only two missed calls since May 2019 and what actions had been taken.

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; 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- People had signed their consent to care plans and risk assessments. All of the people using the service had capacity to make choices about their care.
- People told us staff made sure they understood the support they were providing. One person said, "They ask what I need them to do and they explain what they are doing".
- People's needs were assessed by the multi-disciplinary reablement team when a referral was received. A plan of care detailing how these needs would be met was developed and kept under review for the period of reablement.

Staff support: induction, training, skills and experience

- Staff received a thorough induction which included studying for the Care Certificate if they did not have a background in working in care roles. The Care Certificate is a set of standards to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.
- All team leaders had achieved National vocational certificate (NVQ) level 5 and all staff were supported to achieve NVQ's. One staff member said how they had been supported to develop their role when they expressed an interest in doing so. They had trained to be a moving and handling assessor, worked with the assistive technology team and had experienced working in the office.
- Staff received ongoing support from the team leaders and registered manager. They told us they received regular effective supervision and competence checks. Staff felt confident to raise any issues they might experience with the registered manager at any time.

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

- None of the people we spoke with needed particular support to meet their nutritional needs. However, people said staff would help with this whenever the need arose.

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

- The reablement team included physiotherapists and occupational therapists. This made sure people received this type of support as soon as they started using the service.
- Staff worked with other involved healthcare professionals to learn the skills they would need to assist people with, for example, exercises to promote their recovery.
- Staff said they had good links with district nurses and would refer any concerns to them. They said they would not hesitate to call a GP if a person they were supporting was unwell.

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

- All of the people we spoke with complimented the staff team on their caring approach. One person said, "They are a lovely bunch of ladies" and another commented, "They are very kind".
- Staff said they had received training in equality and diversity and acknowledged the importance of understanding people's individual needs. They described how they had met the diverse needs of a person who had previously used the service.
- Examples of staff going the extra mile to make sure people's needs were met included getting a person fish and chips when they mentioned they fancied some and sorting out a person's television.
- Although the service did not provide long term care and therefore had reduced opportunities to build relationships with people, staff made sure they recognised significant events in people's lives. For example, sending birthday cards.

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

- People's views about the support they received were sought on a regular basis. An analysis of the 80 questionnaires completed between April and July 2019 showed 75 people said their quality of life had improved during the time they were receiving care.
- One person when asked in the survey 'What are the best parts of the service you receive?' said "All of it, including exercises". Another said, "Staff are great, especially since they are now doing exercises to help improve my wellbeing".
- The service had received a large number of compliments about the support they had provided. The relative of one person said "I just wanted to pass on how fantastic the team have been. My (relative) has been through an awful experience over the last few weeks and has been very ill. Your team have been a breath of fresh air, professionally treating my (relatives) with dignity and respect".

Respecting and promoting people's privacy, dignity and independence

- All of the people we spoke with said staff made sure their privacy and dignity was maintained whilst receiving support. One person described how staff supported them with personal hygiene encouraging their independence and maintaining their dignity.
- The aim of the service is to enable people to achieve a level of independence as near as possible to that they enjoyed prior to requiring support. People set goals to work towards during their support package.

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.

- One page profiles were included in people's files. These are helpful for staff getting to know the person and included family details, important memories, hobbies and interests and personal preferences. The profile also included the detail of what they would like to achieve from using the service.
- People said, in surveys, they were involved as much as they wanted to be in decisions about their care. People we spoke with said they were asked about their needs and staff followed their wishes and preferences when providing support.
- Care plans were person centred, written from the point of view of the person and gave clear instruction to staff about the support they needed and how they would like to receive it.

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.

- Staff had received training in communicating with people with hearing impairment.
- Staff gave an example of how they had used one person's family to assist when communication was difficult.
- The registered manager said they would be able to provide information for people in a format to meet their needs if this was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although the aim of the service was to provide reablement, people told us how staff took time to get to know them and chat with them.
- One person said, "We have a laugh together" and a relative said how their relation had enjoyed staff speaking with them about their experiences during the war.

Improving care quality in response to complaints or concerns

- People said they would contact the office or speak with visiting staff if they had any concerns.
- People were given a copy of the complaints procedure when they start receiving care. None had been received.

End of life care and support

- The service provided short term reablement for people who had been medically assessed as being in sufficiently good health to make a recovery from their current condition. However, staff had received training in end of life care should this be needed.

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

- Staff told us they were very well supported by the registered manager and team leaders. They said they were encouraged to get involved so they could gain experience and understand the service.
- The service was well run and organised. The registered manager had been fully involved with the provider in the review of the service to a wholly reablement model.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.

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 provided us with information about how the service had undergone review and development to make sure they worked to a wholly reablement model. It had been recognised that the service was not always working entirely in line with this model which had resulted in a review.
- The changes to the service as a result of review had been managed effectively.

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

- The registered manager and staff we spoke with were clear about their role and responsibilities and had a very good knowledge of the service.
- There were comprehensive audits of all aspects of the service.

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

- A sample of approximately ten quality assurance surveys were sent out to people each month. The results of these were analysed on a monthly basis by the registered manager who then produced a resume of themes identified by people. An analysis of the 80 questionnaires completed between April and July 2019 showed 45 people rated the service as outstanding and 35 people rated it as good.
- Each week the team leaders contacted a selection of people using the service to gain feedback on the support they were receiving and the staff providing the support. All the feedback received was positive.

Continuous learning and improving care

- The registered manager maintained an overview of how the service was being delivered. They analysed feedback from people using the service, staff and others involved in order to learn from people's experiences.

Working in partnership with others

- Staff worked with a range of healthcare professionals to make sure people received the support they needed during their period of reablement.