Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

North Short Term & Urgent Support

The Eddercliffe Centre, Bradford Road,
Liversedge, WF15 6LT

Tel: 01924351566

Date of Inspections: 07 February 2014
29 January 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Kirklees Metropolitan Council
Registered Manager	Mrs. Jeanette Wardman
Overview of the service	North Short Term and Urgent Support is registered with the Care Quality Commission to provide a range of support services to people in their own homes in the North Kirklees localities of Batley, Spenbrough, Dewsbury and Mirfield.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 January 2014 and 7 February 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

On the day of our inspection we spoke with the registered manager and two locality managers. Following the inspection we spoke with six home support workers and with 20 people who had either recently used the service or were currently using the service, or where appropriate, their representative.

The registered manager told us the service provided care and support for between 70 and 80 people each week. They told us the provider offered three separate services; a rapid response team integrated with intermediate care, a reablement service and a service for people living with long term conditions requiring short term intervention due to an exacerbation or acute episode. The manager explained most of the service's referrals came from other health care professionals, for example; social workers and G.P's.

The manager explained the service had four locality managers. They told us the locality manager role included completing initial assessments, case management and managing a staff team. They said they also employed six home support co-ordinators. Their responsibilities included first line management of staff. The manager told us the service currently employed approximately 81 home support workers who were responsible for the delivery of care and support to people who used the service.

We found people who used the service were encouraged to make decisions about their care and support.

The reablement support plans we looked at provided information about the persons identified support needs.

Effective systems were in place to reduce the risk and spread of infection.

The provider completed a series of pre-employment checks prior to make sure potential candidates were suitable and safe, before they started working with people.

The manager told us they sent out monitoring feedback forms to people using the service. We saw the analysis showed the overall satisfaction with the reablement and support service was 91%.

Comments from the 20 people we spoke with who had either recently used the service or were currently using the service, was all complimentary. Their comments included;

"They are brilliant with mum without exception."

"100% safe and confident. I trust them entirely. I am still in bed when they come and have a key safe as they come to get me out of bed."

"They work as a team with other professionals to keep you safe. For example, watching me doing my exercises the physio had left for me."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We asked the manager how people who used the service consented to the care and treatment they received. They showed us a section of the 'initial assessment' document. We saw this contained a section for people to sign to give their consent for information about them being shared with other parties involved in their care. The provider may find it useful to note however, there did not appear to be provision in the document for a person to consent to the care and support to be provided.

We spoke to the manager about Mental Capacity Training. They told us they had received training along with the locality managers. They told us support workers and home support co-ordinators had not had training in the Mental Capacity Act. The provider may find it useful to note this may result in staff not being fully aware of their responsibilities under this legislation.

After the inspection we spoke with six home support workers. We asked them how they ensured the people they supported were given opportunities to make choices and decisions about their care and support. Their comments included;

"I open the wardrobe door, I encourage them to choose. I take a choice of meals from the freezer, let them choose which one."

"I encourage them to do what they can for themselves."

We also asked staff what action they would take if a person declined the care or support being offered to them. Staff told us:

"The majority have capacity. If they decline, we try to persuade them. If they are adamant,

we have to respect that decision."

This showed the service respected people's decision to make their own decisions.

We spoke with people who were using the service or who had recently used the service, after the inspection. Many of them told us they had been treated with dignity and respect by the staff. Their comments included;

"They gave X the choice of what clothes they wanted to wear and also whether they had a shower or a wash."

"They asked me what I wanted to be called when they started to come and everyone has stuck to it".

"They were very clear, precise and patient in explaining it all to my relative. Involved and included them in it all."

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

As part of our inspection we looked at the records of five people who had recently used, or were currently using the service.

On the day of our inspection we spoke with two locality managers. They told us when a referral was received by the provider they visited the person within 48 hours and completed an initial assessment. One of the locality managers said, "When we have done this we put the reablement support plan together." They also told us a risk assessment was completed to identify any risks either to staff or the person using the service. This addressed various topics including; access to the property i.e. key safe or dangerous footpath. This showed care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

In each of the five records we looked at we saw the reason they had been referred to the service, details as to their medical history, next of kin, the number of calls needed per day and the level of care and support each person required. We saw the initial assessment detailed both the individuals' usual ability and their current ability. This covered a range of areas, including; all aspects of personal care (for example bathing and accessing the toilet) and housekeeping matters (for example housework and finances).

We saw the records also provided information about whether the person had any issues staff needed to be aware of. For example; if they had any wounds, problems with sleep and details of prescribed medication. This showed people's reablement plan was individually tailored to meet their needs.

Each person's record also contained their reablement support plan. The records were person centred and provided staff with the information they required to provide care and support to people who used the service. For example, one plan detailed, "I need someone to bring me a bowl of hot water to my bedside to wash with." The records we looked at also provided staff with information about what the person could do for themselves, what

they needed support with and how they wanted their support needs to be met. For example, one plan detailed, "I mobilise with a zimmer frame which is new me. I would like staff to observe me mobilising with the zimmer." One person who used the service told us, "They have allowed me to do some things myself and just watched to make sure I was safe, like make my own tea." This showed staff encouraged people using the service to regain independence, wherever possible.

The six home support workers confirmed people who used the service all had care plans in place. One member of staff said, "If there's anything wrong with it, I contact the office. Then they go out and change it." Another member of staff said, "Yes, it's got to be there, I need all the information, like the hoist and which slings they use." This showed reablement support planning took account of people's changing care needs.

We looked at the daily log where home support workers recorded the details of the care and support they had provided. We found records reflected the care required, for example, "X told me they could manage to undress themselves." Another record noted, "I assisted X to fill the kettle as X spills it."

When we spoke with home support workers after the inspection, we asked them if they provided care and support to the same people who used the service. They all told us the provider tried to ensure consistency. One home support worker told us, "It is fairly consistent, but it depends on workload." Another member of staff said, "It isn't consistent at the moment, but I think it is just a blip. It's not what they want to be happening." This meant most of the times, people were supported and cared for by staff who knew them.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Effective systems were in place to reduce the risk and spread of infection.

We saw appropriate policies and procedures for infection prevention and controls (IPC) were in place. For example, the manager showed us policies for 'health and safety at work' and 'bare below the elbows'. The manager also showed us the 'infection control guidelines'. They told us this was issued to all staff. This addressed a number of topics, including; when to use personal protective equipment (PPE) and when staff should wash their hands. This showed the service had systems in place to help prevent and control infections.

The manager showed us a file containing various guidance documents. For example; correct hand washing techniques, MRSA and scabies. They told us this file was readily available for staff to access.

When we asked the manager who the nominated lead for infection prevention and control (IPC) at the service was, they told us the service did not have a nominated person. The manager said, "There are a number of different health care professionals based in the office. We have a wealth of clinical experts we can access if we need advice or information." The provider may find it useful to note that the nominated lead for IPC should be documented within the service's IPC policies. This is a requirement under the Code of Practice for the prevention and control of infections and related guidance (2010). This meant the provider did not have a nominated individual with responsibilities for infection prevention and control at the service.

We spoke with the manager about staff training in infection prevention and control. They told us this was completed during induction and then refreshed every three years. They showed us an infection control workbook, which, staff were completing. They explained staff would complete it and it would be checked by the home support co-ordinators during supervision sessions. The manager showed us evidence that nearly three quarters of the home support workers had completed the workbooks so far. Staff we spoke with confirmed they had either received infection control training or were currently completing this training.

The manager explained personal protective equipment was available from the office for staff to use when delivering personal care in people's homes. This was confirmed by staff we spoke with. Their comments included;

"I collect them whenever I need them from the office. I use them for all personal care."

"Yes, I use them (gloves and aprons) for all personal care and toilet calls."

We asked the manager about staff immunisations. They said staff were asked about their immunisation status against relevant infections as part of their health screening when they commenced employment with the service. They told us the council's Employee Healthcare Unit service was used as their occupational health department. This showed the provider was aware of their responsibility towards their employees to protect them from work related infection.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place.

The manager told us that all staff personnel files were kept centrally at a separate location, therefore we were unable to check any recruitment records during our visit.

We asked the manager about the recruitment process. They told us they followed the providers recruitment policy. They explained vacancies were notified to the Human Resources (HR) department who would look at internal redeployment of staff prior to external recruitment. The manager described how all potential candidates were shortlisted using the job description and job specification. Potential candidates were then invited to interview where they were asked a series of competency based questions. The manager told us said all interviews were conducted by two people.

The manager told us the successful candidate had to complete a series of pre-employment checks prior to their job offer being confirmed. These checks included; carrying out a Disclosure and Barring Service (DBS) check (formally known as a Criminal Records Bureau (CRB) check), taking up written references from previous employers and checking evidence of the identity of new recruits. The manager said the candidates' employment history was fully explored including any gaps in their employment. They also said, "Once we receive the written references, we actually phone the each referee. Just to check and validate the reference, follow up on any query we may have." This showed staff were being properly checked to make sure they were suitable and safe to work with people.

The manager told us they had a system in place to ensure all staff DBS check were re-checked every three years.

The manager said, "We can only make a formal employment offer when all these checks are completed and are satisfactory."

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and treatment and they were acted on.

The manager told us the provider sent out monitoring feedback forms to people using the service. They explained that when a care package stops, the person is asked to complete a monitoring feedback form. The manager told us the individual completes them or, if needed, a home support co-ordinator will assist them. The manager said us 128 people had completed the feedback forms between September and December 2013. We looked at the most recent 'analysis of monitoring feedback'. We saw that 91% of comments made by people completing the feedback forms were positive. For example one person said, "The service I have received was helpful and has given me my confidence to regain my independence." Another person commented, "Rate the service 10plus, wish that the service could stay and support X for longer." This showed the service regularly sought the views of people and their families.

We looked at the providers' complaints policy. This provided information on how to complain, who in the service was responsible for dealing with the complaint and the timescales for a response. The manager explained the provider had three stages for complaints. Stage one, was for informal, minor issues. Stage two involved more serious matters or a pattern of stage one issues. Stage three complaints were more serious matters or stage two complaints that were escalated to stage three. We looked at the complaints log and saw that in 2013 the provider had not received any stage three complaints, one stage two and three stage one complaint. We saw details in the log as to the nature of the complaint, a summary of the action taken and the outcome. This showed the provider took account of complaints and comments to improve the service.

The manager told us they also logged compliments. They said, "We log compliments too. If it is a compliment about a particular member of staff we tell them. It is good for staff morale."

We saw minutes of staff meetings held in December 2013 and January 2014. Topics

discussed, included: safeguarding and staff training. This showed the provider has given opportunities for open communication with staff about changes within the service and opportunities for staff to raise issues for discussion.

We asked the manager about audits to care records and daily logs. They told us they had commenced audits on these documents in August 2013 but the audits weren't evidenced. They said, "We check all the information is there and that it's personalised. It shouldn't be task orientated, it should be person centred. All the details as to how that person wants their care delivering." The manager told us they check about seven individual records per week. The manager also told us they felt since these checks had commenced there had been an improvement in the content of the care records. The provider may find it useful to note that introducing a documented audit would enable them to regularly assess and monitor their client documentation. This would provide an opportunity to continue to improve and develop the services they provided.

The manager told us all accidents and incidents were recorded in the accident record file. They said, "All accident and incidents are recorded. Staff telephone through to the office to report it and document it in the persons' daily log. The report then comes through to me. I see each report." The manager showed us evidence of a recent incident that had been logged and where they had referred the matter to the local safeguarding authority. This showed the manager was aware of their responsibilities in relation to safeguarding the people they cared for.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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