Esk Moors Caring Ltd

Esk Moors Lodge

Inspection report

Langburn Bank
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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

This inspection took place on the 28 January 2016 and was unannounced.

Esk Moors Caring Ltd is a not for profit company providing services including personal care to adults and older people. The agency, Esk Moors Lodge, has recently moved office to 23 High Street, Castleton.

The service has close links with Abbeyfields, an extra care housing scheme at Langburn Bank, Castleton, and has an agreement with this organisation to provide personal care and support to those tenants who are assessed to require this. The agency also provides care and support to people in the local area who do not live at Abbeyfields.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they felt safe while staff were supporting them with personal care. Staff told us they were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the registered manager or to relevant external agencies.

Potential risks to people were assessed and used to develop plans of care to protect them from harm while maximising their freedom.

Staff had undergone a robust recruitment process and received training and supervision to enable them to meet people's needs in a safe and timely way. People's needs were met, which included support with meals and drinks when required. Staff liaised with health care services and external agencies where appropriate.

People's choices and decisions were recorded in their care records. Staff gained consent from people before delivering care. Staff promoted the rights and decisions of people and were aware
of the principles of the Mental Capacity Act 2005, though some staff told us they had not received training in this area. People's needs had been assessed prior to them receiving a service and they told us they had been involved in the development and reviewing of their care plans.

People were happy with the care and support they received. People made positive comments about staff and told us they were kind and helpful. We saw appropriate information was given to people using the service to ensure they knew how to raise concerns, or make a complaint. People also told us they were aware of how to raise concerns. The provider had not received any complaints within the last twelve months.

The service responded to people's individual needs and preferences and care plans reflected the knowledge staff had of each person so that they could be placed in the centre of their care.

Systems were in place to check the quality of the service provided. The registered manager sought regular feedback from people in order to develop and improve the service. Regular staff meetings were held where they were encouraged to voice their views. Staff told us that communication was effective and that they felt supported by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse because staff knew what abuse was and understood their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and plans were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

Medicines were administered safely. People received support with their medicine where it was required.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to enable them to provide appropriate care and support.

Staff asked people for their consent to care and treatment and people were protected around their capacity to make decisions about their care.

People were provided with support to ensure their dietary needs were met.

People were supported by staff who liaised with health care professionals when needed.

Is the service caring?

Good

The service was caring.

The staff knew people well and had formed positive relationships with people.

People were treated with respect and dignity.

People were supported to make choices and decisions for themselves.

Is the service responsive?

Good

The service was responsive.

Staff responded to people's individual needs and preferences.

People were aware of how to complain.

People were asked about their views on their care and supported to be involved in the local community.

Is the service well-led?

Good

The service was well led.

The registered manager provided staff with good leadership and support.

There were quality assurance systems in place to monitor the quality of care and act on identified required improvements to the service.

Staff supported people to comment on and influence the running of the service.

Esk Moors Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 28 January 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried out by one inspector. Before the inspection visit, we reviewed the information that the provider had sent to us. This included notifications of significant events that affect the health and safety of people that used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned to us over a year ago. This was before the registered manager took up post. We gathered more up to date information when we visited the service offices.

We contacted commissioners responsible for funding people that use the service, and asked them for their views we did not receive any responses. We spoke with an NVQ assessor, three people who used the service, the registered manager and three members of care staff.

We looked at the records of three people, which included their plans of care, risk assessments and records about the care they received. We also looked at the recruitment, training and supervision records for three staff, a range of policies and procedures, quality assurance audits and minutes of staff meetings.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel safe, as I know staff will come if I need them and there is always a member of staff who calls every day. We go out together sometimes which I would be too nervous to do on my own." Another person told us, "They are good at looking after my medicines. I am happy for them to do it. I feel reassured they have it all under control." One person said, "They don't stifle me. They let me get on with what I can do and are there to help me with the things I can't."

Staff understood the safeguarding and whistleblowing policies of the service and knew what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding as part of the Care Certificate, completed as part of their induction. They then received more detailed training following this. The registered manager told us that safeguarding was discussed at every staff meeting and meeting records confirmed this.

Care plans provided guidance for staff on how to manage situations to ensure the safety of each individual. Staff told us about how risks were managed which reflected the information seen in the records. We found staff had a positive attitude to risk taking, which allowed people to take risks safely. For example, we heard that people were supported to take part in activities in the community, such as shopping or involvement in clubs and that plans were in place to ensure the risks were minimised. One care plan contained a detailed risk assessment around the safe handling and administration of medicines. This included how to use topical medicines such as creams and non-prescription homely remedies safely.

Our discussions with staff showed that staffing levels were sufficient to meet the needs of people supported in their own homes. They told us they were allocated travelling time between calls, and although this was occasionally not sufficient time for them to travel between the more distant villages, staff told us that they were allowed the same travel time for closer calls so that it "all evened out". We observed staff chatting with people in the dining area and lounges at Abbeyfields and calling on people in their own flats to check on them. The registered manager told us that they made a point of matching staff skills and experience with the people who were receiving the service.

Staff told us that the recent introduction of team leader posts had been an improvement as this meant there were more senior people to go to for advice and support.

People told us that staff arrived on time and that they stayed for the time they were allocated. They told us this made them feel secure and cared about. If staff were going to be late, people told us they were always contacted and reassured about when they would receive their call. Staff told us there was always either the registered manager or a team leader on duty who was responsible for any emergencies during the day or night. Staff told us they had access to this support should they need it at any time.

The registered manager told us that staffing levels were monitored and were flexible to ensure that people received support when they needed it. Staffing levels were planned in relation to people's needs, and may for example mean that more staff were on duty if people had more complex needs or if outings or activities

were planned. Staff told us that staffing levels enabled them to support people to lead active lives in the community and follow their interests safely.

We looked at the recruitment records for three members of staff. Each applicant completed an interview process which tested the applicant's knowledge, values and behaviours. We saw essential checks had been completed for each member of staff such as two references and a Disclosure and Barring Service check (DBS), (this is a check to ensure that the service does not employ people who are known to be unsuitable to work with certain groups of people). Staff confirmed this recruitment process had been followed. The service had disciplinary procedures in place; however the current registered manager told us they had not yet needed to use these.

The service had raised safeguarding concerns with the local authority which at the time of writing were on going, and CQC had been informed as necessary. Alert forms were kept in the office and the details were discussed in team meetings as learning points.

The registered manager ensured that equipment used for moving and handling such as hoists, were regularly serviced so that they remained safe for staff to use and for the people they cared for.

We examined the way in which medicines were managed. We saw that the service had a policy on the safe handling of medicines. Staff told us they followed this. All staff received safe medicines handling training in their induction and they received specific instructions from care staff they were shadowing before they worked unsupervised. Further medicines training was up to date for all staff.

Medication Administration Records (MARs) where the medicines people received were recorded were kept in each person's home and we saw some examples. These were correctly completed with no gaps in recording. We were also able to check archived records which showed that staff had signed for medicines correctly and that the right medicines were given at the right time. Medicines which were to be administered as needed (PRN) were recorded and accounted for according to the medicines policy. Medicine handling practice was regularly audited and staff were given feedback individually and in team meetings to improve practice.

Staff told us that they involved the GP if they considered that medicines needed to be reviewed, if this was part of their duties. When we spoke with staff they were knowledgeable about individual's needs around medicines and what risks were associated with this.

The service had a policy and procedure on infection control and staff confirmed that they followed this. Staff told us that they received infection control training in their induction, and we saw that staff had received training in this area. Staff understood good infection control practice and told us that they had ready access to aprons, gloves and hand gel so that they could carry out safe infection control practice.

Good

Is the service effective?

Our findings

People told us that staff were effective. One person told us "They help me prepare something for my lunch or they help me along to the dining room. They know about what meals I like." People told us that staff were knowledgeable and proactive about getting health care professionals involved if necessary. One person told us, "They got the doctor for me when I felt a bit under the weather. They are good at remembering my health problems and what might be the start of something flaring up." People told us that staff supported them to make decisions about their care. One person said that they had talked through a health issue with staff which had helped them come to a decision about treatment. Everyone we spoke with told us that the service helped them to be more independent.

The registered manager told us that care workers had received induction that included training in all the essential areas of their work. Records of training showed that staff had completed induction and that this covered all core areas of training in brief so that staff became familiar with these areas of competence. Care workers told us their core training had been very useful and they confirmed that it included training in health and safety, safeguarding adults, manual handling and other areas essential to their work. Training records confirmed this. In addition to the core training a number of staff had also completed dementia awareness and mental health training so that they could meet people's needs in these areas. Staff told us that the registered manager was proactive about sourcing training that was needed. One member of staff told us this had resulted in training for staff on how to safely cut nails. The registered manager showed us a training matrix which gave evidence that training was up to date and highlighted when this needed to be refreshed. Training was delivered on line, through face to face in house training and through external providers depending on what was most effective. This showed that staff had the training to offer people appropriate care.

An NVQ assessor who was visiting the service told us that staff could demonstrate understanding of key areas of care which reflected the training they had received. They told us that staff attended meetings with them and were committed to providing quality care.

The registered manager told us that all care workers received regular supervisions and appraisals and records confirmed this. Staff told us that supervision was an opportunity for them to discuss their developmental needs and any issues that affected their work. They told us that the registered manager was available to discuss concerns or to communicate information and that they regularly met with them.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of

the MCA.

People's plans of care showed that the principles of the Mental Capacity Act 2005 (MCA) Code of Practice had been used when assessing people's ability to make decisions. The service also had a policy and procedure on the MCA and DoLS to protect people. Staff understood the principles of the MCA and DoLS and were able to tell us about the five main principles, for example that they should always assume capacity and support people to make their own decisions. They were able to tell us about when a Best Interests Decision may be made and who might be involved in this to protect a person receiving the service. A Best Interest Decision is one which is made on a person's behalf when they lack capacity to make the decision for themselves. This involves a multidisciplinary team to ensure the decision is appropriate for the person's needs and is in their best interests. However, although staff understood the MCA and DoLS , some staff told us they had not received training in this area. Applications to Deprive a Person of their Liberty must be made to the Court of Protection. The registered manager told us that no applications had been made to the Court of Protection.

People were able to make decisions about the care and support they received and were asked for their consent. It was clear from speaking with people that they were actively involved in making decisions about their care and support needs. Records showed that people were involved in making decisions about their care and support and their consent was sought and documented. For example, one plan stated, "[The person] has a brace, check if they would like to wear this overnight." Care workers displayed a good understanding of how and why consent must be sought.

People were supported to access healthcare as required. People's health care needs were recorded in their care plans and professional advice had been incorporated so that staff had the information they needed to meet people's needs. We saw in daily notes that when people had a medical or health problem the service was quick to refer to health care professionals with people's consent. Risk assessments related to health care needs were in place, for example nutritional needs, moving and handling and falls so that staff had guidance in these areas. For example, one care plan contained comprehensive details about how to reduce the risk associated with pressure care. Staff told us they had received training in this from the district nurse, and knew how to use a specially shaped pillow to assist a person to remain comfortable. The registered manager told us that they had regular contact with the local GPs and district nurses and advice had been incorporated into care plans. This showed that the service worked in partnership with health care professionals.

Where the service was responsible for needs relating to eating and drinking, care plans included instructions for staff on how to meet people's needs in this area. Risks were assessed and the registered manager told us that guidance from health care professionals such as the Speech and Language Therapy team (SALT) would be included when necessary. Care plans contained details about people's dietary needs and included specialist diets, people's likes and dislikes and any food allergies. The registered manager told us that most of the people who used the service did not have nursing needs and that no care plans required staff to monitor people's food or drink on a chart, though staff would do this if required. Where relevant, care plans included specific instructions about healthy eating plans and shopping arrangements. People who lived at Abbeyfields had the option of dining within in a communal dining area. People told us that they enjoyed the variety and the social contact this afforded.

Good

Is the service caring?

Our findings

People were supported by caring staff and spoke positively about their care workers. One person told us, "They are all chatty and kind." Another person said, "They are great people, they are always smiling and never get frustrated when I go slowly." People told us that they were always introduced to their care worker before they provided care, and that they were always treated with respect and dignity.

Care workers told us they knew how the people they supported liked to receive their personal care and what their preferences were for other aspects of their support, for example with their choice of meals and food. We saw that the care plans contained assessment information that helped care workers understand what people's preferences were and how they wanted their personal care to be provided for them.

Staff told us that they had completed equality and diversity training as part of the Care Certificate, which covered how to treat people with respect in relation to gender, disability, race or cultural belief. This also covered how to offer person centred care which respected people's dignity. People told us that staff respected their choice to live their lives the way they wanted to.

Staff told us that they always placed the person at the centre of care and considered what the experience of care was like for each individual. One member of staff said, "The way we work allows us to put each person first. We can be flexible to deal with whatever is needed, which may include sitting having a chat with someone if they are upset or in need of reassurance."

People were supported to maintain relationships with their families and friends. Staff told us that the facilities on site at Abbeyfields had helped with this as friends and relatives were encouraged to visit people and also to join in with activities and outings so that these became a sociable experience for everyone.

People told us the registered manager and care workers responded quickly to their requests for assistance. One person said, "I know I can call the office whenever I need help. They come straight away and are always very kind." A care worker said, "I always ask people if there's anything else they need me to do for them." We observed a care worker talking with a person in their home in a thoughtful and caring way. We also heard the registered manager speaking with a person over the telephone in a polite and helpful manner.

The service respected the confidentiality of people using the service. People told us that they were sure their care workers did not share information about them inappropriately with other people and respected their confidentiality. Care workers confirmed this with us. Care workers told us that they made sure that confidential information in people's flats was securely stored and that the information in the office was kept locked away in secure filing cabinets.

Good

Is the service responsive?

Our findings

People told us that the service responded to their individual preferences and needs. One person told us, "They help us to go out and about. We can go on trips, and they will help if we have a particular thing we want to do." One relative told us that their relative had been supported by the agency to return home when they were very ill. They told us "This agency was the reason my relative could return home in the last days of their life. This was all my relative wanted and they made that happen." People told us that staff arrived on time and stayed for as long as needed. They told us they knew who their care staff were and that they were never left wondering who was coming to attend to them.

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs. People felt they were involved in organising their care plans and described how they had been involved in the assessment and on-going review process. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences.

Care plans were regularly reviewed and updated when people's needs changed. The registered manager told us that people were involved in a review of their care needs every two months, with reviews alternating between face to face and over the telephone where this was appropriate.

Plans included information about people's life histories and included their interests and goals. They were detailed and included the things which mattered to people. This included when they preferred to rise in the morning, or what their preferred routines were and what they enjoyed doing with their time.

People's support plans addressed their needs across a range of areas including social, cultural and spiritual. Esk Moors Lodge employed two activities coordinators who spent time with people doing things they enjoyed. This included support to attend trips, to have meals out in the community and to attend concerts and places of interest. People were also supported to attend classes held at Abbeyfields such as craft, computer skills or language classes. The centre also organised regular film nights, coffee mornings and exercise classes. These activities were also open to the public and so they promoted inclusion and social wellbeing.

Care plans identified significant people involved in people's care, such as their relatives, friends, and health care professionals and identified ways to maintain people's support networks.

One member of staff told us now responsive the service had been to someone's changing care needs when they were very ill. They told us about how the service assessed the person's care needs and provided a care package which could support the person in partnership with other health and social care professionals.

People told us they were encouraged to raise any concerns or complaints and that these were quickly and kindly dealt with. People were made aware of the complaints system when they started using the service. People told us they knew how to complain and that their concerns had always been listened to and acted

upon. The service had not received any recent formal complaints to investigate. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.

Good

Is the service well-led?

Our findings

People told us that the service was well led. One person said, "The manager has been around to introduce herself to us all. I really liked that, because now I know who I am talking to on the phone." Another person told us that they had confidence they could speak with the manager or either of the team leaders about anything they needed to and that they were approachable.

There was a registered manager in place for the service. The manager had been in post for eight months, and was recently registered with CQC. During this time the service had moved premises within the village of Castleton. This did not affect the organisation of the service and an application for a change of address had been submitted to CQC. However, the process was not yet complete.

A core of staff had worked for the service for a number of years and staff turnover was low. Care staff told us that they were happy with the management arrangements. One member of staff said, "We can talk with [the manager] at any time, [They[support you but won't stand for any poor practice." Another member of staff told us, "[The manager] is spot on. They have really taken this organisation up several notches in every area. It's well organised and staff get good support." Staff described how they felt valued and that they had enjoyed social events organised through the registered manager.

Care staff told us that they worked together well as a team and covered for each other in the case of staff absence due to sickness or leave. The registered manager told us that every member of staff could visit the office regularly so that they could see them face to face and pass on any concerns or issues. Staff told us this was a good opportunity to catch up with news and to touch base so that they felt part of a team. The registered manager also told us that they operated an open door policy and staff told us they felt confident about approaching them at any time. Staff told us there were regular staff meetings, where they discussed any concerns, ideas and suggestions. Staff meeting minutes provided evidence that staff were consulted and that their suggestions were considered.

The management structure of the service supported the delivery of a quality care service. The registered manager was supported by recently appointed team leaders and the trustees of Esk Moors Caring Ltd. Staff told us that the team leaders were a supportive and helpful addition to the management structure.

The registered manager was aware of the requirement to submit notifications to CQC for a range of incidents and situations and notifications had been sent to CQC and other agencies as required.

The previous registered manager had surveyed people who used the service for their views. The results of surveys were collated and people's comments were discussed in team meetings and acted upon. The current registered manager told us that they were due to send out surveys again. People and staff confirmed that they were regularly asked for their views and that they were encouraged to raise any issues which were swiftly dealt with. People were encouraged to share their views informally and through reviews.

The registered manager issued a regular newsletter which included a welcome for new staff, publicising

events and activities, celebrating birthdays, interesting facts and a puzzle for people to complete.

The manager had a quality assurance system in place. We saw a number of internal audits including medicine audits, care audits and auditing of daily notes. Trends and required improvements were identified and discussed with staff at meetings.

The registered manager was clear on the key challenges to the service. They were planning to consolidate the service and make improvements to the way they communicated and worked in partnership with other key services such as health and social care professionals. The registered manager was also looking at ways to strengthen continuity when people's services were in transition between short term acute care packages and longer term care provided by Esk Moors Lodge. This provided evidence that the registered manager was forward-looking and planning to improve the quality of service for people.