Care Services Thirsk Limited

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Inspection report

Grove Cottage
Carlton Miniott
Thirsk
North Yorkshire
YO7 4NJ

Tel: 07587091422

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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

Care Services Thirsk provides personal care and support to people who live in their own homes. The service supports people with a range of needs, including people living with dementia and people with complex health needs. The service works in partnership with health services such as district nurse teams and the community mental health team. The service currently provides personal care to 16 people.

This inspection took place on 26 October 2016 and was announced. This was a comprehensive inspection which provided a new rating for the service.

At our last inspection on 11 September 2015 we found areas of practice that required improvement. These were in relation to a lack of robust recruitment checks, poor record keeping and a lack of formal training. Following the inspection the provider submitted an action plan which detailed the action they would take to make improvements.

At this inspection we found that the required improvements had been made.

There was a registered manager in post at the time of our inspection. 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 told us that they felt safe and were confident that staff understood their needs and how to support them safely. We saw a number of examples where the service had helped people when there had been a problem or incident at home. There were sufficient numbers of staff to provide the care and support that had been agreed. Care staff were confident about how to protect people from harm and knew what to do if they had any safeguarding concerns.

The provider had introduced robust recruitment procedures to make sure staff had the required skills and were of suitable character and experience.

Risks to people had been assessed and plans put in place to prevent avoidable harm. An 'out of hours' service was in place so that people could contact a member of staff when the office was closed. Medicines were managed safely and people were supported to take medicines as prescribed.

Staff were trained by management in how support each person individually. People told us that staff were skilled and provided the support they needed, often going beyond the expectations of the care package to provide assistance. Staff received the training and support they needed to carry out their roles effectively.

There was an up to date policy in place regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager and care staff understood their responsibilities under

this legislation.

People were provided with the support they needed to maintain their health and well-being. The provider had established good links with other professionals, such as doctors and district nurses. The service took positive steps to involve healthcare services when concerns were identified.

People told us that they received good care which supported them in the way they wanted. The feedback we received was entirely positive. People said that they were always involved and informed about any changes or developments. People's dignity was promoted and care staff provided a personalised service.

The provider had made improvements to the care planning documentation. There were clear and up to date plans in place which reflected people's current needs and preferences. These were regularly reviewed with the involvement of the people concerned and their relatives.

Record keeping had improved since the last inspection. This included daily records such as medicine charts, as well as records relating to the management of the service, such as recruitment.

The registered manager and nominated individual were open and receptive throughout the inspection. A nominated individual is a person who acts as the main point of contact with the CQC. A nominated individual has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided. They had made improvements to the service since the last inspection. Their focus was on providing a tailored service to people which looked at all their needs rather than just personal care. People, their relatives and other professionals all told us that they felt the service was well-led and there was good management. Staff told us that there was a supportive working atmosphere and that their main aim was to provide a personal and caring service.

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.

There was a robust system for the recruitment of staff.

Risks to people were identified and action taken to reduce the risk of avoidable harm.

Medicines were managed safely.

People told us they had confidence in the service to keep them safe.

There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to carry out their roles effectively.

The registered manager and care staff understood the requirements of the Mental Capacity Act 2005.and Deprivation of Liberty Safeguards.

People were supported to maintain good health and were supported to access relevant services such as a doctor or other professionals as needed.

Where required, people were supported to eat and drink sufficient amounts and the provider took appropriate action where this was a concern.

Is the service caring?

Good

The service was caring.

People told us that they received very good care and support from the service.

People, and their relatives, where appropriate, were involved in

making decisions about their care and treatment. The provider took positive steps to make sure people with communication difficulties were involved as much as possible.

People were treated with dignity and respect whilst being supported with personal care.

Is the service responsive?

Good

The service was responsive.

People had clear and up to date care plans which described their needs and how these were to be met.

People received personalised and flexible care in line with their preferences.

People knew how to make a complaint or compliment about the service.

Is the service well-led?

Good

The service was well-led.

Accurate and up to date records relating to people's care and support were maintained.

The registered manager displayed passion and a vision for their aim of providing a tailored service that met people's individual needs.

People, staff and professionals told us that there was good management of the service and that it was well-led.

There were opportunities for people, their relatives and involved professionals, to feed back their views about the service.

Care Services Thirsk Limited

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 was a comprehensive inspection which provided a new rating for the service.

This inspection took place on 26 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. Prior to the inspection we contacted the local Healthwatch and local commissioning team for any relevant information.

During this inspection we visited the office and met one person who received a service in their home. We looked at records which related to people's individual care. We looked at three people's care planning documentation and other records associated with running a domiciliary care service. This included four recruitment records, training records and records of meetings.

We met with the registered manager and nominated individual. After the inspection we spoke over the phone with three people who received a service and two relatives. We also spoke with three care staff and received written feedback from another staff member. In addition we spoke with a social worker for one of the people who used the service.

Good

Is the service safe?

Our findings

At our last inspection on 11 September 2015 we found that recruitment of staff was not robust and did not protect people who used the service. We told the provider to make improvements.

At this inspection, we found that improvements had been made and the provider was now meeting the Regulations.

Recruitment records showed that the provider had recruited new staff following a robust selection process. There was evidence of two references, including from the most recent employer as well as a background check from the Disclosure and Barring Service (DBS). These checks allow employers to make safer recruitment decisions. We found that where any concerns had been identified in background checks, these had been appropriately explored and followed up.

The registered manager told us that they usually met prospective candidates informally before the application and interview stage to find out more about them and if they were suitable for the work. They added that some clients consented to prospective applicants visiting them with a manager to talk about the work involved. This meant that people could have some involvement in recruitment and feedback their views. All staff had an ID card and there was an up to date photograph in each employee's record.

We identified that one new member of staff was waiting for a DBS check to be returned and had been shadowing the nominated individual on visits to familiarise themselves with the role. We spoke with the registered manager about whether the risks had been assessed and recorded. They explained that although they discussed this with people who used the service prior to visits, there was no written record. They immediately wrote a risk assessment and agreed that in future they would get written agreement from the people concerned.

There were sufficient numbers of staff to provide people with the support that had been agreed. The manager explained that care staff got a rota each week and a schedule was sent to people who used the service so they knew who would be coming. This was confirmed by the people we spoke with. One person said, "I have four different [care staff] and I always know who is coming. I get a copy of the rota". A member of care staff also told us, "There are enough staff". No one we spoke with raised any concerns about staffing levels.

The registered provider used a mobile phone care planner app and staff used this to log in when they had arrived and left each visit. A message was sent to management to confirm this. The manager added that if a staff member had not logged in within 30 minutes of when they were due to arrive, an alarm would sound on a phone held by management and they would make further enquiries.

People told us that there were no problems with missed calls and that where two care staff were needed, this was always provided. People also said that if for any reason there was a delay they were contacted as soon as possible about the problem. There were no concerns raised about lateness or the timing of visits.

The registered manager told us that they had explored contingency plans for bad weather or emergencies. They were in discussions with local services, including local domiciliary care services, to support emergency and business continuity issues.

People told us they felt safe using the service. One person said, "I feel safe" and a relative told us, "I trust them to look after [Name]", adding, "It feels safe while they are looking after [Name]". The registered manager talked about some of the ways in which they kept people safe. They explained that for one person they carried out daily checks to confirm that they had sufficient cash in their wallet, basic food provisions, frozen meals and medicines. By doing this, they supported the person to live at home safely.

Staff were aware of potential risks to people's well-being whilst carrying out care and support, such as with moving and handling. The people we spoke with said they had confidence in the care staff and trusted them. There were written risk assessments in place for each person which included the risks associated with health, mobility and the environment. These were up to date and regularly reviewed. An accident and incident book was kept at the office to record any concerns. This showed that no incidents had been recorded over the last year. We found no evidence in care notes to suggest that incidents were not being recorded and the people we spoke with raised no issues in this area.

There had been no safeguarding alerts raised by the provider over the last year. The registered manager was aware of who to contact in the local authority if they needed to discuss or raise a safeguarding concern. An up to date safeguarding policy was in place. All staff had received training in safeguarding and those we spoke with told us they were confident about what to do if they had any safeguarding concerns.

Medicines were managed safely. Some people required assistance to take their medicines or to apply skin creams. The service made use of Medication Administration Records (MAR) to record when medicine or cream had been administered. We found MAR had been appropriately completed with no unexplained gaps and were signed by the staff member responsible. There were clear instructions for the dosage and time, and a note by each medicine showed whether it was in a 'blister pack' or separately boxed.

There were systems in place to protect people from medicine errors. One person received a medicine which varied in dose every few weeks following a blood test. We found that this was managed well and the provider was in regular contact with the doctor regarding any updates or changes. When we visited this person we checked their most recent medicine records which showed that this medicine was being administered correctly. Another person required a medicine patch on their body which had to be changed every day. Their care plan included a 'patch tracker' which showed where the patch should be placed each day so that it was in a different place on the body.

All staff members responsible for administration had received training in medicines and were observed in practice by a manager before being assessed as competent in this area of practice.

Good

Is the service effective?

Our findings

At our last inspection on 11 September 2015 we found a lack of formal training which meant that staff were not fully supported in their development and did not have opportunities to learn about wider areas of good practice. We told the provider that improvements were required.

At this inspection, we found that improvements had been made and the provider was now meeting the Regulations.

At this inspection we looked at training records which showed that all staff had received training in topics considered essential to the registered provider, such as moving and handling, health and safety, safeguarding and infection control. The staff we spoke with confirmed that they received the training they needed and that this was refreshed on a yearly basis. One member of staff commented, "Training is very good". Additional specialist training was provided to staff if it was needed. For example, training in dementia care and communication.

The registered manager had completed a train the trainer course in moving and handling and worked closely with care staff to train them in supporting people on an individual basis. All staff had completed, or were in the process of completing, the Care Certificate. This is a national set of standards for care workers. The registered manager and Nominated Individual had also completed this training so that they knew what was involved and what was expected of staff.

The care staff we spoke with said that they felt supported. Comments included, "I love it", "It's good. I'm enjoying it" and "We work as a team and this is why the care agency works so well". People who used the service and their relatives praised the staff who supported them. Feedback included, "Very caring", "They are very careful", "They help with everything I want" and "They are fantastic".

Records showed that care staff received a formal supervision with a manager to discuss areas of practice such as work, any concerns and personal development. These meetings were also used to talk about any feedback received from other staff or people who used the service. All the staff we spoke with said that there was regular contact with a manager and if they ever needed advice urgently there was always someone they could call.

Care staff received a full induction before they started working on their own. This included training, an opportunity to meet people when shadowing other staff, and an opportunity to familiarise themselves with policies and procedures. A probationary meeting was held with a manager after three months, to assess progress and discuss any learning needs.

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, 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. For people in the community who needed help with making decisions an application should be made to the court of protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Care records showed that people had consented to the care and support they received. The staff we spoke with were aware of their responsibilities under the MCA and how this could affect their work. A care worker explained that it was important to gain the person's consent before carrying out care tasks. They told us about a person they supported with having a bath and that although they encouraged the person with this, they had a right to decline, adding "If a person says 'no', no means no".

The registered manager was able to describe how they used the MCA in practice. For example arranging a best interest meeting for a person who could no longer live safely upstairs due to the risk of falls. A best interest meeting happens when a person is assessed as being unable to make a decision for themselves. Family members and professionals closely involved with the person then make a decision in the person's best interest.

The service had formed good links with other professionals to make sure that people were supported to maintain good health. The registered manager explained that they worked closely with district nurses, doctors and other professionals to make sure that the support they provided was in line with their advice and direction. A social worker told us "They are easy to get hold of and always in touch". The registered manager described some of the ways they supported people. This included advocating on someone's behalf for support with their deteriorating mental health, linking with a medical centre regarding a person's weight and taking people to appointments if needed.

Where people required assistance with eating and drinking there was clear guidance in care plans about the support required. The manager told us about some of the ways the service supported people with eating and drinking. They said, "When [Name] was in hospital recently we liaised carefully to ensure the ward staff knew they needed positive encouragement to eat food and have fluids. At home menu planners document the food eaten and the range of meals/fluids. Whilst in hospital for three days we visited at meal times on two days to support with the meal". They added, "One person lost weight and we liaised with the dietician for advice. We had previously looked for evidence of meals having been eaten and ascertained that they were not, and in some cases puddings were left in the microwave". This demonstrated how the service looked after people to make sure their health and well-being were maintained.

Good

Is the service caring?

Our findings

We received very positive comments from all the people and their relatives we spoke with. These included, "They are very good. I wouldn't ask for anything better…they are very careful", "It's going very well", "They are fantastic. My family is over the moon about them" and "I am very happy". Everyone we spoke with during the inspection was happy with the care and support they received.

Members of staff also described a caring service. A care worker told us, "I feel that the agency is extremely caring to a very high standard and clients often call us their second family". Other staff described how they were always introduced to people before starting with them, which helped put people at ease and to make sure there would be a positive working relationship.

One relative described how using the service had allowed them to have more time to themselves, being confident that they could trust care staff to look after their relation. They added, "It has enabled us to go way on a holiday, which shows we were happy". They explained that they had been closely involved with the service from the start. They added that care staff had not been initially welcomed by their relation, but they had carefully built up trust and established a good relationship, such that, "If I go out with [Name] he leaves a note for care staff to say where he has gone".

We visited one person at home with the nominated individual, who also provided them with care and support. We observed a friendly and warm relationship and it was clear that the person enjoyed their company. They told us that they were, "Very happy" with the support received from the service. The nominated individual was familiar with the person's routines and preferences and demonstrated a caring attitude throughout the visit.

People we spoke with told us they were treated with dignity and respect and that their privacy was maintained. One person said, "They are very respectful and safe. I recommend them to anybody". A care worker told us, "Privacy and dignity is promoted at all times with every client". We noted that induction training for new staff included the importance of maintaining privacy and dignity, as well as respecting people in their home environment, including any cultural or religious choices or preferences.

People told us that there was good communication with the service and that they felt involved. All the people we spoke with told us they knew their care schedule and that they were informed about any changes, such as if there was a change in care staff or if someone was running late. Everyone we asked told us that there was regular contact with the registered manager or nominated individual and nothing was done without asking them first.

The registered manager described how they supported people who had particular communication needs. One person who was registered as blind liked to know what was being written in their daily records. The registered manager obtained a special aid which allowed them to record verbally what was written onto a sticker which the person could scan to hear the recording. A person who was deaf needed a care worker who could communicate in British Sign Language. The registered manager had sign language experience

and provided the support to this person. Another person had memory problems and found it difficult to remember when care staff would be visiting. The provider arranged for a clock face to be put in the person's home, which showed the time of the next call with a picture of the staff member who would be visiting.

Overall we found that the service provided care and support which was tailored to individual needs. The registered manager and nominated individual were both involved in directly providing care and support. Because of this they had regular contact with people and their relatives and were able to develop positive relationships which promoted good communication and a personalised service.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us that the care they received was in line with their preferences and responsive to their changing needs. One person commented, "They help with everything I want. I only have to ask" and a relative told us, "We talked with them about what was needed. Everything planned has gone ahead and fallen into place…It helps [Name] to live on their own".

We found a number of examples of where the service had responded to improve people's lives. The registered manager told us, "We ensure that there are sufficient resources to enable us to be flexible to change to meet client's needs as they alter". They described how one person was moving to an extra care service. In preparation for the move the registered manager was negotiating the installation of telecare and sensory mats in the person's new flat. They were also carrying out extra shopping visits with the person to choose soft furnishings. In addition, they supported the person to visit the new flat so that they could become familiar with the new environment and routines.

Another person who required support lived in a remote area on the edge of a village and was quite isolated. They had deteriorating mental health and required flexible care and support. The registered manager described how they maintained close links with the person's family in order to make sure the person's needs were met. As well as supporting with appointments and medicines collection, the service was trusted by the family to involve other health services as necessary and respond to any issues that arose. For example, the registered manager explained that if household problems occurred, such as blocked drains, they would arrange and pay for emergency callouts and reclaim the costs at a later stage. This allowed them to take immediate action to respond to situations when necessary.

Each person had a care plan at their home and a copy was held in the office. These clearly described the personal care and support people needed, as well as any social needs. Care plans were written after the registered manager visited people for an assessment of their needs. This included a discussion about daily routines and preferences for call times. This was confirmed by the people we spoke with. One person said, "[The registered manager] set it up with me. Then she came with a member of care staff] and taught them about how to support me".

Care plans were person centred and included people's preferences for care and support. For example, whether they preferred a male or female carer as well as individual routines. Care plans were up to date and reviewed regularly to make sure that they reflected current needs. This was confirmed by staff and people who used the service. One person told us, "Information is up to date" and a member of care staff confirmed, "Care plans are better. They are kept up to date".

After each visit care staff completed a log to summarise the tasks completed. We looked at a sample of these which showed that support was given in line with care plans. Each entry was sufficiently detailed and included a description of how the person had been and any additional information, such as a visit from a district nurse.

There was a detailed complaints policy in place which included details of the CQC and Local Government Ombudsman. People we spoke with told us that they had regular contact with management and would have no problem raising a concern or complaint. No one we spoke with said they had had any reason to make a formal complaint and that any minor issues were dealt with straight away. The complaints record showed no formal complaints had been received over the last year. However, a number of compliments had been received, which made positive comments about the service received.

Good

Is the service well-led?

Our findings

At our last inspection on 11 September 2015 we found that there was a lack of complete and accurate records in relation to staff and people who used the service. We told the provider that improvements were required.

At this inspection, we found that improvements had been made and the provider was now meeting the Regulations.

At this inspection we found that accurate and up to date records had been maintained and there was an improved system for monitoring the quality of the service, which included regular management audits. A manager looked at care records every three months to check that they were up to date and contained the required information. They also carried out an audit of medicine records every month. The registered manager or nominated individual carried out occasional 'spot checks' on staff where they observed them in practice and fed back findings individually to the care staff concerned.

The registered manager and registered provider were both actively involved in directly providing care and support to people who used the service. Because of this they had regular contact with people, relatives and care staff, and had a clear oversight of the quality of the service provided. There were good working relationships with professionals such as doctors and social workers. The registered manager was looking at improving external professional relationships further by setting up a local registered manager's forum to share ideas and good practice.

We received good feedback about the management of the service. A social worker told us, "[Registered manager] is reliable and provides a good service…I could do with more providers like them" and a member of care staff said, "The care agency is very well led both for the clients and the staff. We have staff meetings to discuss any ongoing problems and how we can all strive to solve the problems". One person commented, "[Managers] will help me. They are fantastic. My family is over the moon about them".

There were opportunities for staff to get together and discuss issues and ideas at team meetings, twice a year. This was confirmed by the staff we spoke with. Although there were no minutes of the last meeting, the registered manager said that they had discussed medicines, safeguarding and staff pay. They added that it was important to involve and value staff to allow them to feel included. For example, at the last meeting staff were able to discuss an increase in pay rates and what would be best as a team. They told us they would ensure future meetings were recorded, so that minutes were available for all staff who may not have been able to attend.

The registered manager and nominated individual spoke passionately about providing a caring and personalised service. The registered manager explained that they were always flexible and supported people in the way they wanted. Because management had regular contact with people, they were constantly receiving feedback about how the service was going.

The registered manager was able describe the service's philosophy of care and values. These included providing personalised, caring and flexible support to each person. We saw that induction for new staff included a discussion about the organisation, values and philosophy of care so that they could familiarise themselves with how the service operated and what was expected in terms of behaviour and attitude.

The service had implemented new quality assurance surveys which were sent out to people and their relatives for them to comment about their experience of receiving care. This gave people an opportunity to express any concerns or compliments. We looked at 12 questionnaires which had been recently returned. All the feedback was positive and praised the service. One representative comment stated, "We have been very impressed by the staff providing day to day care. They do everything above and beyond what we expected and we do not believe we could have coped as well without them". The registered manager explained that once all surveys had been received they would complete a summary report. One relative had returned the questionnaire stating they felt it was poorly designed. The registered manager acknowledged that questionnaires were lengthy and confirmed that they would look at alternatives in the future.