

Easby Healthcare

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Inspection report

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Date of inspection visit:

03 October 2019

08 October 2019

Date of publication:

07 November 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Easby Healthcare is a domiciliary care agency providing care and support to older people, people with learning disabilities or autistic spectrum disorder, dementia, physical disability or sensory impairment. On the day of our inspection, there were 15 people using the service.

Not everyone using the service receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People continued to receive a good service. People had good relationships with the staff and were complimentary of the care and support they received.

People's risks were safely managed. Systems were in place to manage issues which might affect the safe delivery of care such as adverse weather conditions. People were safely supported with handling medicines. Staff were recruited safely, well trained, and people had consistent staff providing their care.

Staff were trained, skilled and well supported by the provider. People had good relationships with the staff who protected their rights to lead a normal life. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Robust systems were in place to gain the views of people using the service. Feedback from people was analysed and used to inform the review and development of the service. People were respected, staff championed their privacy and dignity and encouraged their independence in all aspects of life.

Staff were motivated to provide person-centred care based on people's choices and preferences. They were dedicated and praised for this by health and social care professionals.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 18 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Easby Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 October 2019 and ended on 8 October 2019. We visited the office location on 3 October 2019 and made telephone calls to people and their relatives on 8 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and three relatives about their experience of the care provided. We also spoke with three members of staff and the registered manager. We received written feedback from one social care professional.

We reviewed three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

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

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely.
- Staffing numbers were sufficient to meet people's needs. Staff continuity was maintained with visits.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse.
- Staff were trained in safeguarding people from abuse and demonstrated knowledge of their safeguarding responsibilities. The registered manager knew how to refer any concerns to the local authority safeguarding team.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff said they had access to as much protective equipment such as gloves and aprons as they needed. People told us staff respected their homes and left them clean and tidy.
- Accidents and incidents were audited monthly to identify themes and trends for which action could be taken to minimise the risk of reoccurrence.

Using medicines safely

- Medicines were managed safely.
- Protocols were in place to guide staff on when to administer 'as and when required' medicines.
- Information on topical medicines, such as creams was recorded in line with best practice guidance to support the safe use of these medicines for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed a thorough induction and appropriate training. They received supervision and ongoing review of their performance.
- Staff received ongoing support from the registered manager and told us that they felt confident to raise any issues they had.

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

- Staff supported people to maintain healthy lifestyles of their choosing.
- Staff had good links with district nurses and GP's. One member of staff gave an example of when they had liaised with health care professionals when person they were supporting was unwell.
- Staff continued to work well with other agencies, health care professionals and social service officers.

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

- People were effectively supported with food planning and preparation and making healthy choices with their nutritional needs. Where anyone had specific dietary needs, these were well supported.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a comprehensive assessment of their needs carried out and these were consistently documented.
- Care plans provided clear information to guide staff and support good practice.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.

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

- The provider met the requirements of the legislation. People were involved with important decisions about their care. Relatives told us they were involved in planning and review of their family members care.
- Staff told us they gained people's consent before supporting them. One member of staff told us, "I always respect people's right to refuse care and support."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to receive care and support they needed from caring staff.
- All of the people and relatives we spoke with complimented the staff team on their caring approach. One person told us, "The staff are excellent, absolutely brilliant." A relative told us, "I can't praise the staff enough; they've made such a difference to my family member's life. I know the care provided is done in a very kind and considerate way. I cannot thank the staff team enough."
- People's protected characteristics under the Equality Act were identified and any related needs were assessed.

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

- People's views and opinions about the support they received were sought on a regular basis. Feedback was positive and complimentary. Comments included, "Couldn't be happier with the care" and "I feel that all my support workers treat me very well."
- People's care records continued to demonstrate that they led the way in how they wanted their care and support delivered. Relatives told us they were involved in review of their family member's care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence was fully encouraged. One person told us, "The staff know what I can do for myself and support me to remain as independent as I can be; that is very important to me."
- Staff gave examples of how they respected people's dignity when they supported a person with personal care. One member of staff told us, "If a person prefers a male or female carer we will always accommodate their request."

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People continued to receive person-centred care which was responsive to their needs.
- People said they were asked about their needs and staff followed their wishes and preferences when providing support.
- Care plans were person centred, written from the point of view of the person and gave clear instruction to staff about the support they needed and how they would like to receive it.
- People had the opportunity to discuss their end of life care preferences. This helped to ensure people would receive dignified, comfortable and pain free care to support and maintain their cultural and spiritual requirements.

Meeting people's communication needs From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider made sure people had accessible information.
- Staff gave examples of how they supported people with information in a format they could understand.

Improving care quality in response to complaints or concerns

- The provider had systems in place to manage complaints. Records we reviewed showed the registered manager had followed this when dealing with complaints.
- People were given a copy of the complaints procedure when they start receiving care. People and relatives told us they felt able to raise concerns and would always contact the office if they needed to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider continued to promote a positive, open and person-centred approach to care.
- Feedback from people described good outcomes. People had recommended the service to others, who had since began receiving care and support.
- Staff felt engaged in the service and supported by the management team. They told us they enjoyed their work and felt valued by the provider.
- The office communicated well with people, relatives and staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour. We could see from the detailed records being kept that feedback had been dealt with in a candid and honest way.
- The provider understood their responsibilities around notifying the CQC and had submitted all the required notifications.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles. People told us staff supported them with their needs in a caring and responsible way.
- The service had a strong culture of learning and improvement, and there were robust quality assurance systems in place.
- Detailed records were kept throughout the service.
- There were regular staff meetings. These included discussions of good practice and ways the service could improve.

Working in partnership with others

- The service worked closely with other professionals and services to promote positive outcomes for people.
- Staff we spoke with gave examples of working in partnership with a range of health and social care professionals.