East Riding of Yorkshire Council

Community Support Services

Inspection report

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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**

Overall summary

The inspection of Community Support Services took place on 24 February and 3 March 2015 and was unannounced. At the previous inspection on 11 February 2013 the regulations we assessed were all being complied with.

Community Support Services provides two bespoke services to people under the East Riding of Yorkshire Council's (ERYC) registration with the Care Quality Commission for the regulated activity of personal care. These bespoke services are Short Term Assessment and Re-ablement Service (STARS) and Carer Relief. The majority of the carers are registered for Carers Emergency Cover Services which is provided when an emergency or carer crisis occurs. It is available until alternative care arrangements can be made for a maximum of 72 hours. Around 350 carers are registered with the Dementia Sitter Service which gives the carer the opportunity to go out or attend appointments and is available throughout the year, However, there are limitations on the number of visits that can be allocated to each individual carer.

STARS main focus is re-ablement, which is short term practical and emotional support to assist people to gain confidence in living skills, so they can remain at home or

Summary of findings

move back home with as much independence as possible. People are assessed regarding their re-ablement needs and a support plan with specific goals are agreed with them.

However due to the Local Authority's duty of care, the STARS team also acts as the provider of 'last resort.' When independent providers have no capacity to provide the service requested, STARS have to look at the availability to take on these packages of care. This provision by STARS is usually short term and an interim measure until independent providers have capacity to take these services back.

Carer Relief comprises of 'carer relief sitting service' and 'carer emergency cover' as well as 'flexible breaks' for carers. This service is designed to offer relief to carers who provide support to someone who displays dementia due to underlying conditions or diseases. It offers care to people with dementia so that their carers can have relief from caring or when they may be unable to care for the person with dementia because of an emergency.

STARS has up to 100 people at any one time who may actively receive a service. This is a client group that changes regularly because of the success of the service. Carer relief has around 3000 people that are carers to a relative or someone they know and are registered with the service. The majority of these carers are registered for Carers Emergency Cover Service which is provided when an emergency or carer crisis occurs. It is available until alterative care arrangements can be made for a maximum of 72hr. Around 350 carers are registered for a Dementia Sitter Service which gives the carer the opportunity to go out or attend appointments and is available throughout the year however there are limitations on the number of visits that can be allocated to each individual carer.

Community Support Services has a registered manager in post. 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.

We found that people that used the service were protected from the risks of harm or abuse because the provider had ensured staff were appropriately trained in safeguarding adults from abuse and the provider had systems in place to ensure safeguarding referrals were made to the appropriate department.

People were safe because whistle blowing was fully understood by staff and was appropriately addressed and investigated by the service where appropriate, or by another Local Authority department if not. Risks to people in their homes were reduced because the service had completed risk assessments on their environment and any activity they undertook.

The staff that worked for the service were in sufficient numbers to meet people's needs and everyone we spoke with felt the level of support from staff was good and it was always on time. We found that staff recruitment followed safe policies and practices because the service followed procedures that took into consideration the requirements of our regulation on recruitment. We found that the management of medicines and infection control practices were safely carried out.

All of this meant people were protected from the risks of harm that they could be exposed to if staff had not been knowledgeable in safeguarding, were not employed in sufficient numbers, were unsuitable for their roles and if poor practices in medication and infection control were carried out.

People that used the service told us they were cared for and supported by skilled, knowledgeable staff who had undertaken induction and training for their roles. Staff had been appropriately supervised. They adhered to 'best practice' as adopted by ERYC and they communicated well to ensure the rights of people were upheld with regard to their mental capacity and any deprivation of their liberty. People were supported with nutrition and achieving optimum health.

This meant that people were well supported and had their needs met with regard to their personal care when needed. It meant they were supported with maintaining their living skills and were encouraged to live healthily. It meant those on the Carer Relief scheme were supported well or just had someone to guide them in the absence of their full time carer, when needed.

People told us they found the staff to be very pleasant, caring and knowledgeable. From the examples that staff related to us about how they had assisted people, we got

Summary of findings

a good sense of the attitudes and approaches to people that staff had in their caring roles. We found in people's care files that there was suitably recorded information available to staff to know how best to support them.

Staff displayed empathy, compassion and understanding within their roles and were conscientious about striving to provide an excellent service.

This meant that people were treated with care and consideration, so that they felt the staff were like extended family. This meant they were valued and respected.

People had assessments of need, risk assessments and care plans in place to aid staff in providing the best possible care to them. Social activities were not facilitated by the service but staff did aid people to acquire new or regain old living skills abilities. Staff assisted people with returning to independence.

Everyone that used the Community Support Service had a system in place to follow in the event they wished to make a complaint.

This meant that people received support from staff that was responsive to their individual needs of care.

People received a service that was well managed. It was tailored to their individual needs and times and it was checked on a regular basis regarding the quality of service provision. There was an experienced registered manager in post who was deputised by an equally experienced deputy manager.

This meant that people had the benefit of a well-managed and run service of support. They either achieved the goals of their care plan and returned to independent living or they were signposted to appropriate independent domiciliary care services. Those whose main carer was listed on the Carer Relief register were given the level of service they required in the absence of those carers.

Summary of findings

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 that used the service were protected from the risks of harm or abuse because the provider had ensured staff were appropriately trained in safeguarding adults from abuse and that safeguarding referrals were made to the appropriate department.

Whistle blowing was appropriately addressed and investigated. Risks in people's home were reduced. Staffing was provided in sufficient numbers to meet people's needs. Staff recruitment followed safe policies and practices. Medication management and infection control practices were safely carried out.

Is the service effective?

Good

The service was effective.

People that used the service told us they were cared for and supported by skilled, knowledgeable staff who had undertaken induction and on-going training for their roles. Staff had been appropriately supervised, adhered to 'best practice' as adopted by ERYC and communicated well to ensure the rights of people were upheld with regard to their mental capacity and any deprivation of their liberty. People were supported with nutrition and achieving optimum health.

Is the service caring?

Good

The service was caring.

People told us they found the staff to be very pleasant, caring and knowledgeable. From the examples that staff related to us about how they had assisted people, we got a good sense of the attitudes and approaches to people that staff had in their caring roles.

We found that staff had access to records that advised them how best to support people. Staff displayed empathy, compassion and understanding within their roles and were conscientious about striving to provide an excellent service.

Is the service responsive?

Good

The service was responsive.

People had assessments of need, risk assessments and care plans in place to aid staff in providing the best possible care to them. Social activities were not facilitated by the service but staff did aid people to acquire new or regain old living skills. Staff assisted people with returning to independence. Everyone that used Community Support Services a had system in place to use in the event they wished to make a complaint.

Is the service well-led?

Good

The service was well led.

People received a service that was well managed. It was tailored to their individual needs and was checked on a regular basis regarding the quality of service provision. There was an experienced registered manager in post who was deputised by an equally experienced deputy manager.

Community Support Services

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 checked 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.

The inspection of Community Support Services took place on 24 February and 3 March 2015 and was announced.

The inspection was carried out by one lead inspector. We had received a 'Provider Information Return' (PIR) from the provider before we inspected the service. 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 section on 'safe' contained information about the service's recruitment and training practices and its safeguarding procedures and practices. It told us about staffing levels, dealing with situations that were challenging to the service, medication management and how the service reduced risks to people.

The PIR told us about assisting people to achieve their goals of independence or to experience consistent and enjoyable support in the absence of their main carer. There was information on responding to people's needs, customer relations and how well staff were equipped and skilled to carry out their roles. The PIR gave us some insight into the management systems and styles in operation to ensure Community Support Services was a well-run service of re-ablement and carer relief.

We also looked at the information we had received from the service throughout the year in notifications and details of safeguarding alerts they had made.

On the first day of our inspection site visit we interviewed the registered manager and looked at some of the service's documentation regarding policies and procedures, staff training records, the staff handbook, the Statement of Purpose and the Service User Guide. We also visited three people that used the service in their own homes and discussed elements of the service with them and with one relative. We looked at the care plan documents that the three people held in their home.

On the second day of our inspection site visit we interviewed the registered manager again, interviewed the deputy manager and two community support workers (staff), viewed some of the service's quality assurance documentation, looked at three staff recruitment files as well as staffing rosters and viewed two computer held care files for people that used the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. People said, "I'm happy with the service and wish it could go on for longer", "The service has been an absolute God-send" and "I don't know what I would have done without the service and particularly these girls that have visited me."

A safeguarding policy was available and community support workers (staff) were required to read it as part of their induction. Staff had received training in safeguarding vulnerable adults. Staff were knowledgeable in recognising signs of potential and actual abuse and were aware of the relevant reporting procedures. The registered manager told us there had been one safeguarding concern raised in the last twelve months. We saw this had been notified to us in a timely manner. The manager informed us that concerns regarding the safety of people were discussed with only the relevant people in their lives and that additional support was obtained from the emergency services if required.

There were arrangements in place to help protect people from the risk of financial abuse. Staff, on rare occasions, undertook shopping for people who used the service. Records were made of financial transactions which were signed by people that used the service and the staff member. This was to protect people from the risk of financial abuse.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. Assessments were undertaken to assess any risks to people that used the service and staff supporting them. These included environmental risks and any risks due to the health and support needs of people. The risk assessments we viewed included information about action to be taken to minimise the chance of the risk occurring. For example, some people had restricted mobility or limited function of their limbs following accidents and information was provided to staff about how to support them when moving around their home, transferring and completing household or cooking tasks. We were told that very few people required the use of a hoist but staff had been trained in the use of hoists and other lifting equipment in the event they needed to use them to aid people.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people assessed to use the service and their identified needs. The registered manager told us that staffing levels were adjusted according to the needs of people and we saw that the number of staff supporting people was often reduced appropriately when people improved in confidence and ability to move to independence once more.

We saw that the service was provided over a very extensive area: the whole of the East Riding of Yorkshire. We were told by a community support worker that with effective planning and keeping workers within their area teams, travel times could be kept to a minimum. Local planning of staff visits to people decreased the risk of staff not being able to make the agreed appointment times. The registered manager informed us the service very rarely had any missed appointments. If staff were unable to attend an appointment they informed the duty team leader in advance. They answered all telephone calls coming into the service and arranged cover so that people received the support they required.

There were suitable recruitment procedures in place and the required checks were undertaken prior to staff starting work. The registered manager informed us of the process that applicants underwent to obtain their roles. This included completion of an on-line job application form and health check questionnaire. Staff were then shortlisted and attended an interview to assess their suitability. The registered manager informed us that applicants were checked using references and the Disclosure and Barring Service to ensure their suitability and fitness. We were unable to see if staff had signed a contract of employment and had terms and conditions of employment as these documents were held at ERYC Human Resources department.

The staffing records we looked at showed that some staff had a variety of previous experience of working in health and social care settings, although some did not. However, one of the community support workers we interviewed that did not have previous experience presented as a highly competent and suitably appointed staff member. They understood the principles of caring, answered our questions knowledgeably and demonstrated an empathetic approach to the task. All staff were required to complete an induction programme which was equivalent to the common induction standards provided by Skills for Care.

Good

Is the service safe?

We were told by the community support workers we interviewed that they had received training in the management of medicines and that in the main they only checked that people had taken their medication at the appropriate times. People who used the STARS service were usually able to self-administer their medication. People on the Carer Relief scheme usually had family members to ensure their medication was administered to them and only rarely did a community support worker need to take the responsibility for this.

Staff we interviewed told us they had completed food hygiene training so they were capable of providing meals safely. They said they had completed infection control training and had the required personal protective equipment (gloves, plastic aprons, sanitising gel and shoe protectors) they needed. They told us they were given information and leaflets on various common health infections and diseases so that they were equipped to protect people, themselves and others should they suspect people they visited had any of these problems.

Good

Is the service effective?

Our findings

People we spoke with told us they were very satisfied with the service they received. They said, "If I hadn't been able to get help I don't know how I would have managed" and "The staff have been wonderful. They give me just the help I need while I am recovering."

Staff employed by East Riding of Yorkshire Council's (ERYC) Community Support Service were employed as community support workers and carer relief sitters. We saw from records held that staff had the knowledge and skills required to meet the needs of people who used the service. Training was provided on an on-going basis by the ERYC in all topics the service considered mandatory. This ensured staff had up to date knowledge and skills related to their roles and responsibilities. The training records for staff were held in electronic format, a printout of which we saw, and staff spoken with confirmed they had received the required training. In addition to the mandatory training staff were encouraged to complete training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

Staff received regular supervision and appraisal from their team leaders. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

Community assessment officers carried out the initial assessment and they found out about people's interests as well as their immediate needs for support to become independent again, so that staff with similar interests could be allocated to them, if possible.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes was carried out by people that received the service with support and ideas from staff to ensure food and drink was accessible to people who used the service. This was about ensuring people retained or regained the independence they had before their illness or accident. One staff we interviewed explained how they gave people strategies for heating food in a microwave oven using a handled jug, when they temporarily had the use of only one hand, which enabled the person to be independent again and less reliant on times when staff visited.

We spoke with one person that received the service shortly after lunchtime. However, they told us they were just about to have lunch and a staff member arrived while we were there. The person had been ill in hospital, had always lived a night time existence due to their business adventures and therefore still went to bed late, rose late and so ate later than most people. The staff prepared a sandwich for the person who was still unsteady on their feet due to weakness following their illness.

Staff told us they had received training in food safety and were aware of safe food handling practices. Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink.

We were told by people that used the service and the relative of one of them that most of people's health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff that worked with the Carer Relief scheme were available to support people at times when carers needed to access healthcare appointments and have a break from taking their dependent relatives along with them.

Staff from the Carer Relief scheme supported people when their main carer was taking a break, and these people invariably had capacity issues. For the people who did not have capacity to make decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interest' in line with the Mental Capacity Act 2005 (MCA). The manager told us that if they or any of their staff had any concerns regarding a person's ability to make a decision they ensured appropriate capacity assessments were undertaken.

All staff were instructed and knew the importance of ensuring they obtained appropriate consent from people that used the service. Documentation that we saw had been signed by the person that received the service.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health, they called for an ambulance to support the person and support their healthcare needs. We saw that occupational therapists, physiotherapists and district nurses were liaised with by

Good

Is the service effective?

staff as necessary to meet people's needs. Care records contained information about people's illnesses or accidents and the health care support they required because if them.

The ultimate 'effectiveness' test of the service is the success it has with enabling people to return to their usual lives where they continue to live independently. We were told that for most people this is usually the case. However, those people that don't regain full independence and continue to receive a domiciliary care service are successfully allocated an independent domiciliary care provider that has contractual agreements with the ERYC.

Good

Is the service caring?

Our findings

People we spoke with told us they had been highly delighted with the service they had received. One person said, "I have only recently started receiving the service, but I am happy with it. I sometimes can't keep up with the staff names though because I may see a different face each day. They only visit me to ensure I get my meals, as I haven't been eating well while I've been ill. Everyone is so kind though, nothing is too much for them." Another person said, "The girls that visit me and the men, as there are a couple who come, are so thoughtful. They say that it is quite alright to ask them to do small jobs that they don't mind doing and only take a moment, if it means I can be independent later. Such as grating a bit of cheese for me or cutting up some meat." A third person said, "The staff are very caring. They help me to bed and to get up and dressed each morning, because I have this brace following my accident and can't manage it alone. One or two will stay a little longer at night to keep me company as I am often their last call. I think that is really kind of them."

When we spoke with community support workers about their approach to people and their caring attitude they told us they always put people first and would go the extra mile if it meant people were safer or happier because of it. One team leader said, "I know the staff here are caring. For example one of the staff I supervise rang me to tell me they'd called an ambulance to a service user. They told me a paramedic had been rough with the person who had called out several times in pain. This had upset the staff so they took the name of the paramedic and later made a formal complaint. The staff had been tearful when they told me about it." Another staff member said, "It is my responsibility to make sure people are safe, but it's also my wish to make sure people are treated the way I would want to be treated. I'd want to be treated with respect and compassion. I'd also want to be supported through problems for as long as it took, that's why me and other staff would stay with people as long as necessary if we found they had been taken ill or had an accident. Other staff would then cover our visits for us."

We found that staff were humble in their approach to people because they were stepping into people's homes and offering to do some of the tasks they usually did. Staff working for STARS did not particularly build up relationships with people because the service usually only lasted for as long as people required it. Re-ablement is a short term service for the period re-ablement is required; this can be for a few days or up to several weeks. However, once a person's potential has been reached then re-ablement services either cease or are replaced by on-going domiciliary care services. At that point the service is eligible for charges and people are financially assessed to establish what their contribution would be. However, those staff that worked as carer relief sitters did build relationships with people and it was this element of the service that family carers appreciated. Carers felt they wanted the same staff to sit with their relative because it ensured consistency, especially when they got on well with the sitter.

People told us they had been involved in planning their package of care and had been given information about the service in the form of a 'Service User Guide', which contained explanations about what the service entailed, how long people could expect to receive it and what to do if a staff member didn't' turn up or people wanted to complain about their performance.

Staff understood the principles and importance of maintaining a person's confidentiality and they fully upheld peoples' privacy and dignity.

Good

Is the service responsive?

Our findings

People we spoke with told us they found the service to be extremely responsive to their needs. They said, "I have a plan of support, which staff follow carefully because they need to make sure my injuries are not exacerbated. I know how to make a complaint if I need to as there are details in my folder on who to ring" and "I had an accident and injured my hand so that I required an operation and so have this splint on it. I hate being incapacitated, having been independent all my life. However, the staff from STARS have been a God-send. One helps wash my back, as I can't get in the bath just yet, and another might peel a potato for me or open a can of something so that I can get it myself later. It is so frustrating with only one hand. With a bit of help from one of the lasses I managed to cook my dinner the other day though."

In interviews with staff they told us how they supported people with daily living tasks, personal hygiene if needed and with meal provision. Staff revealed that they were resourceful in their approach to supporting people with these tasks. Staff demonstrated understanding of the concepts of choice, individuality and social isolation. From conversations with people and with staff we judged that choice, individuality and preference were all respected by staff, as people they supported usually had full autonomy in their lives.

Staff told us that people were respected if they expressed a preference for same gender workers visiting them. One male staff who said a female service user might 'raise their eyebrows' if he was unusually required to assist them with a more personal task like showering, also said he made sure they could refuse his support and be assisted at a later date by a female. If they accepted his help then he took great pains to reassure people he would maintain their dignity by keeping them covered, encouraging their independence and only assisting where absolutely necessary. A female staff member told us about one female they had assisted who said "The only thing I've got left is my dignity…I don't want a man in the toilet with me". The staff stated it was extremely important that people's preferences were always respected.

We looked at two people's care files held in an electronic format and saw people had an initial contact request form, an assessment of needs and appropriate risk assessments in place regarding their home environment and activities of daily living. In addition to this, they include, a care/support plan, a review of their plan, referral to Care Management to set up an alternative provider (if appropriate), a signed consent form to accept the plan, case notes and support worker daily diary notes.

There were few details about activities and interests as these were not within the remit of the service, which was designed to return people to an independent lifestyle. We were told that people that received the Carer Relief service had some information about their interests held in their files so that staff could be matched with them if possible when they were allocated.

We saw from records held that concerns and complaints were handled according to the ERYC's complaint policy and procedure. People had a copy of the complaint procedure in their files at home and so knew how to make a compliant if need be.

Good

Is the service well-led?

Our findings

People we spoke with told us they had no problems with the way the service was run as they could always contact someone to discuss issues out of office hours, usually received support from the same staff and were consulted about changes or quality of the service in reviews of their care package.

Staff we spoke with told us they felt the culture of the service was one of 'people's safety and care first, last and always', where staff were caring and conscientious. They said they could discuss issues any time with colleagues, team leaders and the manager if available. They said that the culture was one of 'always questioning practice and striving to improve it'.

Staff expressed the view that management were supportive and led by example. The registered manager had been in post several years and was assisted by an equally experienced deputy manager. We saw that they worked well together and it was clear in staff interviews that they were well respected.

The service was a combination of two separate services provided by ERYC (Re-ablement Service and Care Relief Service) that had been brought together to form one service and given new registration with the Commission at the beginning of January 2014. This was the first inspection of the combined service using the Commission's new approach inspection methodology.

The service had written aims, objectives and principles within its Statement of Purpose and also had written service standards and promises to its customers within the same document. Staff were aware of these.

We discussed the quality assurance systems with the registered manager and found that there were some audits carried out that included checks on medication handling, safe practices in care, training completed by the workforce and checks on record keeping. We saw evidence that staff practices in care were checked for safety in the form of observation sheets to record an observed supervision session. There were also quality assurance forms held in people's care files that recorded when checks had been made on the quality of the care they received. This was completed at the same time as an observed session with staff.

The registered manager gave us that an example of changes made to the service following checks on medication safety. This was the introduction of half hour visits in place of 15 minute visits. They said this was as a result of ten medication errors being identified over a twelve month period. This increase in time ensured people had sufficient time to take their medication, enabled staff sufficient time to check that medication was taken correctly and gave them time to take action to remedy problems they identified during the checks.

We saw that people had a quality survey form in their care files that they could complete at any time. It was accompanied by an information leaflet on the expected quality of the service. We were told by staff that people were informed at the time of their assessment how to make a complaint and that they could complete the quality survey form whenever they wished. As the service was only provided for short periods of time before it was withdrawn or passed to an independent service provider, there was no formal surveying of the quality of service provision. However, the service has recently appointed a new quality assurance officer, who will soon be formally auditing all of the ERYC registered services.

We saw that records held by the service were in both electronic and paper format. Computers were password protected and records could not be easily changed. The ERYC had signed up to the Information Commissioner's Office with regard to holding electronic personal information on people and staff. Paper files held on the premises did not tend to contain personal information about people that used the service or staff.