Abbeyfield The Dales Limited

Skipton Care at Home

Inspection report

The Managers Office
Abbeyfield Woodlands, Woodlands Drive
Skipton
North Yorkshire
BD23 1QU

Tel: 01756791860
Website: www.abbeyfieldthedales.co.uk

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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

Skipton Care at Home operates only within the Abbeyfield Independent Living with Extra Care complex, which is located close to Skipton town centre. The agency is part of an integrated care scheme providing supported living for people aged 55 and above and operates a 24 hour service. At the time of the inspection the agency was supporting 10 people.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The visit to the agency office took place on 1 June 2017. The registered manager was given short notice of the inspection; because the location is a domiciliary care service and we needed to be sure the registered manager would be available.

This was the first inspection since the agency was taken over by Abbeyfield The Dales Limited in April 2016. Prior to that the service was registered with another service out of area and had been inspected as part of that different registration.

Staff had received training so they had the skills to carry out their role and this was updated regularly. Staff had also received supervision and an annual appraisal; this mean staff had a formal arena to discuss work performance and personal development, in accordance with the service's own policy.

Observations of staff working practices had also commenced. We found there were arrangements in place to ensure people received medicines at the right time.

Care records reflected the care delivered to people and the care and support they described to us.

Risk assessments had been reviewed to assess identified risk relevant to the health, safety and wellbeing of people. For example, supporting people with their medicines, the use of equipment or support with nutritional intake.

Quality assurance systems had been introduced and further improvements were noted to formalise current checks and monitoring. Staff had a good understanding of what to do if they saw or suspected abuse or if an allegation was made to them.

There was a strong person centred and caring culture at the agency. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management and staff team. People had confidence in the service. Staff and people who used the service told us they thought the service was well-led.

Staff told us they worked as part of a team, and that Skipton Care at Home was a good place to work. Staff clearly worked well together and felt proud to be providing care that was centred on people's individual needs.

There were sufficient staff to meet people's needs and provide a regular team of care staff to people who used the service. This will need to increase as the service expands. Recruitment information demonstrated that staff were suitable to work with people who used the service.

People told us the service provided good care and support and that staff sought people's consent to care and treatment. They told us the staff were extremely caring and respected their choices and decisions. Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity.

People were supported with their health and dietary needs, where this was part of their plan of care or in an emergency. People told us when they raised any issues with staff and the registered manager; their concerns were listened to and were acted on.

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 were sufficient staff to meet people's needs and provide a regular team of care staff to people who used the service. Robust recruitment systems made sure only suitable people were employed.

People had confidence in the service and felt if they reported any concerns they would be acted on.

We found there were arrangements in place to ensure people received medicines at the right time.

Is the service effective?

Good

The service was effective.

Staff felt supported. Training, observational supervision and appraisals were carried out.

Staff sought people's consent to care and treatment.

People were supported with their health and dietary needs, where this was part of their plan of care or in an emergency.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and said they were kind, caring, and respectful and knew them well.

Staff spoke with pride about the service and about their focus on promoting people's well-being. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individual.

Staff were very respectful of people's privacy and dignity.

Arrangements were made when people were reaching the end of their lives' so that they could remain at home if that was

appropriate.

Is the service responsive?

Good

The service was responsive.

Care records reflected the care delivered to people and the care and support they described to us.

People told us when they raised any concerns with staff and the registered manager; their concerns were listened to and were acted on.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess and monitor the quality of service provided, and further improvement were planned to enhance the current systems.

The vision and values of the agency were understood by staff and embedded in the way staff delivered care. The registered manager and staff had developed a strong and visible person centred culture in the service. Staff told us the management team led by example and inspired a caring approach in the service.

Skipton Care at Home

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 visit to the agency office took place on 1 June 2017. The registered manager was given short notice of the inspection; because the location is a domiciliary care service and we needed to be sure the registered manager would be available.

Two adult social care inspectors carried out the inspection.

Before our inspection, we reviewed the information we held about the service. This included the service's inspection history and registration information. We contacted commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

The registered 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.

At the time of the inspection the agency was supporting 10 people who required personal care. We visited eight of those people either in their own apartments on site or in one of the communal areas.

In addition to the management team, the service employed eight care staff who were supported by catering, domestic and administrative staff. The service also employed an activity organiser. We spoke with two care staff, head of care, the administrator and registered manager to obtain their views and experience of working for the agency. At the time of the visit we also took the opportunity to speak with a visiting health care support worker and a specialist nurse practitioner.

We also spent time looking at records, which included four people's care records, five staff records and other records relating to the management of the service, such as quality assurance and policies and procedures.

Good

Is the service safe?

Our findings

We checked systems were in place to protect people from bullying, harassment, avoidable harm and abuse that may have breached their human rights.

Discussions with people confirmed they felt safe in their homes when staff were visiting and providing assistance. People were able to describe why they felt safe, one person told us, "Yes, I feel safe here. Staff are available at any time of the day and that is so reassuring." Another person told us, "I haven't had to raise any concerns; I have never had any problems." People also told us they trusted the staff and felt able to confide in them if they were upset or felt unsafe.

A visiting specialist nurse practitioner told us, "Its lovely here. The staff check who you are and who you are visiting. They are always pleasant and welcoming. Communication is good and the person I am visiting told me they feel very safe here."

Discussions with staff showed they had a good knowledge relating to safeguarding. They were confident any concerns reported by them would be acted on. At the time of the visit there had been no safeguarding matters reported to the local authority. One member of staff told us, "I am always looking to see if there are any changes in peoples moods or if there is unexplained bruising, that might make you suspect abuse. I would not hesitate in reporting that to the manager or a senior member of staff."

We checked systems were in place for the recruitment of staff to ensure only suitable persons were employed. The recruitment records were kept electronically and we checked five of these. The original papers were kept at the organisations head office. The service had a robust recruitment policy with reference to national guidance, for example Disclosure and Barring Service (DBS) best practice. One folder did not have evidence of a DBS number, and another did not have scanned photo identification. However, we were provided with assurance all staff held valid DBS numbers and photo identification had been submitted but had not been scanned onto the system available to us.

We found there were sufficient numbers of staff employed to meet people's needs. In our discussions with people we found they received support from a consistent team of care staff. They told us staff came at the right time, stayed for the required time and completed all the tasks they were asked to do. People told us, "The staff are here all the time, at the complex, so they are always on time, give or take five minutes." Staff confirmed what people told us and that they visited the same people, which helped ensure continuity of care.

People told us there was an 'on-call' system for any out of hour's concerns or emergencies and we saw there was a 'sleep in' person on site to respond to emergencies.

Risk assessments had been undertaken to assess and identify risks to people who used the service and to care staff who supported them. When we spoke with people they confirmed to us that care staff were competent and aware of risks that may be presented and managed these well. For example, where

someone needed support with their medication which had to be given at strict times during the day and evening. In our discussions with staff, they were able to describe how they used risk assessments to minimise any risks and that these were always available in people's apartments. Staff told us these were updated as required and reviewed regularly.

People we spoke with told us their medicines were properly managed by staff. In people's records we found staff had a medicine plan which informed them of medicines to be administered to the person and a medication administration record to record when they had administered the medicines.

In our discussions with staff they were knowledgeable in the processes to follow to administer medicines safely. Comments included, "We know what people take and it is detailed in their care plan."

Some people were able to order their own medicines and did this through their local doctor and pharmacist. In some instances, people managed their own medicines.

Good

Is the service effective?

Our findings

Staff had the right knowledge and skills to carry out their roles and responsibilities, meaning that people received effective care and treatment. The registered provider had arrangements in place to make sure each staff member had an annual appraisal, quarterly supervisions and spot checks to observe their care practices. Our discussions with people showed they thought staff were well trained and competent in their respective roles. One person told us, "The staff here are excellent, they know what they are doing."

Staff told us they received training relevant to their role and they felt competent in their work. One staff member said, "I completed my induction when I first started. I shadowed more experienced staff at first and have completed my care certificate." The service enrolled staff on the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care staff. We saw where new staff had commenced employment and completed this training. The service had a training matrix to monitor the training staff had received, when training was due for renewal and identify where staff needed further training. However, further work was needed to bring the matrix up to date and show an accurate record of the training staff were yet to complete. From individual staff records we found staff had received a variety of training relevant to their roles including working in a person centred way, privacy and dignity, safeguarding adults, mental capacity, basic life support, health and safety, infection control, medication, and manual handling.

The service had a policy and procedure in place for the supervision and appraisal of staff. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

Staff members told us they felt supported in their work. Staff told us they benefited from the opportunity to discuss in private, and in a formal way, their work and any issues they wanted to raise. This included any further personal development or improvement needed. In addition to this, the registered manager told us they had an 'open door' policy and was available in between formal supervision to discuss and share ideas about the service.

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 so they can 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.

Staff told us they received training and were able to tell us how the MCA might have an impact on people

who received a service. When speaking with staff they all showed a passion for upholding people's rights and supporting people to make their own decisions. They also placed a lot of focus on keeping people independent for as long as possible. One example they gave was how they had managed to work as a team and support someone to improve their mobility to such a degree that they could now walk around the complex with minimal support.

Equally, people told us staff listened to what they needed and found ways to help them without taking over. People also told us that they were always consented, in a dignified way, before any type of support or care was given. They told us staff checked with them to ensure they were happy with the support being offered and that it was convenient to them. People's care records contained information about their capacity to make decisions about their life and daily living.

We checked and found people were supported to have sufficient to eat, drink and maintain a balanced diet where this was part of their care plan. We also checked and found people were supported to maintain good health, including access to healthcare services. People were able to receive on-going healthcare support where this was part of their care plan or if an emergency occurred. All the care files we examined contained a risk assessment of the action staff needed to take in the event of an emergency.

Good

Is the service caring?

Our findings

We noted during our visit to the office and whilst spending time in the complex that positive caring relationships had been developed between people who used the service and staff.

People spoke positively about the staff employed and comments like, "Very nice and friendly," and "Respectful and polite" were used. Three people told us, "I would definitely recommend this service to others." Another person told us, "I couldn't be more happy." One person told us about their decision to move to the extra care complex and how that had been well organised. They also told us, "The care here is excellent, no two ways about it." Another person told us, "The staff are wonderful, first class I would say. We have the best of both worlds. Our own apartment, with our own front door. But staff are on hand to make sure we are alright too." When talking about the registered manager, one person said, "The manager is excellent. She knows us all and what is important to us." We saw people come into the office throughout our visit and engage in friendly conversation. Some people wanted something sorting out and others wanted to talk about family and events they were looking forward to.

People told us staff were familiar to them and knowledgeable about their individual needs, their life histories, their likes and dislikes and preferred routines. They gave us examples of how staff treated them with dignity and respect and maintained their privacy and independence. The examples they gave included making sure they were afforded dignity when staff were providing personal care or assistance to dress.

In our discussions with staff they demonstrated genuine concern for people's well-being in a caring, compassionate and meaningful way. Everyone we came across, staff of all designations, were passionate about their roles. They demonstrated how thoughtful they were when describing the person, whilst at the same time being mindful of maintaining people's confidentiality. Comments included, "I love working here, it's the best job I have ever had. I love meeting all the different residents and it is important to me to get it right."

Staff knew the people they supported well and were able to talk about people in terms of their relationships with them, their preferences and the care and support tasks they undertook.

Arrangements were made when people were reaching the end of their lives' so that they could remain at home if that was appropriate. Staff spoke sensitively and compassionately about when they had supported people at this stage in their life. They were helped to make sure people received appropriate and proper care by consulting with the persons doctor, family and the local district nursing teams.

Good

Is the service responsive?

Our findings

We checked and found care plans and risk assessments were in place where appropriate and provided staff with the information they needed to be able to care for people properly.

When we examined people's care plans we found they contained a good level of detail, had been reviewed regularly and included details of the action to be taken to meet people's needs and risk assessments. Care plans were person-centred, for example one care plan included instructions to ask the person if they wanted a biscuit with their morning tea and specified how they liked their drink. In another care plan staff were instructed to help the person with their jewellery and make up before they left their room.

Records were legible, and where two staff members were required in the support plan, we saw that both staff members signed the notes appropriately. We also saw that where circumstances in health had changed, the care plans were updated appropriately. For example, we saw that where a person had been diagnosed with mild dementia, a mental capacity assessment had been completed straightaway. Likewise daily records contained sufficient information to evidence the care delivered was in accordance with the plan of care.

In our discussions with people we found they received personalised care that was responsive to their individual needs and preferences. People told us staff were knowledgeable about their needs, including their health and support needs. This meant they received a personalised and responsive service. People told us they had been involved in writing their care plans and felt staff had listened to what they needed rather than staff saying what they could provide. Comments included, "I was fully involved in my care plan and was able to say what I wanted and when. They listen to me. I have enough time given to me and can increase that if I need to." Another person told us how staff supported them to finish dressing on a morning and made sure they had everything to hand so that they could be independent until they returned at the allocated time.

We spoke with a Health Care Assistant who was visiting the service. They told us staff were "Brilliant, helpful, and ready to answer questions." They also said staff were "On the ball, and if we had any issues they will deal with them and were responsive to directions from the district nurse."
We checked and found the service listened and learnt from people's experiences, concerns and complaints. The service held a complaints book in the lobby which was accessible to everyone. All five complaints in the folder we reviewed concerned the quality of food. Each individual complaint had a timely and appropriate response which was recorded. One solution to a complaint had been a change in catering personnel for example. However, we raised the issue with the management team that the recording system in place lacked discretion, in that the complaint and outcome could be viewed by everyone. They agreed to discuss this with their senior managers within the organisation.

People told us they would know how to complain, but that they did not have any complaints about the service. One person told us, "I have never had to complain, but if I needed to I would speak to the manager."

The service also had a compliments folder, in which praise was directed towards staff and also the head chef. We found that food complaints often correlated with the absence of the head chef. One person we spoke with told us, "If the kitchen lights are on in the morning, we know it's the head chef and we are in good hands."

People told us they were sent surveys to provide them with an opportunity to provide feedback about the service, so the service could assess any improvements that might be identified. We saw a recent survey had been sent out and not all responses had been analysed. The results from the previous year had been positive.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run. The registered provider's certificate was displayed in the agency office.

The registered manager demonstrated she understood her responsibilities for sharing information with the Commission in regard to statutory notifications. A notification is the action that a registered provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

The service had a Statement of Purpose which contained all the information required by the regulations.

When we spoke with people we asked them about the management and leadership of the agency and whether the service delivered high quality care. One person told us, "The staff here are extremely good. Especially the manager. She is always up and about and checking on us all. It's marvellous. I am never worried about who is coming to my door."

Team meetings were being held on a more regular basis. The purpose of staff meetings is to inform employees, exchange information and discuss events affecting the service. We saw meetings had been used to discuss and make any required changes. For example, changes to routines in the kitchen and dining room appearance, activities and fund raising and fire safety and fire testing.

There was a developing quality assurance policy in place with further improvements planned to formalise current checks and monitoring. At the time of the inspection for example, staff and care delivery issues were covered in the registered manager's supervision sessions and were not recorded as part of the quality monitoring system. This meant the information was held but this was part of a 'private' discussion between the registered manager and the head of care. This had been identified as part of the on-going improvements to the systems in place. We reviewed the monthly 'management information workbook' which was provided for the senior managers in the organisation. This was used to analyse and review issues relating to the service and provide an overview. Again, this system was being enhanced to make sure there were improved methods in place to identify any areas requiring improvement and acknowledge where the service had excelled.