British Red Cross Society

East Riding of Yorkshire Care in the Home Service

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?	Requires improvement

Overall summary

This inspection was carried out by one adult social care inspector over one day on 03 November 2015. This was the first inspection of East Riding of Yorkshire Care in the Home since it was registered in May 2014.

East Riding of Yorkshire Care in the Home is registered with the Care Quality Commission as a domiciliary care agency for the provision of personal care to people who use the service. The agency is operated by the British Red Cross society and provides a dedicated and very specific time limited period of support, usually for a maximum 6 week period. The support is for people recently discharged from hospital following surgery and who require assistance to apply and remove surgical stockings worn to prevent blood clots. The premises are shared

Summary of findings

with staff delivering other Red Cross services. There is suitable access for people who experience mobility difficulties. At the time of our inspection the service was providing a service for seventeen people.

We found the registered manager had ceased their employment with the service five months prior to our inspection. An acting manager had been appointed two months previously. We found the acting manager was in the process of completing their application to be registered with the Care Quality Commission. 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.

Policies and procedures were available to guide staff when reporting potential safeguarding concerns. However, although the registered provider had alerted the local safeguarding team about a concern, they had failed to notify the Care Quality Commission. Staff had been trained to recognise and report possible abuse and had been recruited safely to ensure they did not pose a potential risk to people who used the service. Risks to people had been assessed to enable staff to manage these safely and protect them from harm. People were provided with a contact number for an out of hour's service, together with details of who to contact if they had any safeguarding concerns.

A range of training was provided to ensure staff had the skills needed carry out their roles. Staff were provided with supervision and appraisal of their skills to enable them to develop their careers and to ensure their performance was monitored. Staff communicated with people in a considerate and courteous way and obtained their consent before carrying out interventions. Staff involved community healthcare professionals for people when required to ensure their medical needs were promoted.

People were involved and participated in decisions about their support to enable their wishes and feelings to be promoted. People were supported to be as independent as possible by staff who were professional in manner and who demonstrated kindness and compassion and respected their confidentiality.

People's needs were assessed to ensure the service was able to meet them in a way that had been agreed. Staff demonstrated a good understanding of people's strengths and individual preferences for their support. People were able to raise a concern about the service and were confident the registered provider would investigate these appropriately.

Governance systems were in place to enable the quality of the service to be monitored. People were consulted and encouraged to share their views about the service to enable it to improve and develop. Regular meetings took place to ensure staff were aware of their professional roles and responsibilities. Management feedback was provided to staff in a positive and constructive way and we were told the service upheld the values of the registered provider's organisation and adhered to its vision of 'refusing to ignore people in crisis.'

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?
The service was safe.

People were supported by staff who knew what action to take if they suspected abuse had occurred and staff had been recruited safely.

Potential risks to people who used the service had been assessed and details about these were provided for staff to enable them to protect people from harm.

Accidents, incidents and near misses were monitored to enable the service to minimise the potential for them to re occur in the future and promote the development of the service.

Good

Is the service effective?
The service was effective.

People who used the service were involved and participated in making decisions and choices about their support.

Staff were provided with a range of training to help them carry out their roles.

Staff received on-going support and professional supervision to ensure they were aware of their roles and responsibilities in relation to the work they carried out.

Good

Is the service caring?
The service was caring.

People who used the service were treated with dignity and respect by staff who helped them to be independent.

People told us they had positive relationships with their care staff and their support was generally delivered by a regular and consistent set of carers.

Good

Is the service responsive?
The service was responsive.

Staff respected people's individual wishes and preferences and their support was delivered in a way that had been agreed.

A complaints policy was in place. People knew how to raise a complaint to enable their concerns to be listened to and resolved where this was possible.

Good

Is the service well-led?
Some elements of the service were not always well-led.

There was no registered manager in place, although an acting manager was in the process of submitting an application for this.

Requires improvement

Summary of findings

A safeguarding alert had been correctly reported to the local authority but a notification about this had not been sent to the CQC as required.

Systems were in place to enable the quality of the service to be monitored and take action to address shortfall when required.

The views of people who used the service were obtained and considered to enable the service to develop.

East Riding of Yorkshire Care in the Home Service

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one adult social care inspector and took place on 03 November 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service that is very specific in nature. This was because we needed to be sure someone would be in and ensure the management team and staff were available for us to speak with.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority safeguarding and quality performance team as part of our inspection process, in order to obtain their views about the service and whether they had any concerns. They told us they had no ongoing issues with the service. We also looked at details we hold about the registered provider and looked at notifications submitted by them about significant issues affecting the people who used the service.

During our inspection we made a visit to the registered provider's office and spoke to the acting manager, a senior service manager who was supporting them, a team care coordinator, a team support worker and a volunteer. We visited the home of one of the people who used the service and subsequently spoke with seven others by telephone.

We looked at the care files belonging to four people who used the service, staffing records and a selection of documentation relating to the management and running of the service, such as quality audits, minutes of team meetings and performance reports.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. Everyone said they were happy with the service provided and that staff were very good. One commented, "I couldn't have managed without them; the girls were brilliant and absolutely superb." Another told us staff had suggested they had a key box installed to enable their safety to be protected. A person we visited told us, "I am grateful for the reassurance, company and communication." They said they had been given a safeguarding leaflet, with details and contact numbers to help promote their safety. Another person commented, "Yes, I felt safe, the staff know what they are doing and always wore aprons and gloves and put things away."

There was evidence that safe recruitment procedures were followed. Checks were carried out before new staff were allowed to start work to ensure they did not pose an identified risk to people. Staff files contained evidence of pre-employment checks including clearance from the Disclosure and Barring Service (DBS) to ensure they were not included on an official list that barred them from working with vulnerable adults. We saw that references of new staff had been followed up with checks of their personal identity and past work experience, to highlight gaps in their history before offers of employment were made.

Staff we spoke with confirmed they had received training on safeguarding people from harm and demonstrated a good understanding of the various forms of abuse and what they should do to ensure people who used the service were protected from potential abuse. Staff confirmed they were aware of their responsibilities to 'blow the whistle' if they had any concerns about the service but were confident the acting manager would take appropriate action in these regards when required. Policies and procedures were available to help guide staff when reporting safeguarding concerns and there was evidence the registered provider had notified the local safeguarding team and worked with them to resolve issues when this was needed.

We found assessments about known risks to people had been completed to ensure care staff knew how to support them safely and keep them free from harm. We saw assessments in people's care files which centred on their individual needs and enabled staff to be provided with details of how to manage known risks that were highlighted. The acting manager told us risk assessments were completed with people who used the service before their support started and these were monitored on an ongoing basis. Whilst the timeframe for providing support was for a specific and time limited period, staff we spoke with confirmed risk assessments for people were followed and updated if this was required. Care staff told us about infection control training they had completed and we observed they used hand sanitising gel, and wore aprons and gloves when delivering people's support in order to minimise potential cross infection.

We found sufficient numbers of staff were available to keep people safe. The acting manager told us new referrals to the service were monitored to ensure there were enough staff available for meeting people's needs. Staff told us that staffing arrangements were flexibly managed and office team care coordinators sometimes carried out care tasks when this was required.

Contingency arrangements were in place to enable people to make contact with the provider in case of emergencies. A 24 hour on call system was in place to ensure people and staff were supported should an emergency occur. People confirmed they had been given a contact number for an out of hour's service, together with details about what to do if they had any safeguarding concerns if this was required.

Good

Is the service effective?

Our findings

People who used the service told us they felt staff were well-trained and able to meet their needs. One person told us, "I am absolutely happy with the service, I think the staff are very professional." Another commented, "I have a good rapport with the staff, I can't speak more highly of them", whilst another said, "Staff are very competent and know what they are doing."

A member of staff told us about the training provided to ensure they had the skills needed to carry out their role. One told us, "We do a lot of training, I am about to start a level 3 qualification in health and social care. We have supervision meetings every 4 to 6 weeks to discuss problems and issues." Another said they enjoyed having meetings and attending training days. They said, "We get together regularly and are able to raise concerns. We have had external speakers come to talk to us from the incontinence service, the hard of hearing service and about Parkinson's disease and dementia."

There was evidence that a range of training was provided to ensure staff had the appropriate skills needed to meet the needs of people who used the service. The service provided a very dedicated and targeted, time limited service to support people needing use of thromboembolism-deterrent (TED) stockings, following discharge from hospital and surgery. We found that staff were provided with specialist training from hospital staff on this which was refreshed annually. We were told this included training on the application of TED stockings, observations for lack of skin integrity and signs and symptoms of pulmonary embolism or deep vein thrombosis and that staff were subsequently observed to ensure they were competent in their skills.

We found that a range of foundation courses considered mandatory and linked to the Care Certificate were also provided. (The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support; it links to The Health and Social Care National Occupational Standards) Staff training records contained evidence of completed courses on safeguarding vulnerable adults from potential abuse, infection prevention and control, moving and handling, emergency first aid, fire awareness, health and safety, the Mental Capacity Act 2005, and dementia.

There was evidence in staff files of supervision and appraisal of their individual skills, together with work undertaken for newly appointed staff to complete an induction to the service. The acting manager told us that during the induction period, newly appointed staff were paired with established staff for visits to people who used the service and that following this, feedback was provided to care coordinators regarding their skills, attitude and overall performance.

We observed staff communicated with people in a considerate and courteous manner to ensure they were in agreement and consented to the care interventions that were carried out.

We found staff responsible for providing support to people were knowledgeable and confident in their skills and consent had been obtained for the provision of people's support which was discussed and agreed during their initial assessment meeting. Staff confirmed they were aware of the principles of The Mental Capacity Act 2005 and understood the requirement and importance of gaining consent and agreement from people about the support that was provided.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that people's liberty was not being restricted and that the acting manager understood their responsibilities in relation to the MCA.

There was evidence in the care records belonging to people that preventative action was taken by staff to ensure people's health needs were appropriately supported. People who used the service told us how staff had involved community healthcare professionals, such as GP's and district nurses when this was required.

We found that training on malnutrition and food safety was provided to ensure staff were aware of this aspect of

Good

Is the service effective?

practice. Members of staff told us that whilst support for this was not part of the service provided, they did provide emotional encouragement to ensure people maintained a healthy diet to enable their nutritional needs to be met.

Good

Is the service caring?

Our findings

People who used the service said they had positive relationships with staff and were treated with compassion and kindness. They told us staff were considerate of their needs and support was overall delivered by a regular and consistent set of carers who were flexible and familiar with their individual wishes and preferences. One person said, “The care staff were brilliant, they never rushed and always encouraged me to take my time.” Another person told us, “I was really poorly, but the staff came in like a breath of fresh air with a smile on their faces, the staff were always laughing and jolly, especially when I was a bit down, I’d definitely recommend them.” Another told us, “Staff ended up feeling as part of the family.”

People who used the service told us staff helped and encouraged them to regain their skills. One person commented, “I’m absolutely happy with the service, I am fortunate to have them to enable me to be as independent as possible.” A volunteer told us, “There’s nothing worse than sitting at home within the four walls and not being able to help yourself.”

People told us staff actively involved them to participate in making decisions about their support to enable their wishes and feelings to be upheld. Information about people’s individual needs were recorded in their personal care files, together with details about their personal strengths and goals and how they liked to be addressed in order to help staff to maximise their independence and abilities for self-control. We saw a care plan was developed from people’s initial assessment of needs, which was updated by staff at the end of their visit to enable a record of what support had been provided to be maintained. We found people’s care plans were regularly reviewed and copies of these were kept in their home. People told us information about the service was provided to them at their initial assessment or start of the service to enable them to understand and be clear on the remit of what was provided.

There was evidence the registered provider placed a high importance on the promotion of people’s privacy, independence and personal dignity. We found core training on this was provided to staff to ensure a person-centred approach was delivered and that staff held attitudes and values that promoted the maintenance of personal respect.

We found staff demonstrated a good understanding of the need to ensure people’s confidentiality was maintained and we observed they interacted with people with warmth, humanity and sensitivity for their needs.

Good

Is the service responsive?

Our findings

People who used the service said staff listened to them and took their wellbeing seriously, whilst respecting their individual circumstances. People told us they were confident that action would be taken to resolve issues or concerns, if this was required. One person told us, "I couldn't find any faults if I wanted; I feel I am listened to by staff." Another said, "I can't find fault with anything,it's marvellous" Another told us, "I couldn't have managed without them, I've no complaints, I can't see how anyone could have reason to complain."

People who used the service told us they were involved in decisions about their support. We saw assessments of people had taken place to ensure they were in agreement with what was provided and the service was able to meet their needs. We found information about people's assessed needs was recorded in their personal care records and plans of support had been developed; these included details about people's individual strengths and needs, to enable staff to support their wishes for independence and self-control. People told us they were encouraged to be actively involved in the development of their plans of support to ensure their personal wishes and preferences about their support were respected. We found a range of assessments had been carried out for people to enable staff to support them and minimise the likelihood of known risks such as skin integrity, mobility and falls; this helped to ensure their safety was promoted.

Staff demonstrated a good understanding of people they supported, what mattered and was important to them; this helped to ensure people's support was provided in a way that was relevant to their individual needs. Staff told us they supported people to be as independent as possible and encouraged them to maintain their interests and participate in social activities. The acting manager told us staff were flexible and supportive of each other and visits to people were adjusted to ensure their individual and differing needs were appropriately met; this helped to enable staff to provide quality time and not rush.

There was evidence of communication systems in use to enable people to provide feedback on their experiences or raise issues or concerns when required. Staff told us information from this was used as part of their ongoing professional supervision and development, to ensure issues could be addressed and acted on.

People told us they knew how to raise a concern about the service if this was required. They told us they were confident any concerns they might have would be appropriately dealt with by the registered provider. A complaints policy was in place which gave people information about how to make a complaint to ensure their concerns were acted on and listened to. We found this included acknowledgement and response times as well as what action to take if the complainant was not satisfied with the outcome of a complaint. We found information about how to make a complaint was supplied to people at the start of their use of the service. There was evidence the provider took action to follow up concerns and used complaints or feedback as an opportunity for learning and improving the service.

Requires improvement

Is the service well-led?

Our findings

People told us they were very happy with the service delivered and had confidence in the management and staff. One told us, "I would have no hesitation about using the service if I needed to again." Another said, "I would definitely recommend the service" and another commented, "They were brilliant, I couldn't give them anymore praise." Staff told us the acting manager had made improvements to develop the service in the short time they had been working there. One told us the acting manager was, "Very approachable and was always on the end of the phone."

The registered manager for the service had ceased working in this position, five months prior to our inspection; we found an acting manager had been appointed and had been in post for a period of two months. The acting manager told us they were currently in the process of completing their application to be registered with the Care Quality Commission (CQC). This domain cannot currently be rated higher than Requires Improvement as the rating rules for Good requires that a service has a registered manager in post.

There was evidence the acting manager had a wealth of experience and had worked in health and social care services for a number of years. We found the acting manager was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. However, we did see a safeguarding notification that had been correctly reported to the local authority but not reported to the CQC as required. The acting manager advised they would ensure an appropriate notification for this was submitted to the CQC and this was subsequently received.

We found the acting manager was supported by a range of professional and ancillary staff and clear lines of accountability and managerial responsibility were in place. There was evidence the acting manager took their role seriously and had a 'hands on' style of approach. A member of care staff told us, "I can talk to [acting manager's name] and always get the support that I need. [acting manager's name] has opened up lines of communication and she is always there."

There was evidence that regular meetings took place to ensure staff were aware of their professional roles and responsibilities. A whistle-blowing policy was in place to enable staff to raise any concerns about the service; however they told us they had no worries in this respect.

Staff we spoke with all said they could raise any concerns and felt the service's management team were approachable and fair. Care staff told us management feedback was provided to them in a positive and constructive way and we were told the service adopted the principles and values of the registered provider's organisation and adhered to its vision of refusing to ignore people in crisis.

Internal governance systems were in place to enable different aspects of the service to be monitored. We saw for example that accidents, incidents and near misses were audited and reported on to the registered provider's regional office to enable action to be taken to minimise them in the future and to enable the service to learn from the past. We were told that a senior service manager visited the service on a regular basis to oversee the service and provide support.

There was evidence that people were encouraged to provide their views on the service provided to them and make suggestions to enable it to improve. We were told bi-annual focus group meetings were held with people who had used the service, their families and friends to enable them to make comments and share ideas. We found that feedback about people's individual experience was obtained following their use of the service, in the form of surveys to enable it to learn and develop. Feedback received from people by CQC was consistently positive. Recent comments included, "The lady who came to visit us was extremely professional, caring and considerate. I will really miss her" and "They [staff] always asked if I needed anything more, they were kind, caring and helpful."