

North Yorkshire County Council
Selby & District Branch
(Domiciliary Care Services)
(North Yorkshire County
Council)

Inspection report

75 Brook Street
Selby
North Yorkshire
YO8 4AL

Tel: 01609536682

Website: www.northyorks.gov.uk

Date of inspection visit:
11 September 2017

Date of publication:
13 November 2017

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

Selby & District Branch (Domiciliary Care Services) provides personal care in people's own homes. It offers people a programme of short term support for up to six weeks to assist them to regain their independence after an accident, illness, or temporary disability. Since a restructure of the service took place in April 2017, reablement workers (also staff in the report) no longer have a dual role supporting people who live in two extra care housing establishments. These are soon to be registered services in their own right. The service is available to people who live in Selby and the surrounding villages and who may or may not have other care or support needs.

At the last inspection in August 2015 the service was rated 'Good'.

This inspection of Selby & District Branch (Domiciliary Care Services) took place on 11 September 2017. There were approximately 17 people receiving the service at the time. At this inspection we found the service remained 'Good'.

The registered provider was required to have a registered manager in post. The manager had been registered for the last three and a half months. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People that used the service were protected from the risk of harm by the provider's systems regarding safeguarding adults. Staff were trained in safeguarding principles and policies and understood their responsibilities. Risks were appropriately removed so that people avoided injury or harm.

The location premises were safely maintained and people's environments were checked for safety to people and staff, before a package of care was provided. Staffing numbers met people's needs and provided people with the support they required to recoup from illness or injury. Where further or long-term support was needed people were referred to another service provider. Recruitment of staff followed safe systems to ensure they were suitable. Safe support was given to people, where required, with the management of medicines.

Staff were trained, qualified and their competence was assessed. They received regular supervision and their personal performance was checked at an annual appraisal. Communication was effective.

People's mental capacity was appropriately assessed and their rights were protected. 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.

Minimal support was provided to people with nutrition, hydration and health care needs, as the aim of the

service was to rehabilitate people into independent living following illness or injury.

People told us that staff were caring and extremely helpful and everyone said they wished the service could continue. People were supplied with any information they needed, were fully involved in their care and asked for their consent before staff began to support them with any tasks or care needs. Staff showed respect to people with regard to their wellbeing, privacy, dignity and independence.

People had person-centred support plans in place, which reflected their rehabilitation needs. These were for short-term use and were usually passed over to other service providers if it was assessed that people required longer-term care. All support to people was designed to aid them to become independent once again. A complaint system was available but rarely used because people had no complaints to raise.

The service was well-led. The culture was enabling and the management style was positive. A council-wide system was in place for checking the quality of the service using audits and satisfaction surveys. People's privacy and confidentiality were maintained with regards to information and records were held securely on the premises.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Selby & District Branch (Domiciliary Care Services) (North Yorkshire County Council)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection of Selby & District Branch (Domiciliary Care Services) took place on 11 September 2017 and was announced. An adult social care inspector and an assistant inspector carried out the visit. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur.

We also reviewed information from people who had contacted CQC to make their views known about the service. We received a 'provider information return' (PIR) from the registered provider. A PIR 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.

We visited two people that used the service and spoke with two people on the telephone. We also spoke with the registered manager and two staff that worked at Selby & District Branch (Domiciliary Care Services).

We looked at care files and 'Independence Plans' for three people that used the service and at recruitment files and training records for four staff. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring systems and people's home environment safety assessments. We also looked at records held in respect of safeguarding referrals, complaints and compliments.

Is the service safe?

Our findings

People we spoke with told us they were highly delighted with the support they had received and everyone without exception said they wished it could continue. People explained to us that they found staff to be "Absolutely marvellous" and that they trusted staff completely with their person and possessions. One person said about the staff, "They're a level set of people."

Staff were trained in safeguarding people from abuse and demonstrated knowledge of their safeguarding responsibilities. They knew how to process information appropriately. Records showed when referrals had been made to the safeguarding team within the local authority. These had also been notified to the Care Quality Commission. Support to people was given safely within their home environments because a system of assessing the risks to them and staff was used before each care package commenced.

The premises where the service operated from belonged to North Yorkshire County Council. They were safely maintained with regard to electricity, fire and access. Accident and incident policies, procedures and records were in place, which showed these were monitored and action was taken to prevent any re-occurrence.

Staffing rosters were planned to meet the rehabilitation needs of people following their assessments. People told us they thought staff were reliable and attended calls on time and for as long as they needed to. One person said, "The staff are always on time and phone ahead if they are going to be a few minutes late. They are an absolute God-send and I really would love them to continue visiting me, as I am unsure what will happen when they finish." Staff told us they had sufficient time to make the calls on their rosters, but if any emergencies took them away from a call the office staff would arrange for another worker to cover them.

North Yorkshire County Council used a thorough recruitment procedure to ensure staff were suitable for the job. All applicants completed the required documentation and checks were made on their suitability. For example, references were requested and a Disclosure and Barring Service (DBS) clearance was obtained. DBS checks are a legal requirement when working with children or vulnerable adults. These help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Medicines were mostly the responsibility of people and their relatives. However, where staff were asked to support people with medicines they did so safely. Staff supported people to be independent and obtain their own medicines in a timely way. Staff ensured they were stored safely, taken on time, recorded correctly and disposed of appropriately. Some archived medication administration record (MAR) charts we looked at when we visited the service offices, were accurately completed.

When we asked people about their medicines they said, "I arrange to get and take my own tablets, though one of my family picks them up for me, but if I need any help with them the staff will do so" and, "The girls remind me when I need to take my tablets, as I am not always sure what I should be taking. I think I have too many at the moment and need a bit of help with them, as I am sure the doctor changed them recently."

Is the service effective?

Our findings

People we spoke with felt the staff at Selby & District (Domiciliary Care Services) were suitably trained, skilled and knowledgeable. They said, "The staff know their jobs and are confident workers", "They are fine and doing a good job" and, "I only have to ask the girls for advice and they are very helpful."

The provider had systems in place to ensure staff received the training and experience they required to carry out their roles. The registered manager was trained to deliver training in manual handling and the management of medicines. An electronic staff training record was used to review when training was required or needed to be updated. Certificates of achievement or attendance were held in staff files of qualifications gained or courses they had completed. Staff completed an induction programme, received regular one-to-one supervision, including 'observation visits' to assess their competence and took part in a staff appraisal scheme, all of which was confirmed when we checked their files and spoke with them.

When asked about communication within the service people said, "I get to know each week who will be visiting me and if ever a worker is going to be late they or the office staff ring to let me know" and, "I only have to phone the office if I am unsure of anything or want to make a request." We found that communication amongst the management team started with daily multi-disciplinary team meetings to discuss people's individual needs, while START workers phoned in to the office with any information and attended regular staff meetings.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this with regard to people that live in their own homes are called Court of Protection Orders.

We checked whether the service was working within the principles of the MCA and found that while the registered manager and staff understood their responsibilities, it was unlikely, though not impossible, that any Court of Protection applications would be made by them. This was because people that used the service were not in receipt of support from Selby & District (Domiciliary Care Services) beyond the specified six week reablement programme.

People gave their consent to care and support from staff by way of verbal agreement. People had signed consent documents for support plans to be implemented, information to be shared and assistance to be given with medicines.

Meeting people's nutritional needs was really about helping them to get back into a routine of cooking for themselves, as the aim was to encourage people to be independent. Staff helped people to get back on their feet and undertake cooking and cleaning and often provided them with alternative ways of managing the workload that they had done more easily before they were ill or injured. Nutritional risk assessments

were in place where people might have a tendency to self-neglect or where their appetite was poor. People explained that they did the preparation and cooking of meals where possible, but with support from staff, until they were fully independent again.

Health care needs were similarly met because staff were not appointed to be responsible for people's health, but to ensure people maintained responsibility for themselves. Staff offered people advice about healthcare and recommended they contact their doctor where necessary, but did not take charge of these situations.

Staff were made aware of people's medical conditions so they could monitor people's progress and they knew about the interventions people required to aid their recovery. Staff liaised with healthcare professionals when health deteriorated or people requested it. Information was collated and reviewed with changes in people's conditions and shared with health care services. People saw their doctors, district nurses, chiropodists, dentists and opticians on request and were, more often than not, supported in this by family members, rather than staff. Diary notes recorded when people were assisted by staff with the health care that professionals had suggested for them.

Where people living with dementia received the service, staff were tasked with a little more responsibility to ensure they ate a healthy meal and saw health care professionals as required. However, the main aim of the service was still to encourage people back to independent living.

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff and each other. They said, "The girls are amazing. I only wish they could keep coming to see me beyond the six weeks", "The staff do what is required of them. They provide the best support", "They are a God-send" and, "I get on very well with the staff, as they are so polite, helpful and caring." They also said, "Staff are very friendly and encourage me a lot" and, "They are very patient."

Staff were professional in their attitude and approach, yet warm and caring. Staff knew about their responsibilities and what was expected of them in their role and demonstrated compassion and commitment. The management team led by example and were also professional, attentive and informative in their approach to the job.

Staff fully understood their responsibilities with regard to equality, diversity and human rights and were able to relate to us examples where they had supported people while being mindful to respect their beliefs of a religious and cultural nature or sexual orientation.

People's general well-being was always at the forefront of staff consideration. Staff said, "When I enter someone's home I always think first of their general wellbeing and try to lift their mood if necessary, as that is where a good visit begins" and, "It is important to help people feel cared for, so smile and a kind word goes a long way."

People were supported to engage in as much as they could for themselves so that they kept a hold on the lifestyle they were used to have. One person told us they had played a large role in civic life within Selby over the years and so enjoyed recalling this. Some staff had known them at that time and so it was important to the person that staff remembered this.

People told us their privacy, dignity and independence were respected. They said, "I never have any worries about the personal care I need, as staff are discreet and make me feel relaxed" and "Staff are thoughtful and make sure any situation is respectfully managed."

Staff told us they only provided personal care in people's bedrooms or bathrooms, asked people first about the help they needed and ensured people were well covered wherever possible so that people were never seen in an undignified state. Staff said, "If I have to help someone with a shower, say, then I talk to them a lot and use a person-centred approach" and, "I treat people as I would want to be treated. Their wellbeing is the most important thing and so I make sure I respect their privacy and dignity, while ensuring they work towards independence."

Is the service responsive?

Our findings

People told us they thought their needs were being appropriately met. They understood that the support from the service was short-term, free and designed to help them be independent again. Where it was clear that people needed further support or longer-term care their package was referred to another service provider.

People's independence plans were specific to their individual needs and in relation to any temporary medical treatment or personal care they required in the short-term. They also included details on support needed with home care and cleaning. They contained information under nine areas of support for staff on how best to help people meet their needs independently. A 'Home Care Checklist' or risk assessment form was completed to assess risk from the environment, for example, with fire, pets, utilities (gas, electric), stairs and use of the bathroom and kitchen. These showed how risk to people and staff was reduced and ensured their safety.

People told us that staff almost always arrived on time and stayed for the specified length of their visit, displayed their identity badges and used personal protective equipment (gloves, aprons and sanitising hand gel, for example). People said that if staff were to be late communication was good regarding messages passed to them, but this was rare. People were unable to request what gender of staff supported them as there were no males employed in the service at the time we inspected, but people were able to choose whether or not a particular staff member returned to assist them again.

Staff used equipment, if necessary, to assist people to move around their homes and this was used effectively and safely. People were assessed for the equipment and it was only used in conjunction with risk assessments being in place prior to use. Other items may have included slide sheets, supporting belts and bed safety rails or bathroom grab rails. Staff only used equipment when they were trained to do so. Where it was considered appropriate people were offered the use of adaptive cutlery and crockery or Telecare products so that they could maintain their independence. (Telecare is a system that uses a range of sensors to help you to live at home, if you are vulnerable and need support.)

Staff understood the importance of enabling people to make choices and take decisions so that they stayed in control of their lives. People were encouraged to make all of their own decisions about their care and support needs and to take action to realise them, while staff offered guidance and information only. Staff told us they always asked people what they were able to do for themselves and built on those abilities.

One staff member explained that the reablement workers were a close-knit and strongly established team who shared information of concern quickly and effectively so that anyone with other needs that had not been identified, for example with their mental health, received the support and guidance they required.

The service provider had a complaint policy and procedure in place for anyone to follow regarding dissatisfaction with the support they received. Records showed that complaints and concerns were handled within timescales and satisfactory outcomes were achieved. The only complaints received in the last year

were about missed calls on a couple of occasions. These were as a result of communication errors. Apologies had been given to those affected and staff had been reminded of the relevant policies and procedures. People told us they knew how to complain, but had no cause to do so. They said they didn't think they had been given written information about this. Staff knew their responsibilities regarding the complaint procedure and had a positive approach to resolving people's concerns as early as possible. Compliments were also recorded in the form of letters and cards.

Is the service well-led?

Our findings

People told us the service was an essential life-line to them when they had needed help after being ill and in hospital or having a fall. Staff said the culture of the service was, "Helpful and enabling" and, "Caring and friendly." Staff told us they were aware of the visions and values of the service and although they understood these were posted on North Yorkshire County Council's website, they were unable to recall them.

The provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been registered manager for the last three and a half months. The registered manager had developed a sense of what the service was about and had plans for its future progress. They had identified areas for improvement and was working towards taking action to effect these improvements.

The registered manager's management style was open, inclusive and enabling. Staff told us they were a little apprehensive about approaching the registered manager at first, but found they were easy to speak to and now had full confidence in them. One staff member said, "The manager is brilliant. They will listen and help out whenever needed and I can express my concerns freely at any time."

We looked at documents relating to the service's system for monitoring and quality assuring the support people received. We saw that quality audits were completed on a regular basis regarding medicine records, care files and infection control practices. Details of these were sent to North Yorkshire County Council headquarters each month. Satisfaction surveys were issued to and received from people that used the service, relatives and health care professionals. These were sent as part of the Council's general surveying system. Comments seen on some returned in June 2017 were all positive, with an odd view expressed that time-keeping could be better. Staff confirmed they took part in staff meetings to discuss issues, staff performance and delivery and people's needs.

The service worked in partnership with the NHS as part of the Integrated Care system. This was a system in which health workers and social care staff worked side-by-side in close-knit teams, identified levels of risk, shared information and took a joint approach to the support of older people and those with long-term conditions. This was done in close partnership with the voluntary, community and independent sectors. Staff worked in collaboration with the National Health Service, as its reablement workers visited a local Hub periodically to assist nurses, occupational therapists and physiotherapists with people's care and support needs. This ensured people received seamless quality care and treatment across the health and social care fields at the best possible cost for the NHS, social services and ultimately the tax payer.

The registered manager kept records regarding people that used the service, staff and the running of the business. These were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.