

North Yorkshire County Council







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

## 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 took place on 20 August 2015. It was an announced inspection. The last inspection took place on 2 September 2013 and the service was meeting the regulations we assessed.

Selby and district domiciliary care agency provides personal care in people's own homes, through a short term assessment and re-ablement team (START). This offers short term support, for up to six weeks, to assist people to regain their independence after an accident,

# Summary of findings

illness, or disability. START workers also support people who need longer term care and who live two extra care housing establishments in Selby and Tadcaster. The service is available to people who live in Selby and the surrounding villages.

The service had a registered manager. 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.

People told us they received safe care, which was reliable and consistent. The service had sufficient staff to meet people's needs, and people were given the time they needed to ensure their care needs were met.

Medicines were administered safely, the service had an up to date medication policy and all of the staff we spoke with explained they attended training before they could administer medication.

People were protected from avoidable harm and staff knew what to do if they suspected abuse. Risks to people were assessed and risk management plans were in place.

Staff had the skills, training and support they needed to deliver effective care. All of the staff we spoke with told us they were well supported by each other and the management team.

People were supported to have a good diet. Their healthcare needs were met, and staff referred people for extra support when this was needed.

The service was working to the principles of the Mental Capacity Act, 2005 and care staff supported people to make their own choices about their care.

Care staff spoke with enthusiasm about delivering a good standard of care. They told us they would be happy for their family member to receive care from the service. There was a focus on promoting people's independence.

People spoke highly about the support they received. The service looked at the whole person. It was focused on helping people to achieve their goals. These were developed with the person and reviewed on a regular basis.

Staff referred people to community resources to reduce social isolation, and there was focus on improving people's quality of life.

Care plans were detailed, they took into account people's views and preferences. Care was reviewed on a regular basis.

The service requested feedback from people at the end of the service. They asked what could be done to improve the service, and this information was reviewed by home care managers. This showed a commitment to service improvement and listening to feedback from people.

People knew how to make complaints. The service investigated complaints thoroughly and was keen to improve the service.

Staff morale was high, they felt well supported. The management team and staff were clear about their roles and responsibilities.

The registered manager demonstrated a commitment to ongoing service development. The service had effective systems in place to monitor the quality of care provided to people.

People told us they would recommend the service to others.

# 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 and their relatives told us they felt safe. Staff provided consistent care to people and there were sufficient staff to do this. Staff recruitment was robust.

Medicines were administered safely. People told us they received their medication on time. The service had a medication policy and staff received training before they administered medication.

Staff knew how to protect people from avoidable harm. People had risk assessments in place to reduce the risk of harm.

Good



### Is the service effective?

The service was effective.

People spoke highly of the support they received. The service offered a comprehensive induction programme and ongoing training and support which helped to ensure staff had the right skills and knowledge to deliver effective care.

The service worked within the principles of the Mental Capacity Act 2005. People were asked to sign forms to consent to care.

People received support from healthcare professionals and staff liaised with these services in a timely manner.

Good



### Is the service caring?

The service was caring.

People told us they received a high standard of care. Their personal preferences were taken into account.

The service respected people's dignity and privacy and worked to support people to be as independent as possible.

Staff spoke with compassion about the people they cared for, and all of the staff we spoke with told us they would be happy for their family member to receive care from the service.

Good



### Is the service responsive?

The service was responsive.

Care was planned with people and their families. People were supported to set their own goals and these were reviewed on a regular basis.

People were supported to develop links with their local community.

The service actively encouraged feedback from people. Complaints were investigated thoroughly and the service was open and keen to learn from these.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

All of the staff we spoke with told us they were well supported, they attended regular staff meetings and told us communication was good.

The service had effective systems in place to evaluate its effectiveness. The registered manager showed a commitment to ongoing service development.

People who used the service told us they would recommend it to others.

**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.

We inspected the service on 20 August 2015. The inspection was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location office to see us.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service. We reviewed all of the notifications and safeguarding alerts. We had not requested 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.

We contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any feedback. The local authority did not provide any feedback about the service.

During the inspection we spoke, on the telephone, with six people who used the service and eight relatives. We tried to speak with a further six people but they were unavailable.

On our visit to the agency we spoke with six members of staff which included two START workers, two home care managers, an assistant home care manager and the registered manager. We spoke with another two START workers on the telephone.

We looked at documents and records that related to people's care, and the management of the service such as training records, quality assurance records, policies and procedures. We looked at three care plan records and three staff files.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person said, “Overall, I don't feel I could be in better, safer hands than with my girls.” A relative told us, “We feel in good, safe hands. They [care staff] are not fazed by anything, they always seem able to cope and deal with things so well, that gives us confidence.”

People told us care was delivered reliably and punctually, they said they never had to wait too long for staff to arrive, although occasionally emergencies meant they could be unavoidably delayed. People understood the START service did not provide time specific calls. This was because people might need more or less time based on their needs on each care call.

The service had sufficient staff to meet people's needs. Staff worked to a four week rolling rota. A home care manager explained they provided consistent staff to people. This was important, especially within the START service, as people needed staff who knew what progress they had made and could continue to work from this basis to help people develop further. This also meant that they could more easily identify if people's needs changed.

The service had effective recruitment and selection processes in place, to make sure staff employed were suitable to work with people. The registered manager told us they were supported with recruitment by the human resources team at NYCC. We saw evidence that appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

There was a record of probationary reviews which took place after one, three and six months to make sure that the member of staff was working effectively before being offered a permanent contract.

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. The service had an up to date and comprehensive safeguarding policy, which offered guidance to staff. We saw safeguarding practice was embedded within the service. During the initial service

assessment staff were prompted to consider whether any safeguarding issues had been identified. This meant staff considered the importance of protecting people from harm throughout their involvement.

All of the staff we spoke with told us they had received safeguarding training, and felt confident in applying this. Staff had started to attend training to update their knowledge based on the changes following the introduction of the Care Act (2015). This showed the service supported staff to keep up to date with changes in legislation and practice. Staff records we saw confirmed this.

Since the last inspection the service had submitted three safeguarding notifications to the Care Quality Commission (CQC). We reviewed these with the registered manager who demonstrated detailed knowledge of each situation. The service had dealt with these appropriately and we could see where action was required to prevent further safeguarding incidents this had taken place.

The whistleblowing policy was up to date and contained clear guidance for staff about who they could contact if they had any concerns. The service also had a guide for managers which was based on the Whistleblowers' Charter. This provided additional advice to help managers respond well to concerns raised by staff. All of the staff we spoke to told us they felt any concerns they raised would be listened to and acted on appropriately by the management team.

Medicines were managed safely. The service had a clear medication policy which staff followed. Staff told us they underwent comprehensive training before they were able to administer medication. This training involved a full day taught course, they then shadowed other staff. Once this had been completed they were observed by their manager to ensure they were competent to safely administer medication. Staff told us they attended refresher training annually.

People were assessed using a 'medication assessment screening tool', this contained detailed information about the level of support a person needed with their medication. We looked at one person's medication administration records and could see these had been completed correctly by staff.

## Is the service safe?

People told us they received the support they needed to take their medication. One person said, “They never forget my pills.” We were told that medication charts were always filled in immediately, and kept in a safe place.

Staff explained to us they completed a medication incident form if they discovered any medication errors. The registered manager told us they had reassured staff this was about learning from mistakes and being transparent and not about a blame culture. This had led to increased reporting in medication errors. It showed the service was keen to develop and learn from mistakes.

People had appropriate risk assessments in place; these included moving and handling, falls assessments and environmental risk assessments as the care was delivered in the person’s own home. Staff had access to supplies of protective clothing including gloves and aprons to reduce the risk any spread of infection.

Accidents and incidents were recorded and reviewed to establish whether there were any patterns or trends identified. This showed the service was keen to improve, to ensure people were supported as safely as possible.

# Is the service effective?

## Our findings

People received effective support based on their individual needs. People spoke highly of the staff that supported them. A relative, whose partner was living with dementia, said, “The girls understand when [my partner] is in a bad way, and they don't rush [them]. They'll talk to [them] patiently, calming and helping [them] to relax. They are all lovely lasses, the right people for the job.”

Staff had the skills and knowledge required to support people who used the service. Staff told us they had a good induction which they felt equipped them to deliver a high standard of care. They told us the induction included mandatory training such as; moving and handling, medication, safeguarding and infection control. New staff then shadowed experienced support staff. Following on from this staff had access to more specific training courses provided by NYCC.

The registered manager explained to us START training was provided to all staff within six months of working for the service. This was a three day taught course, with a comprehensive workbook which staff completed. All of the staff we spoke with told us this was invaluable training. The training was designed to support staff to be able to assist people to regain skills they might have lost through illness or injury. Staff we spoke with understood the ethos of the service they worked for. One member of staff said, “We always try to help people to be as independent as they can.”

All of the staff we spoke with told us they had access to a wide range of training courses, we were told training was ‘thorough’. One member of staff said, “The manager is 100 per cent behind personal development.” Another said, “Absolutely a good induction and extensive training. The best training in my whole career as a carer.”

Staff had access to regular supervision; this was held at least every two months. Supervision is an opportunity for staff to discuss any training and development needs any concerns they have about the people they support, and for their manager to give feedback on their practice. One

member of staff said, “[Name] is spot on with supervision, it's always booked in advance.” Another member of staff said, “I am well supported, we have regular supervision and I know I can go to a manager and get their advice anytime.”

Staff told us they could ring managers for support at any time and had access to on-call support, which was available out of office hours if they needed advice or support in an emergency. Staff told us they felt confident to seek support from their peers and managers.

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Staff and the leadership team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent. Staff told us they understood the principles of the legislation and how to apply this on a day to day basis. People were asked to sign a consent form to show they agreed to support, and we saw people had signed their care plans. This showed the service recognised the importance of people giving their permission to receive care and support.

People were supported with their nutritional needs. We saw people's ability to prepare meals and to eat and drink was assessed before the service started. One person told us staff prepared a lunch time meal for them. They said, “These are provided at the right time, and I am given a choice. The carers always encourage me to drink plenty of fluids, and leave me with a drink before they go.”

A relative said, although care staff do not support with meals, they saw he was struggling one day and they offered to help with meal preparation.

We saw evidence that the service liaised with relevant health professionals based on people's needs. For example, the service referred people to the community nursing team for support with continence. One person told us care staff were proactive and noticed changes in their relative's physical and emotional needs. They gave an example of care staff noticing a change in their relative's urine and contacted their doctor, they told us this resulted in, “an infection being detected and treated before any health risks were caused.”



# Is the service caring?

## Our findings

People told us the care and support they received was caring. They gave positive descriptions of their relationships with staff. One relative said, “They are lovely, lovely women, they just treat [them] so well. Life is hard right now, but they manage to get us laughing every morning, which is a tonic. They are experts at what they do.”

People were treated with dignity and respect. One person said, the staff were, “Terrific girls, they are very, very respectful and kind to me, they never come in and take over in my home.” Another person said, “I look forward to them coming in, and I don’t feel I could be in better hands.”

A relative said, “They are very caring and considerate, and always respectful towards [name], they’re giving [name] some dignity back which was lost. They are very, very good, in fact, absolutely wonderful.” Another relative told us how impressed they were by the quality and high standard of care. They said, “It is simply the most impressive care we have ever received,” and described the staff as, “Professional, punctual and reliable, and very empathetic.”

A member of staff said, “People receive a personal service, we can offer people the time they need.” They told us the service from START, “Gives people control and promotes their dignity.” They explained this was because the focus was on independence and achieving goals and was not task based care. People told us staff had the time to listen to them, and adapted the care provided based on what was needed on each particular day.

Staff spoke about their roles with enthusiasm. One member of staff spoke to us about the importance of

showing empathy and working alongside the person to help them achieve their goals. There was a commitment from staff to provide person centred support, which was based on the needs of each individual. All of the support staff we spoke to said they would be happy for their relative to be looked after at the service, if they needed this type of care.

People were given an information pack at the start of the service. A home care manager explained to us this was an important part of setting the expectations of a service which was about helping people to do as much as they could for themselves. It also explained to people this was a short term service, and if ongoing support was needed they would have to move to a long term home care agency. This meant people had the information they needed to understand the service and could refer back to it as they needed to. People understood the role of the service, one person said, “They are so good. I only wish they could stay with us – they’ll be a hard act to follow.”

People’s support plans contained information about what was important to them, including people’s likes and dislikes. People were involved in setting their own goals and what they wanted to achieve from the support. These were reviewed each week with staff who saw them on a regular basis. We saw examples of people wanting to be able to make their own meal or access public transport.

Staff identified support which was needed and referred people to the appropriate professional or community organisations. This meant they were assessing the whole person and their circumstances, not just one element of their life. Staff told us, “It was nice to see an improvement in people’s quality of life.”

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. People and their families were involved in the assessment and care planning process. One relative explained to us it was important they were involved in the initial assessment stage. They said, “They came to see us out of office hours, so that I could be present also, which was very important. I was impressed with the levels of involvement that [my relative had] and questions were always addressed to [them], despite [their] frailty.” They went on to say, “The service has provided absolutely what’s necessary. [Home care manager] promised to make sure things were in place, and they were.”

The care plans we saw were person centred with a focus on supporting people to achieve their outcomes, as opposed to a task based approach to care. People who were supported via the START service gave their views on their strengths, health and level of independence. This meant there was a focus on building on people’s strengths. We saw areas where people needed support, such as with washing and dressing or preparing a meal, were assessed on a scale of zero to five. People were supported to reassess this each week with a member of support staff.

People who received support from the START service had a weekly review of their progress. Support staff carried these out with the person and then gave feedback to the home care managers. The scoring system was updated each week. We saw one person had made good progress with support and had achieved the goals which had been set at the start of the service. This meant the person did not need ongoing support. For people who did need ongoing support the home care managers were involved with the re-assessment at the end of the START service. This enabled people to plan effective ongoing care which was then provided by a long term home care provider.

The START service did not provide time specific calls as they needed to be flexible based on people’s needs. A relative told us, “Because of this they are very flexible over the time they spend with [name]. They will stay longer if needed on a particular day, and they’ll never rush just to get away on time. They are always encouraging, and patient.” And another said, “They allow [name] to do what

[name] is able to do. I notice sometimes the girls deliberately stand back, and not because they are cruel. They want to encourage a bit more independence. We appreciate that, it takes up more of their time.”

People’s needs were reviewed on a regular basis. We looked at the care plan and daily records for one person who was supported to live in extra care sheltered housing. It was clear from the daily records care staff had noticed a deterioration in the person’s needs. We saw they liaised with health and social care professionals and arranged a review with the person. We saw the outcome of this was an increase in support.

People were supported to be involved in their local communities. A home care manager shared an example with us of one person who was supported following a hospital stay. They explained they helped the person regain their confidence and abilities to manage at home. The person did not need ongoing formal services. Staff gave the person details for a local community transport resource and Age UK. This showed people were given tools to make links within their community.

People were sent a questionnaire at the end of the START service to evaluate the effectiveness of the support provided. The questions asked included; ‘did the care delivered take into account your and your families views, were you treated with dignity and respect and if you could make one thing better what would that be?’ This was reviewed by the home care manager; they took any immediate action required. The information was then included in the monthly managers’ report sent to the registered manager. This showed the service was keen to receive feedback and learn from this.

The service had received 20 compliments over the last 12 months. Comments included, “The girls have been really caring, they make me feel at ease, nothing is too much trouble,” “They are amazing ladies and a credit to your team. Because of their encouragement, support and help I’m now at a better place both mentally and physically,” “Caring, professional, reliable and hard

Working.” The registered manager told us each time the service received a compliment this was sent to the relevant home care manager who shared this with their team at the weekly team meeting.

Since the last inspection the service had received three formal complaints, we reviewed these and found they had

## Is the service responsive?

been investigated thoroughly with a comprehensive written response provided to the complainant. It was recorded both complaints had been resolved satisfactorily at this stage. The registered manager explained these had

been reviewed to establish whether there were any key themes or anything they could do to learn from the complaints. This showed they were open to acting on and learning from complaints.

# Is the service well-led?

## Our findings

There was a registered manager in post who was supported by a team of home care managers, assistant managers, senior START workers and START workers.

Throughout the inspection we were provided with the information we needed. Records, policies, audits and staff files were easy to follow and well organised. All of the staff we spoke to were open and enthusiastic about sharing their experiences with us.

Staff morale was high. When we talked to care staff it was clear they enjoyed working for the START service. Two staff we spoke with told us they had worked in the care sector for a number of years, and felt this was by far the best service they had seen. When we asked why, they told us they felt they had time to offer people, which meant they could work towards helping people achieve more independence. In addition to this, they told us training and support from the management team was the best they had experienced.

People who used the service told us they would recommend it to others. They said the office staff, and senior staff were always available if issues arose, and that people felt they would always be listened to. All of the people we spoke with, except for one, told us they felt the service had delivered what they had explained from the start. One person had an ongoing complaint and we saw this was being investigated.

The registered manager understood their role and responsibilities. The service had effective and robust systems in place to audit the quality of the care they provided to people. These included medication and case file audits. In addition to this staff had an annual direct observation. This gave managers the opportunity to assess the person's approach to delivering care along with practical issues such as whether they had their identification badge and were wearing the appropriate uniform. This showed the service was committed to ensuring all staff were delivering a good standard of care.

Policies were up to date and based on good practice guidance and up to date legislation. The registered manager explained staff had access to the intranet page which contained information on expenses, training and development, amendments to policies, e learning and updates on the direction of the organisation.

Each week the home care managers met together to look at contingency planning, cover for rota's and to share good practice. This meant there was a good level of peer support for home care managers. Staff meetings took place on a regular basis and staff told us these were helpful. Staff explained communication was good. They said they received a text message or telephone call if an urgent change was needed.

A three monthly provider meeting was held. All the managers within the organisation met to review practice, share ideas and understand changes within the organisation. Two of the home care managers had recently redeveloped the job advertisement to ensure it gave a good picture of what the role involved. We were told this had been beneficial in the last recruitment drive. This had been shared at the provider meeting to help improve recruitment across the service.

The service was committed to ongoing development; they had a dementia champion and a dignity in care champion. Feedback was given at staff meetings about new developments. The registered manager told us they were due to start work with the organisations dementia champion and would be completing a self-assessment tool which would help the service understand how dementia friendly it was and what they needed to do to improve.

In January 2015 the START service began working alongside health care professionals to develop more integrated health and social care for people. They are part of a pioneer site and are working towards preventing hospital admission and reducing the time people spend in hospital. Results from this will be analysed by the local clinical commissioning group and the service reassessed in the light of these findings.