North Yorkshire County Council

Hambleton & Richmondshire 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

Summary of findings

Overall summary

This inspection took place on 15 and 17 June 2016. We gave the provider 48 hours' notice of our visit to ensure someone would be available.

Hambleton & Richmondshire Branch (Domiciliary Care Services) (North Yorkshire County Council) was last inspected by CQC on 7 May 2014 and was compliant with the regulations in force at that time.

Hambleton & Richmondshire Branch (Domiciliary Care Services) (North Yorkshire County Council) provides personal care in people's own homes through a short term assessment and re-ablement team (START). This offers short term support to help people regain their independence after an accident or ill health, or to help those with a disability remain independent. The service also provides support to people living in an extra care housing scheme. On the day of our inspection there were 15 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

Accidents and incidents were appropriately recorded and analysed. Risk assessments were in place for people who used the service and the provider had a health and safety policy, which provided staff with a guide to personal safety.

Staff had been trained in safeguarding vulnerable adults. Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and people's consent for their care and support had been obtained.

Staff were aware of people's nutritional needs and individual preferences. Care records contained evidence of visits to and from external health care specialists.

People who used the service were complimentary about the standard of care provided by Hambleton & Richmondshire Branch (Domiciliary Care Services) (North Yorkshire County Council). Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

People who used the service were aware of how to make a complaint however there had been no formal complaints recorded at the service.

People were supported to access and attend events in the community, to help meet their social needs.

Staff felt supported by the management team and were comfortable raising any concerns. People who used the service and staff were regularly consulted about the quality of the service.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and analysed, and risk assessments were in place.

Staff had been trained in how to safeguard vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff at mealtimes and people's preferences were recorded and understood.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

Staff were able to describe the individual needs of people who used the service and how they wanted and needed to be supported.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

Care records were regularly reviewed and evaluated and up to date.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us management were approachable and they felt supported in their role.

The service had links with the community and other organisations.

Hambleton & Richmondshire 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 inspection took place on 15 and 17 June 2016. We gave the provider 48 hours' notice of our visit to ensure someone would be available.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding staff and district nurses. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work. No concerns were raised by any of these professionals.

Before the inspection, the 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. We used this information to inform our inspection. We sent questionnaires to people who used the service, family members and friends, staff and community professionals. We received six questionnaires back from people who used the service and three from family and friends.

During our inspection we spoke with six people who used the service and one family member. We also spoke with the registered manager, home care manager, senior staff member and three care staff.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of people and their interactions with staff.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe with the staff at Hambleton & Richmondshire Branch (Domiciliary Care Services) (North Yorkshire County Council). They told us, "Yes, very safe" and "I feel safe". In the questionnaires we sent out, people who used the service told us they felt safe from abuse or harm.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from each staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager who told us any absences were covered by their own permanent staff, as bank staff and agency staff were not used. The registered manager told us that occasionally, the management team would also cover absences if required. The service operated a management out of hours duty rota so a member of the management team was always available if required. Staff we spoke with did not raise any concerns about staffing levels and told us they covered absences among the permanent staff team. People who used the service told us they usually saw the same member of staff, always knew who was coming and staff were on time. A family member told us, "There isn't a bad member of staff. They're all brilliant." This meant staffing was consistent and reliable.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments included moving and handling, food and fluid intake, falls and home environment.

We saw a copy of the provider's health and safety policy, which provided staff with a guide to personal safety. This included self-awareness, awareness of others and awareness of the environment. The provider had a health and safety checklist, which included emergency procedures, and risk assessments were in place for lone working and driving in hazardous conditions. The provider also had an emergency and a contingency plan in place in the event of bad weather and any other unforeseen events. This meant the provider had taken any risks to people seriously and staff had put actions in place to prevent accidents from occurring.

We saw a copy of the provider's safeguarding policy and saw a staff 'Making safeguarding personal' briefing note. The purpose of this was to assist staff and enable them to use their skills, knowledge and judgement to work with people and improve outcomes. The provider had a safeguarding flow chart which described the

process to follow and reporting arrangements for safeguarding alerts and referrals. We saw records of safeguarding incidents, which had been appropriately referred and CQC was notified via statutory notifications for these incidents. We found the provider understood the safeguarding procedures and had followed them.

Accidents and incidents were recorded and we saw copies of individual accident report forms. These described the person who had the accident, the person completing the form, details of the accident, details of any injury and whether the accident was reportable under the reporting of injuries, diseases and dangerous occurrences regulations 1995 (RIDDOR). The registered manager told us analysis of accidents and incidents was carried out by the provider's accident team and falls risk assessments were in place for people at risk of falls, and referrals were made to appropriate healthcare specialists if required.

We looked at how medicines were managed however we did not see medicines being administered. Some of the people who used the service were able to administer their own medicines and had been assessed using a 'Medication assistance screening tool'. We saw one person was able to administer their own medicine but required assistance from staff. This person had signed a 'Consent for help with medication' form.

People who had their medicines administered by staff had medicine administration records (MAR) in place. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. MARs we saw included details of the person's address, date of birth, whether they had any allergies and GP details. All the MARs we saw were up to date and initialled by staff.

Medicines were stored in locked cupboards in people's own accommodation. Staff told us they had received appropriate training to administer medicines and we saw certificates that confirmed this. Staff received medicines competency assessments, which were designed to be used following safe handling of medicines training to ensure the training had been embedded into practice. These were carried out at least every 12 months and involved the member of staff being supervised preparing to administer, and administering, medicines to people who used the service.

Medicines audits were carried out every month. These checked whether MARs were accurately completed, and whether medicines were available and correctly administered. Any issues were identified and recorded, and an action plan was put in place.

This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People told us, "They [staff] are good at their job", "They are very good, I'll be honest" and "Very well looked after". A family member told us, "You can't fault this place" and "It's absolutely brilliant". In the questionnaires we sent out, people who used the service told us they received care and support from familiar and consistent care and support workers, and care workers completed all of the tasks that they should do during each visit.

We looked at staff training records and the provider's electronic training dashboard. Staff training included infection control, safeguarding, moving and handling, mental capacity, safe handling of medicines, first aid, food and nutrition, health and safety and equality and diversity. Staff training was up to date and the registered manager told us the provider's electronic system was used to monitor training and flagged up if any training was due or overdue. All staff had access to their own 'Learning zone' which they could log on to monitor their own training. Staff told us they had received all the training they need to be able to do their job. People who used the service told us staff were, "Good at their job" and "They'll do anything". This meant people who used the service received care and support from well trained staff.

New staff completed an induction to the service, which took place over a three month period. This included workplace familiarisation, awareness of the provider's policies and procedures and completion of mandatory training. Induction and probationary reviews took place after one month, three months and five months. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff also received observations in the workplace. These checked whether they were wearing the correct uniform, ID badge and personal protective equipment (PPE). They also checked whether the staff member was polite and respected the person's dignity and promoted independence, and whether documentation was correctly completed. Staff told us they received regular supervisions and appraisals. This meant staff were fully supported in their role.

People were supported at meal times and support plans described people's food and drink preferences and how they wanted to be supported by staff. For example, one person stated, "I like to have a bowl of bran flakes, a slice of toast, a cup of tea and a glass of apple juice for my breakfast. Cold drinks to be left on the coffee table by my armchair each visit. I require a sandwich to be made and left in the fridge for me to have for my lunch."

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. The registered manager and staff we spoke with had a good understanding of the principles and their responsibilities in accordance with the MCA and had received relevant training. All of the people who used the service at the time of our inspection visit had the capacity to make their own decisions.

We observed that the service had sought consent from people for the care and support they were provided with as care records were signed by the person or a family member to say they had been consulted and agreed with the content. We also saw signed consent forms for photography.

Some of the care records we looked at included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which meant if a person's heart or breathing stopped as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These were up to date and showed the person who used the service had been involved in the decision making process.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs and district nursing teams.

Good

Is the service caring?

Our findings

People who used the service were complimentary about the standard of care they received from Hambleton & Richmondshire Branch (Domiciliary Care Services) (North Yorkshire County Council). They told us, "They are brilliant" and "They are all lovely". In the questionnaires we sent out, people who used the service told us they were happy with the care and support they received from the service and that staff were caring and kind.

Staff we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. People we saw looked comfortable with staff. We observed staff talking to people in a polite and respectful manner, and interacting with people at every opportunity.

To respect people's privacy, staff knocked on the door or rang the doorbell before entering people's accommodation.

One person's support plan gave specific instructions to staff about the way they wanted personal care to be delivered. The plan stated this made them feel comfortable and that their privacy and dignity was respected. The person also asked for staff to leave the bedroom to enable the person to wash in private. Staff we spoke with told us they respected people's privacy and dignity. They told us, "I always treat people with dignity and respect" and "We all do. It should come naturally".

Visit recording sheets documented the care carried out and support given at each visit, and showed how people were able to make choices, had their privacy and dignity respected and their independence promoted. For example, "For breakfast, [Name] chose cereal, toast and honey, a cup of tea and a glass or juice", "[Name] cleaned teeth independently", "Top half and groin independently washed. Privacy given" and "No further assistance wanted".

We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "They do. They certainly do" and "They respect my privacy". One person told us they were able to choose what they wanted to wear each day. They told us, "They get them [clothes] out and ask me what I want to wear."

We saw 'My life story' documents in people's care records, which included photographs of people's lives, details of the person's childhood, family, working life, significant relationships, places, social activities and interests and their life in the present. This gave staff a detailed understanding of the person they were supporting, what they were interested in and what their preferences were. For example, one person said, "My appearance is very important to me. I like to be clean and tidy. I enjoy wearing nice clothes and make up, smelling nice with perfume" and "I wish to remain independent wherever possible. I feel safe knowing that I can call for assistance if needed".

Care records described how people were able to make independent choices, for example, about what they had to eat and what they wore. One person's support plan stated, "I will choose what clothes I would like to

wear on the day. I will need assistance with some items of clothing." Another person's plan stated, "I am very independent and try to continue to be able to get dressed and undressed on a daily basis with the minimum of help and support."

We saw a written compliment from a person who used the service, which stated, "All the carers have been polite, friendly and helpful. They have given me gentle encouragement to regain my independence while willingly giving me assistance when needed."

Several members of staff were dignity champions and had created notice boards to promote dignity in care among staff. The boards gave examples of best practice from organisations involved in promoting dignity and showed how dignity fitted into the service, for example, putting people first and involving people in decision making. The registered manager told us the boards were used at staff meetings and had been very well received.

This meant that staff treated people with dignity and respect and promoted independence by encouraging people to care for themselves where possible.

We asked the registered manager about advocacy for people who used the service. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us none of the people who were using the service at the time of our inspection visit had advocates however advocacy was discussed as part of the initial assessment process.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

We saw a compliment from a family member that stated, "You [staff] have been so wonderful each time [family member]'s needs changed, which was quite often towards the end. You worked with us to manage every step."

People's needs were assessed before they started using the service. This ensured staff knew about people's needs prior to carrying out care and support.

Care records included personal support plans, which described what was important to the person, what they wanted to achieve, how they would be supported and what their personal outcomes were. The support plans contained evidence that people had been involved in writing the plan and their wishes were taken into consideration. For example, one person had three personal outcomes. These were to have an appropriate level of personal hygiene and good incontinence management, to maintain their medicine regime as prescribed by the GP and to have regular nutritious meals of their choice.

Service provision plans described how people's outcomes would be met and whether any additional equipment was required. For example, one person asked for assistance with continence and required staff to encourage them to use the toilet on each visit. The person used a commode during the night and staff were required to empty and clean the commode each morning. Another person required transferring into their wheelchair by using a sling hoist from their bed. Staff were then instructed to wheel the person into the bathroom, where they would carry out their own personal care.

Care records showed, and people who used the service told us, that staff would carry out ad hoc visits if required that weren't included in the agreed care package. For example, we saw one person who lived in the extra care housing scheme had asked staff if they could call in and make them a cup of tea. Another person had asked if staff could call and help the person transfer into their wheelchair for lunch.

Reviews took place annually. These included a review of the person's health and wellbeing, communication, personal care, eating and drinking, ability to maintain their own home, social contacts and leisure, making decisions and keeping safe. These reviews identified whether there were any specific needs or risks. For example, it was identified that one person required additional support at mealtimes due to poor mobility following a stay in hospital. It was agreed that care staff would visit the person and assist at mealtimes, while continuing to promote the person's independence.

One person who used the service had been referred to the Living Well Team by a senior staff member after it had been identified the person was feeling lonely and isolated after moving into the extra care housing scheme. The registered manager told us the Living Well Team had visited the person and provided information on how to access services, including bus travel, and a further visit was planned.

We looked at the commendations and complaints file, which included an easy to read copy of the provider's complaints and compliments policy and procedure. This provided information for people who used the service on how to make a complaint, how to make a compliment and who to contact if the person was unhappy with the response. People were also made aware of the complaints procedure via a complaints leaflet and the provider's service information guide.

There had not been any formal complaints made in the previous 12 months and people we spoke with did not have any complaints about the service. There had been several compliments made about the service. Comments included, "Excellent service. These [staff] have been a huge help to me, without exception. From the manager to the team", "I would like to give a gold star to everyone" and "Thank you for all the wonderful help, care and attention I have received over the past five weeks". In the questionnaires we sent out, people who used the service told us they knew how to make a complaint. This showed the provider had an effective compliments and complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw a copy of the provider's statement of purpose, which described the aims and objectives of the provider, the kinds of service provided, details of the provider and registered managers and locations where services were provided from.

The service had a positive culture that was person-centred, open and inclusive. People who used the service told us management were, "Approachable" and there was good communication. In the questionnaires we sent out, people who used the service told us they knew who to contact at the service if they needed to and the information they received from the service was clear and easy to understand.

Staff we spoke with felt supported by the management team and told us there was an open door policy and they were comfortable raising any concerns. They told us, "I love my job", "Lots of support", "They [management] are very approachable" and "If I don't know something, I can ask".

Staff were regularly consulted and kept up to date with information from the provider. Meetings took place regularly for staff and management, and included meetings for night staff. Meeting minutes included updates from the provider, staffing, annual leave, training, staff issues, dignity and respect and community involvement. The registered manager told us staff were often given the opportunity at these meetings to raise anything they wanted. Staff were also consulted via an annual corporate quality questionnaire. The results of this were broken down by team to allow managers to see and action any issues fed back by their own staff.

The service had links with the local community and people who used the service were able to attend events and groups such as sewing, gardening and luncheon clubs in local halls and community centres, coffee mornings, computer skills at a local library and keeping active fitness sessions. Some of the people who used the service were supported to access these events as part of their support plans. The registered manager told us that people who lived in the extra care housing scheme were supported outside of their care hours if staff were available.

The provider also worked with opticians, hearing clinics and a local holistic centre to arrange home visits for people and people had access to community care schemes, home library service and assisted shopping schemes.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw a copy of the monthly management report, which was completed by the home care manager and forwarded to the registered manager for review. This included management information, staffing, safeguarding, medication, health and safety, complaints and commendations, budget issues and data quality. For example, the staffing section provided updates on new starters and staff vacancies, attendance

management, details of team meetings, night staffing and staff supervisions.

An annual corporate survey took place and each person who used the service received an annual quality assurance check. This involved a senior care staff member visiting the person in their own home and carrying out a check of documentation, service provision and health and safety. For example, the review of service provision checked whether the person was aware of the service to be provided, whether staff arrived on time, was polite and treated the person with dignity, whether the staff member carried identification and wore the appropriate uniform, whether the staff member asked the person whether they had any specific needs and whether the staff member encouraged the person to maintain their independence. Actions were noted where required, as well as additional comments from the person who used the service, for example, "The care is very good. Could not expect any more. If I did not have the support of the carers I would be stuck. I could not manage without them."

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.