North Yorkshire County Council

HAS Directorate Office - Whitby Hospital

Inspection report

Whitby Hospital
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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

This inspection took place on the 3 November 2015 and was announced. When we last inspected the service on 9 July 2013 we found no breaches of regulations.

North Yorkshire County Council operates HAS Directorate Office - Whitby Hospital. This location is a domiciliary care service providing personal care to people in Whitby and the surrounding areas. 20 people were supported in their own homes on the day we inspected. This service can be provided for up to six weeks to help people rehabilitate and increase their independence. This service is known as the short term assessment re-ablement team (START).

There was a registered manager in post at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 who used the service told us that they felt safe with the staff working at this service and we could see that the service was safe.

People were cared for in their own homes and staff assessed any risks to individuals whilst also looking at external risk factors which may affect someone's safety. Accidents and incidents were recorded in peoples care records.

Staff had been recruited safely. They were trained to recognise any potential abuse and knew what to do in that situation and how to report any incidents.

Medicines were managed safely. Staff knew what assistance people needed to access their medicines and made appropriate arrangements for them to do so.

There was sufficient staff working at the service that had the skills and knowledge needed to meet people's needs. They were trained in subjects that were relevant to their roles and were supported well through supervision by senior staff.

The service was working within the principles of the Mental Capacity act where it was appropriate. They sought people's consent and worked with people to determine how they would provide any personal care and support.

People told us that the staff was caring. When we spoke with people who used the service and their relatives we were told how staff respected people's privacy and dignity when providing personal care.

Clear information was provided to people about the service and what they could expect. People's independence was supported and encouraged by staff as far as possible with people deciding on their goals and how to achieve them.

People had care plans that were person centred and up to date. Reviews were carried out regularly and changes made where appropriate.

We saw that complaints had been dealt with in a timely manner and following service policy and procedures.

The service was well led by a registered manager who was supported by home care managers. According to staff the service had a positive and enabling culture. This was supported by the comments made by people who used the service.

There was an effective quality assurance system in place. Audits were completed and any actions required were identified and acted upon. People were asked about their views of the service and their responses were positive.

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?

Good

This service was safe. Everyone we spoke to told us that they felt safe with the staff who provided personal care.

Staff were recruited safely and there were sufficient staff to meet people's needs. They had been trained in safeguarding people and knew how to respond to any potential abuse. They were aware of risks to people and took action to mitigate those risks.

Medicines were managed safely with a screening tool used to identify what assistance people required to access their medicines.

Is the service effective?

Good

This service was effective. Staff had the skills and knowledge required to meet people's needs.

Staff were trained in subjects relevant to their roles and had regular supervision by senior staff.

The service was working within the principles of the Mental Capacity Act 2005 where appropriate. They sought peoples consent before providing any personal care or support.

Is the service caring?

Good

This service was caring with staff having a caring and positive attitude.

Staff showed respect to people and preserved their dignity when providing any personal care.

The service provided appropriate information for people about the care they would receive and any payments required when the START service ended

Is the service responsive?

Good

This service was responsive with staff providing individualised care to people which had been planned before they received a service. Care plans were reviewed regularly.

People's choices were respected by staff. The transition between hospital and home was planned by the service jointly with hospital staff to ensure that plans were in place to meet people's needs as soon as they reached their home.

Complaints were dealt with appropriately following the services policy and procedure.

Is the service well-led?

Good

This service was well led by an experienced registered manager. The registered manager was unable to attend during the inspection but the deputy home care manager and the care services manager were present and were able to answer all of our questions in detail.

People's views of the service were sought at the end of the six week period of the START service. These were positive.

There was an effective quality assurance system in place which helped staff to identify where improvements were needed. Audits were used to look at different areas of service such as medicine management.

HAS Directorate Office - Whitby Hospital

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 3 November 2015 and was announced. The registered manager was given notice because the location provides a domiciliary care service and staff are often out during the day; we needed to be sure that someone would be in the office.

The inspection team was made up of one inspector who visited the service and an expert by experience who made telephone calls to people who used the service following the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at all the information we held about this service. This included previous reports and statutory notifications that the service had made to the Care Quality Commission (CQC). Statutory notifications are provided by services to give information about events in the service that may affect people who use the service or how the service is run and are required by law.

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.

As part of the inspection process we spoke with four people who used the service and two relatives of people who used the service by telephone. We carried out face to face interviews with three support workers; spoke with two senior support workers, the assistant health care manager and the care services manager. In addition we spoke to the local authority commissioners who told us that they had no current concerns about this service.

We reviewed the care and support plans of four people who used the service along with the associated risk assessments and medicine records. We looked at the recruitment and training records of the three support workers we interviewed. We also inspected the documentation relating to the way the service was run including policies and procedures, quality assurance documentation which included the results of surveys, audits and policies and complaints.

Good

Is the service safe?

Our findings

Everyone we spoke to told us they felt safe with the staff who visited them. Staff had received training in safeguarding adults. They were able to confirm that they had attended the training and could tell us what they would do if they witnessed any abuse of a person they were caring for. They said they would report the incident to a senior member of staff. One member of staff was able to give us an example of an incident and the actions they had taken which demonstrated their knowledge. There had been two safeguarding alerts made about the service leading up to this inspection which had been investigated by the local authority who take the lead role in investigating any incidents of suspected abuse. The service had followed their own policy and procedure when dealing with these matters, identifying and managing the risks to people in order to keep them safe.

We looked at the care records, risk assessments and medicine administration records for four people who received care and support. Care plans highlighted the areas of support people needed in detail and had identified the risks for each person. One person said, "The staff had identified where I was at risk of falls trying to get upstairs." We saw that adjustments had been made by bringing their bed downstairs to maintain their safety. People's needs had been identified clearly and were being managed safely.

Risks to people had been identified and there were clear assessments and plans in place to ensure that staff were aware of how to manage these risks. These included moving and handling and when people were at risk of falls. Risks within people's homes had also been identified through the use of a health and safety checklist. This meant that staff could reduce the risk to people by identifying where there were risks to their safety.

Medication was managed safely. People's medicines were kept in their homes usually delivered by a local pharmacy and there was clear information about this in their records. A screening tool was completed to clearly identify what assistance people who used the service needed with administering medication. For example they were asked "Are you able to obtain supplies of medicine as needed?" If they answered, "No" the care workers arranged for a pharmacy delivery and this was recorded in the care plans ensuring that people were able to receive their prescribed medicines. We saw up to date medicine administration records and saw that there were no gaps in recording when medicines had been given by staff. Staff had been trained annually in administration of medicines, and competency checks had been carried out. There had been two medication errors over the last year. The incidents and any actions taken were recorded clearly and had been reported appropriately.

We looked at staff recruitment records and could see that staff had been recruited safely and had two references and a check in place carried out by the Disclosure and Barring Service (DBS). The Disclosure and Barring Service helps employers make safe recruitment decisions by processing criminal record checks (DBS check) and checking whether or not people are barred from working with certain groups of people. One member of staff we spoke with confirmed that they had only being able to join the service once these checks were completed. This meant that the organisation was making sure that prospective employees were suitable to work with people in their own homes, which in turn protected people who used the service.

When staff worked alone they were connected to a system called Voice connect which alerted senior staff if care workers did not confirm that they had completed a visit. They had also completed a lone working form which gave a clear description of the member of staff and identified family contacts. This protected staff when lone working.

Rotas identified that there were sufficient staff on duty to meet the needs of people who used the service. There were no time limits for people who were receiving the START service which meant that staff were not rushed. One person told us, "I had four visits a day to start with but that is down to three now and hopefully we can get it down to two." One care worker told us, "Often when people return home from hospital it is valuable in giving them confidence to allow them time. We have the luxury of allowing people to practice their skills." People who used the service confirmed that staff numbers were sufficient to meet their needs.

Accidents and incidents were recorded appropriately in people's care and support plans. We saw records of incidents that had taken place. These were clearly logged and any actions taken were recorded. One person had a near miss with their medication. The incident was recorded

Good

Is the service safe?

along with any advice that had been sought and given. In addition staff competency was checked by a manager in order to ensure they were safe to continue to administer medicines.

Good

Is the service effective?

Our findings

People received care and support from well trained and knowledgeable staff. People who used the service commented that staff, "Knew what they were doing." One person said "They know what they are about. I never feel rushed" and another said, "They don't ever rush me; they go at my speed."

When staff started working at the service they received a formal induction over three days and then shadowed another more senior member of staff. Probationary meetings were held to ensure staff were competent and confident enough to start work. Staff were trained in areas that were relevant to people's needs such as safeguarding people, medicine administration, moving and handling, emergency first aid, food safety, equality and diversity, dementia awareness and autism awareness. We saw the training matrix kept by the service which showed all the training completed by staff. Staff confirmed that they had completed the training using both online and classroom based courses. One care worker said, "We are all spot on with training because the home care manager is very thorough."

We saw that staff were well supported at this service and that they received one to one supervision every two months. Supervision is a meeting where staff can discuss their work and continuing training and development and highlight any concerns they may have. One care worker told us, "I have supervision regularly; two monthly." They also said, "You are very well supported. There is always someone you can ask for advice or support." All the staff we spoke with said how supportive the team was and that all the staff worked well together. One care worker said, "I find the team absolutely fantastic. Everyone looks out for each other and everyone steps up to the mark. I think it's remarkable."

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 service was working within the principles of the Mental Capacity Act (MCA) 2005. We could see that consent had been sought from people who used the service and decision making had been considered by and for people. One care worker told us, "When we go to someone's home they have the choice of whether or not to let us in. We ask them what we can do together because our job is about empowering the person." We could see that staff had received training about the MCA and deprivation of liberty safeguards and all the staff we spoke with were able to tell us how peoples choices were respected and that they sought consent before working with the person.

People saw their GP when they needed to as well as other health care professionals such as the community occupational therapist or district nurse. We saw that a request for equipment had been sent to the occupational therapist for one person and that a doctor had seen another person.

People's nutritional needs were supported by care workers who assisted some people to prepare meals. Those people had a specific mealtime support plan. One person who used the service told us, "I need support with my meal. We have discovered (name of company) freshly prepared ready meals so we have a stock in the freezer. The staff help with getting it and warming it up when they come." Staff had been trained in food safety.

Good

Is the service caring?

Our findings

Everyone we spoke with described staff as caring and respectful. One person who used the service said, “The staff are really caring they never rush us. They will sit and talk and make us comfortable, at ease. They are good at communication.” A relative told us, “It was very difficult at first, particularly at night when (name of person) was very unsettled. The staff have been really good; If I want any help I know I can get it and another said, “The staff seem really caring.”

People’s feedback about the staff approach and attitude were positive. We saw recent comments and thank you cards from people who had used the service and their relatives saying things such as, “We were naturally worried and apprehensive about having carers coming into our home four times a day. We needn’t have worried. They were professional in their caring role and supportive of me.” Another read, “Nice, kind and cheerful. Nothing is too much trouble.” Staff described the service as, “Very caring.”

Staff respected people’s privacy and treated people with dignity and this was reflected in comments we received from people who used the service. They told us, “Staff provide very private personal care” and “They don’t make you feel embarrassed if you’re getting washed or anything.” This demonstrated to people that they were valued by staff.

People described being involved in their care and this was reflected in their support plans. The service had worked with the local hospital, local authority care coordinator and each person on the START programme to determine their needs. People were able to tell us that they felt they were given enough information about and by the service. They aimed to return to independence and so the service was careful to involve the person in setting achievable but relevant goals. The people on this programme were given a letter which outlined the details of the programme giving clear information about timescales.

Staff told us that their role was to enable and support people in reaching their goals. People’s goals were clearly documented in care and support plans. People were consulted to ensure that these were still relevant and achievable. The service was flexible, and people who received care and rehabilitation through START had no set time limits on visits and had six weeks of free support. People who received care in their homes on a longer term basis received care in specific time slots which reflected their needs. They also received a letter giving information about when they would start paying for the service. This meant that sufficient time was allowed for people to receive the care and support they needed.

No one currently had an advocate but we could see that it was not necessary as families and health and social care professionals were involved with people. This meant that each person had someone to speak out on their behalf if it was needed.

Good

Is the service responsive?

Our findings

This service was part of a community response team based at the local hospital. This meant that people who needed support on discharge could have their care planned and organised within a short time scale so that they did not need to remain in hospital longer than was necessary. The home care manager or their deputy visited people in hospital to assess the needs of those people who needed to access the START service and those who required longer term support. This helped people make a smooth transition as they had already met some of the staff from the START team who were aware of their needs. This was a coordinated approach which people who used the service and staff told us worked well. A relative told us, "It's all been a bit of a joint effort with the hospital and social services. So far we have had four weeks supported care and it seems to be working alright. Everything was explained." A care worker said, "There are no constraints on time spent with people. If a job takes longer than anticipated then we can call on a colleague to assist us. That flexibility helps the person."

Care and support plans were person centred and up to date. There were descriptions of people's care needs and how staff should support those needs. When changes to people's care had been identified these had been recorded. People's needs were reviewed regularly for the first six weeks when they took part in the START programme in order to ensure that they achieved their goals. If they still needed personal care and support after the initial six weeks this was arranged within the service.

Staff noted individual risks to people and also looked at external risks which may affect people's safety. There were risk assessments in place which were linked to peoples care plans. For instance one person had a moving and handling assessment which they had agreed along with a falls risk assessment. This risk assessment linked in with the health and safety premises check checking for any external risk factors that may endanger the person and cause falls within their home.

Care plans had been reviewed to ensure that people were receiving the care and support they needed. Dependant on whether people were part of the rehabilitation programme or were receiving longer term care, appropriate time scales for peoples' reviews were set. People on the START programme had weekly reviews of their goals. A scoring system was used to indicate clearly where there had been improvements. For instance one person started with a score of four which meant they required considerable help and their score was now less as they require minimal help. At six weeks the START programme came to an end and a further review was carried out. If people received longer term care their reviews were then carried out less frequently. A person who used the service said, "The book tells them what he needs and if it changes." (They referred to the care records).

We saw that effective systems were in place to deal with any complaints although some of the people who used the service told us that they would not know who to complain to about the service. This may need to be reviewed by the registered manager to ensure that everyone knows how to complain. When we checked with the service we could see that two complaints had been made since the last inspection and so it was evident that some people were aware of the procedure. These were recorded and dealt with in line with the service policy and procedures.

Good

Is the service well-led?

Our findings

There was an effective management structure within the service. There was a registered manager employed at this service who was supported by a home care manager. The home care manager was further supported by a deputy and senior care workers who took on the role of supervising and supporting care workers. The registered manager had management support from a care services manager.

The registered manager had completed management training and in addition was trained in specialist areas such as dementia which gave them the knowledge and skills to manage this service. One care worker said," I know who the registered manager is. She is quite supportive and has called to say thank you when I did some extra shifts elsewhere." Another care worker said, "The registered manager has attended staff meetings and has given staff their contact details." They went on to say about the home care manager, "She's at the end of the phone, keeps us up to date with information about new clients, staff issues and offers us development opportunities." This demonstrated the confidence staff had in the management team.

Staff were able to describe the purpose of the service with one saying that it was "An enabling service." They told us that the culture of the service was caring, supportive and positive. We saw that the staff were positive and enthusiastic about their work and felt well supported and well led by the management team.

Staff were supported through regular meetings where they continually developed their knowledge and skills. We saw minutes of the meetings and staff confirmed that they attended meetings. One care worker told us, "We have staff meetings monthly but sometimes more frequently. We have people come in to speak to us such as the fire safety officer." A second care worker said, "We are a very supportive close team."

The service had an effective quality assurance system in place. Audits had been completed and appropriately recorded for areas such as care records showing any actions required. Staff visits were audited and there was an analysis of all the calls by staff name. This helped identify any trends or patterns for learning. If the audits identified any concerns these were recorded as an action with clear instructions for staff. In the medicine audit for example we saw that it had been identified that a person's cream had no directions attached to the container. Staff were instructed not to use the cream until clear instructions were made available by the pharmacist.

We saw policies and procedures which covered areas such as safeguarding, health and safety, mental capacity and deprivation of liberty safeguards, safe handling of medicines and whistleblowing. Evidence we looked at throughout the day and conversations with staff confirmed to us that the service was followed their own policies and procedures and that these were effective.

We saw that each person who used the service was encouraged by staff to complete a survey at the end of the six week period of re-ablement. These were in the form of formal feedback questionnaires and people we spoke with told us they had completed them. We saw that the majority had positive responses. One person had said, "Very happy with everyone. All acted professionally and were a great help." The only improvement that was requested by everyone was that they be allowed to access the scheme for longer periods which showed how much it was valued by people.