

North Yorkshire County Council

Duke Street

Inspection report

30 Duke Street
Settle
North Yorkshire
BD24 9DN

Tel: 01609535431

Date of inspection visit:
03 January 2018

Date of publication:
23 February 2018

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

Duke Street is a domiciliary care agency which provides personal care to people living in their own homes. This is a time limited service, up to a six weeks period, with the aim of assisting people to regain their independence after an accident, illness, or temporary disability.

This inspection took place on 3 January 2018 and was announced. The provider was given 48 hours' notice of our inspection, because we needed to make sure someone would be in the location office when we visited. At the time of our inspection, the service supported approximately 13 mainly older people.

Not everyone using Duke Street receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the last inspection we rated the service good. At this inspection the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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.

The service provided safe care to people. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. The provider had robust procedures to ensure effective recruitment of staff. There were sufficient staff employed to meet people's needs.

Assessments and care plans were person centred and provided guidance to staff on how to safely meet people's needs. Medicines were managed safely and people received their medicines as prescribed to people who needed this support.

People received effective care from staff who had the skills and knowledge to support them. Peoples health needs were promoted and when required support was provided with nutrition and hydration.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice

The service provided support in a caring way. People benefited from caring relationships with staff who treated them with dignity and respect. People were involved in their care and supported to remain independent.

People received personalised care by staff who understood people's individual needs and preferences. People's changing needs were responded to appropriately and their preferences and choices respected.

The service continued to be well led by a registered manager and provider. Systems were in place for checking the quality of the service using audits and satisfaction surveys.

Further information is in the detailed findings below.

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.

Duke Street

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 comprehensive inspection took place on 03 January 2018 and was announced. We gave 48 hours' notice of our inspection, because the location provides a domiciliary care service and we needed to make sure someone would be in the office when we visited.

The inspection team was made up 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. The expert-by experience had experience of people who used regulated services.

Before our inspection, we reviewed information we held about the service, which included information shared with the CQC and notifications sent to us since our last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur and which affect their service or the people who use it.

We used information the provider sent us in the Provider Information Return to plan our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we visited two people who used the service in their homes and spoke with three people and three relatives on the telephone. We visited the provider's office and spoke with the registered manager, a team leader and two care workers.

We reviewed four people's care plans and risk assessments, plus the recruitment, training, supervision and appraisal records for three members of staff. We looked at medication administration records, meeting minutes, audits and other records relating to the running of the service.

Following the inspection we spoke with two health and social care professionals and a commissioner of the service for their feedback on their experiences of the care provided.

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person said, "There are no problems with the staff and safety. They are gentle." People told us the service was reliable and staff arrived on time. They also told us staff were not rushed and always stayed for the correct length of time. A relative told us, "The staff have been on time and fit in really well with my relatives needs."

The registered manager and staff had a good understanding and knowledge of safeguarding people and could explain the actions they would take if they suspected or witnessed abuse. When we asked staff about their views on discrimination, all were clear that this would not be tolerated and any concerns would be raised with their manager. We saw records that showed staff had received safeguarding training and were aware of the whistleblowing policy. A member of staff said, "I am confident to raise a concern. My manager would definitely listen and act."

At the time of our inspection, the initial assessments and risk assessments for people were completed by the local authority social services team, rather than the staff working at the service. This meant staff were not involved in developing a clear understanding of people's needs before support commenced. We found no evidence that people had been harmed because of this. Following the inspection we were sent documentation which showed that the provider had started to complete their own assessments. Information included an assessment of people's needs, their preferences and a life history. This meant that staff had up to date information to ensure safe care was provided.

The service completed a care plan with people which included information about how they wanted to be supported, their goals and outcomes. The plan was reviewed with people on a weekly basis and recorded what they had achieved and the areas they wished to improve on. For example, one record we looked at showed how a person was becoming more independent when showering and preparing food. We saw that where people's needs had changed, the intervention plans were updated and health and social care professionals were informed.

Staffing levels were based on people's need's and the amount of time required to support them. The service encouraged and supported people to do as much as they could for themselves and the rotas were organised to enable staff to provide additional time to people when required.

People's medicines were administered safely to people, where this support was needed. Records we looked at included information about the medication and the level of support required. One person explained to us they took their tablets before the staff arrived and said, "The staff always check I have taken them." Staff had received training and were observed to ensure they were competent to administer medication.

Staff were aware of the importance of infection control measures and we saw personal protective equipment such as gloves and aprons were readily available and being used.

Records showed that the registered manager undertook audits of the service which identified any short falls

and recorded the action needed to reduce the risk of reoccurrence. This meant they reflected on situations to make on going improvements.

Is the service effective?

Our findings

People and their relatives spoke positively about the quality of care provided. A relative told us, "The staff have been absolutely fantastic. They have a chat with my relative about their pet. At first, all the staff going in was a bit too much for their partner, but they have been really good with them as well. Very professional."

Intervention care plans recorded people's goals and outcomes and how staff were to provide support. For example, one record we looked at showed that the person wanted to start maintaining their home again and take up hobbies. Another person wanted to gain more confidence when having a shower. We could see from the records how people had been enabled to achieve their goals.

People were cared for by staff who had received relevant training to meet people's needs. One person said, "Staff seem competent and know what they're doing." Staff had access to a range of training including, equality and diversity, safeguarding, moving and handling and first aid. The registered manager had arranged additional training to meet the specific health needs of people supported. For example, staff had received training from health professionals in stoma care and diabetes awareness.

People were cared for by staff who received regular supervision and appraisal. Supervision and appraisal is a process by which an organisation provides guidance and support to staff. Staff we spoke with explained their supervision was useful, supportive and they felt listened to.

People were supported to make choices in relation to their food and drink and to maintain good health. One person we spoke with explained they chose what they wanted and said, "Food was nicely cooked and presented." Health care professionals told us they had good working relationships with the service. One said, "The staff are professional in their attitude and approach." Records we looked at demonstrated people's health needs were promoted and referrals were made to appropriate health services when their needs changed.

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.

Applications to deprive a person of their liberty when they live in the community must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and whether applications had been made to the Court of Protection. At the time of this inspection no applications had been made. Records showed people were asked to sign their care plans to document they consented to their care and support. Staff gained consent before any support was offered. One person told us, "They ask me if I would like my legs and feet washing. They always ask first before they do anything."

Is the service caring?

Our findings

People told us staff were caring and treated them with kindness and respect. One told us, "They are especially nice when they help me to bed. They are gentle and make sure I'm comfy in bed. We have a chat and a little conversation. They always ask if I feel alright and things like that." Another said, "The staff are kind and caring and they always have a chat before they go. They are very friendly."

Discussions with the registered manager and staff demonstrated that people's diverse needs were respected. One staff member told us, "I treat people equally. People have different beliefs. I would check with them to ensure I was not offending them in any way. I would want to know and to learn from them."

People's personal and medical information was protected. We were shown where care plans and other personal records were stored securely. Staff had access to this information and understood the importance of maintaining confidentiality.

When people started to receive support they were given information about the service and other organisations in the community that may be of interest to them.

People told us their privacy and dignity was respected. They said, "They seem to treat me with respect, some are very young but they're all alright" and "They cover me up with the towel when I'm in the bathroom." Staff we spoke with understood the importance of maintaining people's privacy and dignity and had received training. They spoke confidently about how they delivered respectful and dignified support.

We saw health and social care professionals had been updated when people's needs changed and the service advocated on behalf of individuals when necessary. For example, staff recognised when a person did not have the equipment they required to enable them to remain independent and ensured this was made available for them.

Records we looked at showed people were involved in developing their care plans. Each week people's goals were reviewed and their achievements recognised. The support provided was adapted to meet individual's specific needs which ensured people's independence was promoted.

Is the service responsive?

Our findings

People received a service that was person centred and responsive to their needs. One person told us, "The staff don't rush off. Before they leave, they do all the jobs and make me a cup of tea. They will do anything you want."

People were protected from discrimination by staff who respected people's choices and individuality. People's care plans were specific to their individual needs and guided staff on the support required and how this was to be provided. For example, people's care records gave guidance for staff on supporting people to become independent during food preparation or personal care and this matched their individual wishes and needs.

Care plans were reviewed with people and updated to reflect people's needs. One person told us, "We talked about my care plan. Staff have now stopped coming at night as I can manage to undress myself." A relative said, "The staff have been outstanding and very professional; in fact I was surprised at how good they have been in coordinating my relative's care and in keeping me informed."

Staff we spoke with were knowledgeable about the importance of providing person centred care. For example, one member of staff told us about a person who expressed an interest in joining a local group where activities and an exercise class took place. The rota was organised so a staff member could stay with the person to help build their confidence and prevent social isolation. Support visits were rearranged if, for example, people were going to church or had an event they wished to attend.

The service was responsive to people's needs and their health was promoted. We saw records which showed the service ensured visits from physiotherapists, speech therapist or other appointments were undertaken. A health care professional said, "The service works along side us and follows our recommendations."

When people needed further support or long term care, their package was referred to another service provider. A health care professional explained hand overs between the services worked well and people were accepted into the service in a timely way which prevented admissions or extended stays in hospital.

Staff had access to smart phones; received and gave regular updates about people to their manager or colleagues. The service is working towards having access to documentation on line which would provide instant access to people's records and the facility to update partner agencies as soon as changes occurred. The registered manager understood that people required information about the service in a format that was suited to their needs and ensured documentation was available in large print should this be necessary.

People knew how to raise concerns and were confident action would be taken. One person we spoke with told us, "The staff are lovely and helpful. I have no complaints at all" and "Everything's fine, I've no complaints." Records showed there had been no complaints but systems were in place to record and

investigate them should they arise.

Is the service well-led?

Our findings

People received a service that was well-led. There was a registered manager in post. 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.

During our visit, we found the registered manager demonstrated a commitment to providing effective leadership and management. They ensured they were up to date with current best practice guidelines and organised training to enable staff to support people with specific health needs. For example, staff had received training in stoma care and diabetes awareness. Additional training had been arranged for staff to become champions in pressure area skin care.

A health care professional explained that the service they offered complimented the support Duke Street provided and they had worked hard together to achieve this. They told us, "Communication between both services was good and we are proud that health and social care in this area is well integrated."

Staff told us the service was well-led and there was an open and honest culture. They were positive and proud to work at the service and spoke highly about the support they received. One said, "We are a close knit team. We work well together and are very committed."

The registered manager and the provider monitored the quality of the service provided. A range of audits were conducted which included, accidents and incidents, daily recordings, care plans and medication administration. Details of these were analysed and actions were taken to drive continuous improvement. For example, a recent audit of daily recordings had identified that some staff had not been recording times of visits using the 24 hour clock as requested. As a result, the quality of recordings was to be discussed at the next team meeting.

People's opinions were sought through regular surveys. The service received a range of compliments about the support provided. These included, 'We knew there is light and the end of the tunnel, but we wouldn't have reached it without your help' and 'Everyone has looked after [Name] with compassion. You all do a fantastic job.'