

Craven Community and Voluntary Services

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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

We undertook this announced inspection on the 16 September 2015. This was the first inspection of the agency at Newmarket Street in Skipton. We carried out an inspection on 26 June 2013 at the agency's previous address in Crosshills, Keighley on 12 September 2013. The service met all of the regulations that we assessed at that time.

Craven Community and Voluntary Services provides practical and emotional support for carers and the people they care for. The service supports the carer by giving them the opportunity to have a break from their caring responsibilities. This can include befriending, accompanying to appointments or activities and some

Summary of findings

personal care. The service provides support for 52 people and has 13 volunteers and 23 employees, most of whom work part-time hours. The service supports people who live in Skipton and surrounding villages.

At the time of the inspection there was an acting manager in post. The provider confirmed that they have now appointed a new manager and their application to be registered with the CQC was in progress. 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 felt safe when receiving support from staff. The service recruited staff in a safe way making sure all necessary background checks had been carried out. Staff had a good understanding of safeguarding procedures and how to protect people from harm. There were risk assessments in place to identify risks due to people's health or mobility and to make sure these were minimised without intruding on people's privacy and independence. There were records that showed staff received the training they needed to keep people safe.

We were informed by the provider that the service does not administer medication to people they provide a service for as their carers/relatives do this. However they do on occasions prompt people to take their medication and the medication policy and procedure was not sufficiently clear as to what the organisations

expectations were of staff in relation to medicines. We have recommended the provider to review their medication policies and procedures to ensure they are clear.

Care was planned and delivered in partnership with people and their families. People spoke highly of the care staff and told us they were skilled and well trained and that the agency provided a flexible service that met their needs.

People told us the care they received was excellent and that care staff went that extra mile. People said the agency responded to their needs and the examples they gave us was where support was increased to meet the family's needs. Staff spoke passionately about delivering a good care standard of care for people.

People told us they knew how to make a complaint and said they would either ring the office or speak with a member of care staff from the agency. However everyone we spoke with said they did not have any complaints.

The management team were committed to providing a good quality service. Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages. However some of the policies and procedures needed updating and we have recommended the provider to review these to ensure they are in line with current legislation.

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 told us that they felt safe with staff from the agency.

Staff knew how to report issues of abuse and said concerns raised would be dealt with appropriately. They had been trained in safeguarding procedures.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Although the agency does not administer medicines, the medication policy needs to be improved to guide staff when they are prompting people with regard to their medicines.

Good



Is the service effective?

The service is effective.

Staff received on-going training. The training programme provided staff with the knowledge and skills they needed to support people properly.

People told us, that staff they were matched up with were reliable and consistent in their visits.

People told us that any visits were arranged around their needs to fit in with their arrangements and requirements.

Good



Is the service caring?

The service was caring.

People who used the service told us they valued the service they received. People were supported to maintain their independence and received support from a consistent team of care staff.

People described staff from the service as being 'trustworthy and capable' and going that extra mile.

Discussions with staff showed a genuine interest and a caring attitude towards the people they supported.

Good



Is the service responsive?

The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly. The information was transferred to the file and kept in the person's home.

There was an effective complaints procedure in place and people's complaints were dealt with promptly and where improvements were needed this was acted upon.

Good



Is the service well-led?

The service was well-led.

Staff were clear about their roles and responsibilities. They spoke positively about the impact they had on people's lives when supporting them in their own home.

Good



Summary of findings

Systems and processes were in place to monitor the service and drive forward improvements.

The overall feedback from people who used the service, relatives and staff was very positive about how the agency was managed and organised.

Some of the policies and procedures needed updating and we have recommended the provider to review these to ensure they are in line with current legislation.

Craven Community and Voluntary Services

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 16 September 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us.

The inspection team consisted of one inspector and one expert by experience. The expert by experience carried out telephone interviews to seek the views and experiences of people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and had expertise in adult health and social care.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. Before our inspections we usually ask the provider to send

us 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 did not ask the provider to complete a PIR on this occasion because we planned the inspection at short notice.

During the inspection visit we looked at records which related to people's individual care. We looked at five people's care planning documentation and other records associated with running a community care service. This included four recruitment records and the staff rota. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. During our visit to the agency we spoke with the registered provider's representative known as a nominated individual. We also spoke with the temporary manager and office manager and a member of care staff. We telephoned four people who received a service from the agency. We also telephoned and spoke with three members of staff from the agency.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted North Yorkshire County Council to see if they had any concerns about the service, and none were raised.

Is the service safe?

Our findings

All of the people we spoke with were positive about the care they received. People told us they felt safe with staff in their homes. People said they trusted them as many had had the same member of staff for a long time. One person told us they had the same support worker for ten years and told us “He’s family now.” Another person also spoke confidently about how they could depend upon staff from the organisation and told us, “I couldn’t ask for anyone better, I can trust him, he’s very capable.”

We saw the records relating to the recruitment of staff. The organisation was careful to make sure that every staff or volunteer’s background was checked. The agency received suitable references from people who knew the applicant well. They undertook Disclosure and Barring Service (DBS) checks prior to introducing staff to people who required the services support. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Application forms and interview notes showed how the service satisfied themselves that new staff had suitable character and experience to work in the care sector. However we found that the staff files we looked at were difficult to navigate through to locate the relevant information, as everything was filed together and not in any particular order. The office manager and provider agreed that their system for maintaining staff files needed to improve.

Staff records showed the manager had meetings with them and made sure they had received a useful guidance and that they understood the contents like keeping people safe, whistleblowing, how to deal with complaints.

The office manager told us that most staff had worked for the agency for a number of years. They informed us they had sufficient numbers of staff to provide care and support to people in their own homes and that the staff were matched with people to ensure the agency was able to meet people’s needs. People we spoke with who received a service mentioned about how the staff seemed to be carefully selected to match in with their needs.

One relative who spoke very highly of the service said, “I can have four hours to myself, knowing he’s safe.” They also told us that the support worker was able to manage in an emergency saying, “He (staff) knows what to do if (name) is poorly and how to get hold of the doctor.”

The provider and office manager informed us that staff did not administer medicines for people who used the service. However, staff did sometimes prompt or remind people to take their own medicines, although we were told that currently there were not many people who needed this. We discussed this with the provider following the inspection, after seeking clarification from the Care Quality Commissions regional pharmacy manager. We informed the provider that if staff prompted or reminded people to take their medicines they should follow the same guidance as administering medicines. Staff we spoke with told us they did not administer medicines. One member of staff said, “I do not give medicines or tablets to people. I have in the past prompted someone to take them.” The organisation had policies and a procedure regarding medicines. We found the medicine procedure to be brief and was not clear as to what the organisations expectations were of staff in relation to medicines. For example the procedure did not state that staff were not to administer medicines. The medicine procedure was not detailed in the staff handbook for staff to refer to when needed. The provider agreed that the procedure required updating and said they would also review the matter relating to the administration of medicines.

We saw there were up to date safeguarding policies and procedures which detailed the action to be taken where abuse or harm was suspected. Staff members told us that they had received training in safeguarding and that they felt confident about identifying possible abuse and taking appropriate action to protect people. Staff we spoke with were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident. Training records confirmed that staff received relevant training to do their jobs well, which also included safeguarding training.

People’s care files we looked at showed that they had appropriate risk assessment in place, these included moving and handling assessments and environmental risk assessments as the care was delivered in the person’s own home.

Is the service safe?

Accidents and incidents were recorded appropriately. We saw records of accidents that had been recorded. These were clearly logged and any actions taken were recorded which meant that the staff could easily identify trends and take any action required.

We recommend the provider reviews current medication policies and procedures to ensure they are clear for staff to follow.

Is the service effective?

Our findings

People told us they received the services they needed from the agency. This was to provide staff to sit with people so their day to day carers could undertake something else knowing there was someone there to look after the person who needed care and attention. Staff also undertook social activities with people they supported such as taking them out on trips or for walks.

Relatives all spoke highly about staff from the agency. People told us that they were provided with consistent and regular support and they valued the continuity of care. They all told us they were confident of staff's abilities and told us that staff knew the people they supported well. One relative confirmed this and went on to tell us, "He (staff) knows when (name) is well enough to go out and will encourage them." This relative also told us that the member of staff could cope in any crisis saying, "I know that if my husband fell (staff) would send for a paramedic." Another relative told us that his wife had epilepsy and would need immediate hospital treatment to ensure that the seizures could be brought under control. They said that the agency had provided staff with appropriate training in this area and that they were confident that they could cope with any emergency.

We looked at staff records which included induction, training and supervision. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, health and safety, safeguarding vulnerable adults and basic first aid. Other topics staff had training for included stroke and dementia awareness. We saw a copy of the employee's handbook which is given to staff once they started working for the agency. This booklet contained information of key policies and procedures such as staff's code of practice, gift procedure, entering and leaving a service users home, safeguarding, accidents and emergencies. One member of staff said, "I have done all the necessary training such as first aid, moving and handling and training regarding understanding diabetes."

We saw in staff records that they had received supervision from their line managers on a quarterly basis. Staff also received annual appraisals. Staff we spoke with told us that they received the support they needed. Some would drop into the office for a chat others would phone the office for guidance and support. One member of staff said, "If I had

any concerns what so ever I would contact the office for advice." Staff and people who used the service said they could phone the office at any time for guidance and support.

The temporary manager, office manager and staff we spoke with had an understanding of the Mental Capacity Act 2005. 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. We spoke to both managers about this and they understood their responsibilities. Because of the nature of the services they provided they would not be called upon to act in an active role, but would signpost issues to social services if needed.

We saw in people's support plans that people were involved in the planning of their care and that their consent or their relatives consent had been obtained wherever possible. Support plans contained clear information about people's health needs. There was evidence of the involvement of healthcare professionals such as the person's GP.

The majority of people needed no support with eating or drinking and could cook and eat independently in their own home or their relatives did this for them. However, where people needed some support, staff from the agency told us they would make people snacks and drinks during their visits.

We spoke with one member of staff during our visit to the agency's offices and spoke with two staff by telephone. They told us they felt they had enough information to care for people in the way they would wish to be cared for. One member of staff told us, "We receive all the necessary information we need before we meet the clients."

We looked at five care plans. We saw that although staff updated communication notes monthly they did not record what level of support had been provided each visit. Staff communication was general and did not give a sense of what staff did each visit they carried out. We found that the care files we looked at were difficult to navigate through and to locate relevant information, as everything was filed together and not in any particular order. The office manager and provider agreed to look at this. They said they would remind staff to complete the support plans correctly and to look towards improving their system for maintaining people's records.

Is the service caring?

Our findings

People spoke highly of the support they received from the agency. One relative who used the service told us that their relative needed some male company and the agency had fulfilled that requirement. The relative told us that the member of staff now felt more like a family member and that the member of staff had changed their way of working in response to the changing needs of their relative. The examples the relative gave us was the member of staff would now chat, read the paper and watch television with their relative as they were no longer able to do as many physical things as they used to do. The relative said, “(Staff) is wonderful, we have the same staff every time. They are really nice and get on well with my husband. They do jigsaws and crosswords together.”

People told us care staff went that extra mile. A relative told us that their relative had been supported at home for six years by the same member of staff from the agency and due to their relatives failing ill health was now living in a care home. The relative had asked for the member of staff to continue to visit their relative saying, “He is his only friend.” This has continued and the relative said that if the member of staff visited the care home at lunch time they would help to support their relative with eating their meal. The relative described the member of staff as, “One of the nicest people I have met.”

Another relative told us that their wife needed support with their personal care. They told us that staff assisted their wife with this and at all times showing respect for her privacy and dignity.

Staff had a good understanding of people’s needs, preferences and personal histories. Staff told us they had access to people’s care plans that they wrote in the daily

records. We saw people’s consent had been sought about decisions involving their care package, the level of support required and how they wanted their care to be delivered. Records showed that people, and where appropriate, their relatives, had been involved in discussions about care and support. This was reflected in the care plans we saw.

Discussions with staff showed they had a genuine interest and caring attitude towards the people they supported. Staff told us they were always introduced to people before providing care and support and that they were given time to get to know people and their families so that they could work together for the best outcomes for people.

Staff spoke passionately about wanting to provide good care for people. One member of staff said, “We are on trust in their home. This service plugs a little hole here and there for people and their carers.” Another member of staff said, “I think it is an excellent service, we fit into a gap that other services are unable to provide” and another staff said, “This service is well respected and well liked in the area.” One member of staff told us “If I needed support I would use this service. I think this service keeps people a little longer in their own home. It is quite a remarkable service and I do think we make a difference.”

People were given a variety of written information about the service provided including leaflets about what services the agency provided. We saw in people’s care files that service agreements were in place and were completed when the initial service commenced. Service agreements contained for example what people may expect from the service, what staff would not do such as make use of the clients property e.g. telephone, current fees and how people would be invoiced. We saw that people had signed and agreed the service agreement with the agency.

Is the service responsive?

Our findings

People told us they received the support they needed and what had been agreed with the agency. Records from initial assessments set out what people required and what the agency was able to deliver. People mentioned that the service was flexible and responsive. One relative told us that the agency responded well to their needs. They told us that initially staff from the agency were employed for a few hours to support their wife allowing them to do some shopping. The relative said, “I didn’t ask for more hours but (staff) realised that I couldn’t get anything done.” They went on to say that the manager ensured that support was increased to meet the family’s needs. The relative said that they now have time to do their shopping, meet friends and go out for a game of snooker one evening a week. They also mentioned they had been able to go away for a few days to visit friends whilst staff from the agency and other relatives supported their wife at home. The relative finished off by saying, “(Staff) and my wife are like good friends.”

Other relatives we spoke with gave good examples where the agency was flexible. One relative said that staff would step in at short notice. The example they gave us was to take their relative to a hospital appointment when they were unable to go. Another relative described their support worker as being ‘very flexible.’

One relative told us that they usually discussed any changes to their relative’s care with the member of staff from the agency and the care plan would then be updated.

The office manager explained that they gathered as much information as possible about people before they started providing a service, so that they could be sure about meeting the person’s needs

Care plans we saw had been reviewed and updated in a timely manner. Everyone we spoke with said they had a care plan and this had been completed with people before the service started. People told us they felt they were part of the process and had signed, or their representative had signed, to say they were in agreement with their care plan.

People who accessed the service knew how to make a complaint but told us they had never felt the need to make one. People told us that if they had any concerns they would speak initially with the member of staff from the agency or they would ring the office and they said they felt listened to. One relative said, “I assume that I would telephone the office if I had a complaint, but I have nothing to complain about.” The complaints record showed that there had been no complaint since the last inspection. People we had spoken with told us they had no complaints about the service. People we spoke with also confirmed that they had recently been surveyed for their views, which meant that people contribute to the running of the service.

Is the service well-led?

Our findings

The agency was well led. There were clear lines of accountability and the roles and responsibilities of staff were clearly defined.

A registered manager was not in post. However, staff were supported by a temporary manager and office manager who were both involved in the running of the service, care delivery and staff management. Since the inspection the provider had confirmed to us that they had successfully recruited the position of manager and their application to be registered with CQC was in progress.

Staff received regular support and advice from their line manager by telephone or face to face meetings. Staff felt that managers were available if they had any concerns. One member of staff said, "The support is absolutely brilliant. I just ring with a query and the office staff always get back to me quickly."

People's care plans had not recently been audited, although this had not impacted on people's care. We were told this was due to no registered manager or deputy manager being in post. The office manager agreed that the services care files and staff files needed to be sorted out making them easier to navigate through.

Although the agency did not have regular team meetings staff had informal 'buddies meetings' which were held monthly and were attended by staff. We discussed this with the provider and both the temporary and office managers. Although staff benefit from the current system of these informal meetings we felt that the agency staff would further benefit from also having a more formal meeting. This would be used to share practice and meet with other staff to discuss work related issues with input from managers. There should be an agenda for staff and meetings should be minuted. This would give better opportunities for staff to contribute to the running of the agency.

There were mixed responses when we asked people if they had been surveyed for their views. Some people could not always recall getting a survey or questionnaire asking their

opinion of the service. One person told us they had recently received a survey and had completed it and returned it. Another person said they had in the past received letters asking them if they were satisfied with the service.

Records showed us that the service had sent out surveys to people several weeks ago and were currently being returned and analysed. We saw a copy of the previous survey which had been carried out for 2014 where people had made positive comments such as, '(Name) looks forward to (staff) coming for both care and company. This to us is priceless' and 'The continuity of the same person, spending quality time with my husband helps greatly to stimulate him' and '(name) was able to go out on a social activity with a trained carer who knew how to cope with her illness. I'm sure this did her good.'

We looked at a number of policies and procedures during our visit. Most policies and procedures were up to date. However we found that some policies needed to be updated to reflect current legislation implemented in April 2015. For example the policy relating to staff training and development mentions standard 19 of the Domiciliary Care Standards, which had changed to Regulation 12 of The Health and Social Care Act 2008(Regulated Activities) Regulations 2014. The whistleblowing policy also referred to the Commission for Social Care Inspection which was the organisation prior to the Care Quality Commission. The complaints procedure did not hold the details of the local ombudsman. We discussed this with the management team who agreed that they would review all their policies and procedures to ensure they were in line with current legislation and the correct information was recorded.

We saw a copy of the annual review for 2014, which was submitted to the organisations board of trustees. The annual review detailed the operation of the service including results from the last survey. It also looked at issues relating to the continuing development of the service, which meant that the provider regularly monitored the service to ensure good quality care was delivered.

We recommend the provider reviews their policies and procedures to ensure they are up to date and in line with current legislation.