

# Crabtree Care Homes Services Limited

## Ladies In Waiting

### Inspection report

10 Skipton Road  
Ilkley  
West Yorkshire  
LS29 9EJ

Tel: 01943817082  
Website: [www.ladies-in-waiting.co.uk](http://www.ladies-in-waiting.co.uk)

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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 between 4 February and 15 February 2016. The inspection was announced. This meant we contacted the service 48 hours before we visited the office. This was to ensure the office would be open and someone would be available on the day of our visit.

The last inspection of this service took place in July 2013. The service was found to be compliant with all of the legal requirements inspected at that time.

Ladies in Waiting provides a wide range of home care services and support to older people who live in Ilkley and surrounding areas. These services are provided to private clients in their own homes. Their head office is located within Ilkley town centre. At the time of this inspection 30 people received support with personal care. The service also provides support with a range of other tasks such as shopping and cleaning. However, this level of support does not fall under the regulated activity of personal care and regulatory remit of the Commission.

The service has a registered manager who had been in post since the service opened. 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.

Risks to people's health and wellbeing were being effectively assessed, monitored and managed.

The provider had appropriate arrangements in place to help reduce the likelihood of abuse going unnoticed and help protect people from the risk of abuse.

Sufficient staff were employed to ensure people's individual care needs were met. Care rotas were realistically planned and well organised to ensure people received consistency in the time of their visits and the staff who provided their care.

The provider had effective medicines management systems in place which evidenced medicines were being safely managed.

Care was delivered by suitably skilled and experienced staff. The provider only employed staff with previous experience in care and those able to engage in meaningful conversation with people. Many of the staff employed were retired nurses or social workers which meant they had a thorough understanding of the care sector.

People's individual dietary needs and preferences were planned for and met. Staff worked in partnership with a range of health professionals to ensure people maintained good health.

We received consistently positive feedback about the communication between frontline staff, office staff and other health and social care professionals. This was a positive feature of the service because good communication is particularly important to ensure joined up care where people are supported by a range of health and social care professionals.

Staff demonstrated understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and had a good knowledge of the people they supported and their capacity to make decisions.

The feedback we received about the standard of care was consistently good. We saw that people were supported by regular staff. This consistency enabled care staff to develop meaningful relationships with the people they supported.

People told us staff were kind, caring and treated them with dignity and respect. Staff actively sought opportunities to help promote people's independence and ensure people made decisions about how their care and treatment was provided. Where people raised issues or concerns they were listened to and staff tried to make improvements to the quality of care they received.

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified action was taken to address any shortfalls.

People using the service, relatives and staff we spoke with were very positive about the registered manager. They all said the registered manager was committed to providing the best service they could offer, was approachable and provided effective leadership. Staff and people who used the service told us they would recommend Ladies in Waiting to other people.

## 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.

Risks to people's health and wellbeing were effectively assessed, monitored and managed.

Appropriate arrangements were in place to help protect people from the risk of abuse. People told us they felt safe when staff visited them.

Sufficient staff were employed to ensure people received consistent and appropriate care.

Effective medicines management systems were in place.

### Is the service effective?

Good ●

The service was effective.

Staff had the required skills, knowledge and experience to deliver safe and effective care.

Staff supported people to maintain good health and to consume an appropriate and varied diet.

Staff demonstrated understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and had a good knowledge of the people they supported and their capacity to make decisions.

### Is the service caring?

Good ●

The service was caring.

Feedback about the quality of care provided was consistently positive.

People were supported by regular care staff. This consistency enabled care staff to develop meaningful relationships with the people they supported.

Staff used their knowledge of people to deliver person centred

care.

Staff encouraged people to maintain their independence and sought opportunities to involve people in making decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and staff were responsive to people's individual needs.

An effective complaints process was in place. Where people raised issues they were listened to and staff tried to make improvements to the quality of care provided.

### Is the service well-led?

Good ●

The service was well led.

There were effective systems in place to monitor and improve the quality of the service provided.

Feedback about the registered manager and their leadership of the service was consistently positive. They worked hard to maintain staff morale and ensure people were provided with consistently good quality care.

# Ladies In Waiting

## 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 between 4 and 15 February 2016 and was announced. We spoke with people who used the service on 4 and 5 February, visited the office on 8 February and spoke with health professionals and staff on 15 February. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office on the day of our visit.

Three inspectors visited the office and an expert by experience completed phone calls to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case they had experience of working in services which support older people and people who live with dementia.

Before our inspection we spoke with the local authority commissioning and safeguarding teams. They did not have any information to share with us as all of the people who use Ladies in Waiting are privately funded. However, they had no other concerns or complaints about this service. We also reviewed the information we held about the service. This included reviewing the information on the 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 also asked people who used the service and their relatives to complete questionnaires about their experience of using the service. We received responses from 36 people. We also sent questionnaires to some staff members to ask for their experience of working for Ladies in Waiting. Eight staff members responded with feedback about the service. The results of these questionnaires were analysed and helped us to plan our inspection.

During our inspection we reviewed eight people's care records and various other information regarding the running of the service, such as policies, procedures, audits and staff files. We spoke with eleven people who

used the service and two relatives of people who use the service. We spoke with three members of care staff, a health professional, the office manager and the registered manager.

# Is the service safe?

## Our findings

Risks to people's health and safety were assessed. For example, moving and handling risk assessments were put in place to guide staff on how to safely assist with moving and handling tasks. Falls risk assessments were in place where people had been identified as being at risk of falls. Where falls had occurred, these were documented and clear actions put in place to reduce the risk of a reoccurrence, such as making changes to the environment. Care records also demonstrated staff took action to follow risk assessments in order to reduce potential risks. For example, care records showed one person who was assessed as being at risk of developing pressure sores received timely support with their personal care and staff monitored their skin integrity on each visit. We saw any issues or concerns with their skin integrity were promptly reported to their GP and the district nursing team. This led us to conclude that staff effectively assessed, monitored and managed risks to people's health and wellbeing.

Safeguarding procedures were in place. The registered manager demonstrated a good understanding of safeguarding and how to identify and act on concerns. They told us no safeguarding incidents had occurred within the service within the past two years. Safeguarding was an agenda item on staff meetings to help support staff to raise any concerns. Staff had received safeguarding training. Training had also been provided to staff in identifying fraudsters to help ensure people were kept safe from financial abuse. The staff we spoke with had a thorough understanding of how to identify and respond to any suspected abuse or concerns they had about people's wellbeing. People who used the service were regularly asked if they had any concerns about the service through quality assurance questionnaires, spot checks and informal contact with the registered manager and office staff. This provided people with opportunities to report any concerns they had. The provider also operated a support line which people who used the service could call to speak with a member of staff 24 hours a day 7 days a week in the event of an emergency. This demonstrated that the provider had appropriate arrangements in place to help reduce the likelihood of abuse going unnoticed and help protect people from the risk of abuse.

The registered manager told us the service was fully staffed and there were no current vacancies. We viewed staff rota's which showed that visits were appropriately spaced and rota's were realistic and achievable. The registered manager told us they always carried spare capacity so that if someone's care needs changed they could increase the care package through use of current staff. They told us that if any new care packages were agreed, they would specifically recruit staff to deliver care to those people. This helped ensure there were sufficient staff to meet people's individual needs.

The staff we spoke with told us they always visited the same regular people each week. They told us that each person's visits were usually covered by a bank of three or four care staff. This meant that any holidays or unexpected absences could be covered by staff who were familiar to the person. Where this was not possible, staff told us, and people who used the service confirmed, they were always introduced to the person prior to covering their visit. Staff told us they never felt rushed and always had sufficient time to meet people's individual needs. One staff member told us, "We always have enough time for all our clients and are not pushed to do anything we are not happy about or uncomfortable with." Our review of records, discussions with people who used the service and staff, led us to conclude there were sufficient staff to



ensure people's needs were met and that people received consistent care.

Effective recruitment procedures were in place to ensure staff were suitable for the role and safe to work with vulnerable people. This included obtaining a Disclosure and Barring Service (DBS) check before staff commenced work and obtaining written references.

People's capacity to self-medicate was assessed and where people lacked capacity a medication care plan was agreed in the person's best interests. Information on the medicines people were taking was present within care files including any side effects. This helped staff understand the medicines they were supporting people with and any associated risks.

We looked at a sample of Medication Administration Records (MAR). We saw these were consistently completed which provided evidence that people had received their medicines as prescribed. There was a clear and complete record of the medicines and support staff had provided. This included a clear record of any medicines which people had refused to take. However, due to the format of the MAR being used staff were not always logging the times they were administering medicines. This meant, in some cases, it was not always clear whether time specific medicines had been given at appropriate times. The registered manager assured us they would address this as an immediate priority to ensure a consistent approach.

"As required" protocols were in place which provided staff with guidance on when people needed these types of medicines and included specific information about how that person preferred these medicines to be given. This helped ensure staff offered these medicines on a consistent basis and in a person centred way. The application of topical creams and ointments was clearly recorded. Body maps were in place which provided staff with information on where to apply the creams.

People told us they felt safe when staff visited them and no-one raised any safety related concerns with us. The questionnaires we sent asked people whether they felt safe from abuse or harm from Ladies in Waiting staff; 100% of the people who responded told us they felt safe.

## Is the service effective?

### Our findings

The registered manager told us they only employed staff with previous experience in care and those able to engage in meaningful conversation with people. Although the service does not provide nursing care, many staff were retired nurses which meant they had a thorough understanding and experience of the care sector. They said this approach helped them to ensure care was only delivered by suitably skilled and experienced staff.

Despite staff's previous experience all new staff received a comprehensive induction programme and an on-going training programme in key areas such as safeguarding, moving and handling and first aid. Some care staff had also received additional training in specialist areas so that they could effectively meet the specific needs of the people they supported. This included training in skin viability, dementia awareness and catheter care. Staff we spoke with demonstrated an in depth knowledge of key subjects which indicated the training they received was effective.

A training and development plan was in place for 2016 which highlighted key areas for further workforce development. A recent focus had been to ensure all staff were trained in MCA/DOLS. Each staff member also had an individual training plan which provided the registered manager with the opportunity to review training on an individual basis so they could identify any gaps. It also provided staff with the opportunity to highlight areas where they felt they needed additional training.

People told us that staff appeared competent and well trained. One relative told us staff, "Have the correct skills and personal attributes, they really train the staff and they have all got experience in the care industry and live in the local area so they know the local community." The feedback, from the questionnaires we asked people and their relatives to complete also confirmed this. 100% of the people who used the service and their relatives told us their care staff had the skills and knowledge to provide them with the care and support they needed. One person who used the service made the following comment on their questionnaire, "This is an excellent organisation. There is a regular and well trained team of carers - kind, compassionate and skilled." Another person told us, "I can say that Ladies in Waiting have helped me physically and mentally. They are always kind and cheerful and have enhanced my life under difficult circumstances."

The registered manager told us each staff member received at least two supervisions, one appraisal and six unannounced observations of their practice each year. They said if staff wanted more frequent supervisions these could be arranged. The staff we spoke with confirmed this. One staff member said the registered manager's "Door was always open." Another said, "You get good support. The manager is always available and they are never lacking in time to speak with you."

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and that staff had an understanding of how these principles applied to their role and the care they provided.

People's capacity was regularly assessed as part of the care planning process. We saw evidence where people lacked capacity best interest processes had been followed. People signed to agree to their plans of care and we saw evidence in daily records that people were asked for their choices with regards to how they wanted their care and support tasks to be delivered. Staff had a good knowledge of the people they supported and of their capacity to make decisions. They provided clear examples of how they sought consent from people prior to carrying out any care task.

We saw evidence people's individual dietary needs and preferences were being planned for and met. Staff had a good knowledge of people's dietary preferences and the level of nutritional support people required. They said they sought opportunities to encourage people to retain independence over this aspect of their life where ever possible, such as setting their own table, assisting with the washing up and helping to buy, prepare and cook the food they ate. There was information within people's care records which detailed people's dietary needs, preferences, likes and dislikes. Daily records provided evidence people were asked what they wanted to eat and drink at each mealtime and staff respected these wishes. Records showed a range of meals and snacks were provided to people.

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within people's care plans to help staff be aware of people's healthcare needs. Computerised records provided evidence the service liaised regularly with a range of health professionals to help ensure people's healthcare needs were met. Records showed that where staff noted a change in people's needs or were concerned about someone's health they made referrals to other health professionals as appropriate.

We spoke with a health professional who had worked with Ladies in Waiting staff to provide care and treatment to people. They had no concerns about the service and said communication between staff and the office was good so they felt key messages and their advice got passed on to the relevant staff. This feedback about strong communication was supported by the staff and people who used the service we spoke with. This was a positive feature of the service because good communication is particularly important to ensure joined up care where people are being supported in the community by a number of different health and social care professionals.

## Is the service caring?

### Our findings

The registered manager told us all of the people who used the service were privately funded and their minimum visit time by the service was one hour. They said they did not provide shorter calls as they felt they could not complete the required care and support and ensure the required social interaction within that time period. They said that by giving staff extra time to spend with people this enabled them to build a strong relationship with the people they supported and allowed care to be delivered in a more relaxed and less rushed atmosphere.

Daily records evidenced staff provided people with emotional and social support such as chatting to them, assisting them to access the local community and providing companionship. For example, an entry within one person's daily records described how staff had spent time supporting the person to look at and discuss the Christmas cards they had received.

The registered manager told us that their focus on ensuring continuity of care helped them to deliver a high quality service. They told they paired people with between two and four carer workers to help ensure strong relationships could develop. From our review of records, discussions with people and staff we saw that people consistently received support from the same care staff, at the same time, each week. The questionnaire's that the Commission sent to people who used the service asked them whether they received care and support from familiar and consistent staff. 100% of the people who completed a questionnaire responded that they did. Staff told us this consistency enabled them to really get to know and build a strong rapport with the people they supported. During our discussions with staff it was clear they had an in-depth knowledge of the people they supported and used this to deliver person centred care. Many people who used the service described how they saw their carers as, "Part of the family." One person who used the service told us, "I can only remain in my own home because of Ladies in Waiting and I am very grateful. They feel more like friends than carers."

Some people said that whilst they had a regular pool of staff who supported them if there was a change to this the office did not always remember to telephone them in advance to inform them which staff would be visiting. People told us this was not a regular problem; it was only an issue either when they first started using the service until a regular team of staff were recruited to support them or when their regular staff were on holiday. However, people told us they had never been visited by a staff member who they had not been previously introduced to. One person who used the service told us, "It's the same people each time which is good because you get to know them."

Care records contained information about people's past and current lives, their family and friends and their interests and hobbies. We saw specific information about people's dietary needs, their likes and dislikes, their lifestyle and the social and leisure activities they enjoyed participating in. This showed us people had been consulted in planning their care. We asked staff to tell us about specific people they supported and found that their knowledge and understanding of the person was reflective of the information within the care records. Staff provided examples of how they used this information to deliver person centred care and support, such as engaging people in topics of conversation and activities which were of specific interest to

the person. We also saw evidence and received feedback from people that staff encouraged people to maintain their independence wherever possible and sought opportunities to ensure people were provided with choices where ever possible. This approach enabled people to retain control over their lives and involved them in regularly making decisions about the care and support they received.

All of the people we spoke with told us they felt comfortable being supported by their care staff. They said they treated them with respect and provided us with examples of how care staff helped to maintain their privacy and dignity when providing them with support. One person described how staff, "Always respect my home and we have a system which they stick to so everything is in its place." One relative said they were very happy with the support provided and knew their relative got on well with their care staff because there was always, "Lots of laughter" when they visited.

The feedback about the care staff and quality of care they provided was consistently positive. People described staff as "Friendly", "Efficient", "Amazing" "Reliable" and "Excellent." One person who used the service told us, "I don't think you can get better than Ladies in Waiting. They are excellent." Another person who used the service told us, "We cannot speak highly enough of the professional, organised, caring company. Ladies in Waiting go above and beyond for me." Whilst a relative told us, "I can't say enough to praise the company, they are a very caring company, very professional and I think they are top rate."

## Is the service responsive?

### Our findings

Care records demonstrated people's needs had been assessed prior to commencement of the service. Clear instructions were recorded to help staff assist with the required care and support such as assistance at mealtimes, washing, dressing and in meeting the persons social needs. There was a good level of person centred information recorded within care records, for example, the specific type of snack a person liked before bed and the finer details of how they liked support with washing and bathing to be provided. This information was important to enable staff to deliver person centred care.

Information within people's daily records provided evidence that care was being delivered in line with people's plans of care. For example, in the provision of mealtime support and support with washing and dressing. This was also confirmed through our discussions with staff and the people who used the service. Daily records also provided evidence that people received care and support at consistent times each day and the registered manager had a call monitoring system in place which enabled them to monitor that people received support at the time they needed it.

People told us staff were punctual and they liked that they got the same staff each time so they could really get to know them. People also said that staff tended to respond to whatever they wanted them to do on a daily basis. For example, one person described how once staff had provided the regular support with their personal care they often asked them to support with extra jobs around their home such as helping them to water their plants.

A complaints procedure was in place. This was brought to people's attention through the service user guide and also through the annual satisfaction survey. We reviewed the complaints log and saw there had been four complaints within 2014 and three in 2015. This included informal complaints. We saw these had been fully investigated and measures put in place to reduce the likelihood of a re-occurrence. This showed us that the service dealt with complaints appropriately and where possible learnt lessons from the complaints people had made.

On speaking with people we concluded that people were very satisfied with the service. Records, such as quality questionnaires, also confirmed people were very happy with the service. People told us office staff and registered manager were always available to discuss any concerns they had and would promptly respond to any issues they raised. One person described how they did not get on with a member of care staff. They said they told the office about this and that staff member no longer supported them. Another person told us, "Ladies in Waiting have exceeded expectations and gone out of their way to be helpful, especially when a crisis developed. A medical appointment was cancelled, they rearranged and found another carer to cover at very short notice." This showed us that where people raised issues or concerns they were listened to and staff tried to make improvements to the quality of care they received.

## Is the service well-led?

### Our findings

The registered manager assessed and monitored the quality of the service. A system was in place to monitor the timeliness of visits. Care workers were required to 'ring in' when they visited a person's home. This was then recorded on the computer system. It allowed the office staff to monitor whether visits were taking place on time and would flag up if a visit was missed. In some geographical locations this system was not yet operational, however, staff attending visits in these areas were required to send a text to management to inform them they had arrived. We found this system was suitable to ensure effective monitoring of the timeliness and reliability of staff.

Rotas were provided to staff up to 3 months in advance. The registered manager told us this helped improve staff morale and retention. They said this was one of the reasons missed calls were so infrequent as rota's did not routinely change, which reduced the risk of misunderstandings and staff error. Records showed there had been one missed call since our last inspection. This had been fully investigated and a clear plan put in place to reduce a likelihood of a reoccurrence. The person had been apologised to and a bouquet of flowers sent to them to say 'Sorry.'

Observational checks on staff practice took place to ensure people using the service were provided with high quality care. These focused on ensuring areas such as care worker attitude and interaction with clients was appropriate. Staff understanding of key topics such as MCA/DOLS, safeguarding and medicines management were assessed during observations of practice to help ensure staff had the required skills and knowledge to undertake their role effectively.

Documentation such as medication administration records, care plans and daily records were periodically audited by the registered manager. We saw evidence these had identified discrepancies and action had been taken to improve the quality of documentation.

Systems were in place to seek and act on people's feedback about the quality of the service. The registered manager met and spoke with people on an informal basis during periodic visits. Quality questionnaires were sent to people on a six monthly basis. We looked at these and saw responses from the most recent were overwhelmingly positive with a high completion rate of 96%.

A system was in place to record, investigate and learn lessons from incidents. For example, root cause analysis was completed for any falls which occurred within the service. We saw information showing incidents was displayed in the office which helped identify any themes or trends. This showed us the registered manager was continually looking at ways to mitigate risks to people using the service.

The provider had robust policies and procedures in place to help support and guide staff in delivering safe and effective care. These were regularly reviewed and updated by the registered manager. We found the language used in the medicines management policy did not reflect the language used in the new medicines management documentation. The registered manager said they would address this as an immediate priority to ensure consistency.

Care staff meetings took place. We saw these were an important mechanism for raising and addressing quality issues such as completion of medication administration records. Staff told us the registered manager regularly shared revised best practice and legislative changes with them in a way which they could understand and apply to their work.

The feedback about the registered manager and the culture and philosophy of care which they promoted was overwhelmingly positive. People who used the service told us that the registered manager was "accessible", "friendly", "efficient", "kind" and often came to their home to visit and check they were happy with the care they received. Staff also provided the positive feedback about the management support they received and told us they felt valued. One staff member told us, "This is the best company I have ever worked for. The [registered manager] has an excellent attention to detail and communicates best practice with front line staff in an accessible way. They have a genuine respect for older people and a passion for what they do, which is reflected in the way they speak with their staff and run their business." Another staff member said, "I have worked for many years in the care sector. Ladies in Waiting is, in my opinion, an exceptional care provider. They are sensitive to both clients and employees needs. The managers are approachable and inform the carers of any changes in care immediately. The policies and procedures are robust and explained in depth prior to employment." Every member of staff and person who used the service we spoke with told us they would recommend Ladies in Waiting to others.