

North Yorkshire County Council

Crayke House

Inspection report

Easingwold Business Park
Stillington Way
Easingwold
North Yorkshire
YO61 3FB
Tel: 01609 533651
Website: www.northyorks.gov.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 

Overall summary

We undertook this announced inspection on the 28 April 2015. At the previous inspection, which took place on 3 April 2013 the service met all of the regulations that we assessed.

Crayke House Domiciliary Care Agency Easingwold (North Yorkshire County Council) provides a predominantly reablement service known as The Short Term Assessment and Reablement Team (START) to people in their homes. The service is available to people who live between York and Thirsk and the surrounding villages. Mostly people

are provided with care and support for up to six weeks, to help them regain their independence and confidence following an illness or injury. A few people received care on a longer term basis. At the time of our inspection there were 16 people who received a service from the agency.

People we spoke with said they felt safe with staff from the agency. People told us how they valued the service they had received from the START team, as most people experienced short term domiciliary care for around 6 weeks after a hospital stay.

Summary of findings

Staff were recruited safely and they were trained appropriately to be able to support people.

The service had safeguarding vulnerable adult's policies and procedures which were understood by staff. Staff received training in safeguarding vulnerable adults and all those spoken with confirmed that they would report back to their line managers should any aspect of poor care be observed.

Staff identified and understood individual risks to people and worked with them to minimise these risks whilst also supporting them to remain as independent as possible.

People were positive about the staff who supported them. People using the service described staff from the agency as being kind, caring, polite, respectful and friendly.

People told us they were able to make choices. Their likes, dislikes and personal preferences were recorded within their care records and were known and understood by staff.

Training was provided for all staff and staff said this supported them in their roles. They received appropriate induction, training, supervision and support.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

The manager had an effective quality assurance system in place which ensured that the agency provided care to people in their own homes in a safe and effective way.

The agency had received complaints and we saw that they had dealt with them appropriately. People we spoke with told us that they had not had to make any complaints about the agency and knew who they needed to contact if they felt the need to do so.

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 were recruited safely and received training to help them to look after people.

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

Good



Is the service effective?

The service was effective. Staff received induction, training, supervision and support to help them carry out their roles effectively.

The registered manager and staff we spoke with understood the principles of the MCA. They understood the importance of making decisions for people using formal legal safeguards.

Good



Is the service caring?

The service was caring. People who used the service told us they valued the service they received from the START team.

People described staff from the agency as being 'sensitive, patient and kind.'

People told us that they were treated with dignity and respect and that they were involved in making decisions about the care and the support they or their relatives received.

Good



Is the service responsive?

The service was responsive. The service was responsive to people's needs. People's care plans had been updated to reflect their needs and preferences.

There was an effective complaints procedure in place and people's complaints were dealt with promptly. People's feedback was being used to highlight further improvements.

Good



Is the service well-led?

The service was well led. The agency had an experienced registered manager in place who promoted high standards of care and support. This was evident through discussions with staff and people who use the service.

The registered manager had systems in place which helped to review and develop the service. They sought out the views and opinions of people who received a service, other stakeholders and staff and acted upon any feedback.

Good



Crayke House

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 28 April 2015 and was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location office to see us.

The inspection team consisted of one inspector and an expert by experience who supported the inspection by carrying out some 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

During the inspection visit we reviewed six people's care records and four staff recruitment and training files. We reviewed records required for the management of the service such as audits, minutes from meetings, statement of purpose, satisfaction surveys and the complaints procedure. We spoke with the registered manager during our visit to the agency. We also spoke with six members of staff by telephone. We telephoned a total of sixteen people who received a service from the agency. We spoke directly with eight people who received a service from the agency and we also spoke with three relatives. Five people were unavailable to speak with us.

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 the Local Authority to see if they had any concerns about the service, and none were raised.

Is the service safe?

Our findings

People said they felt safe when the care workers were in their homes. One person said, “I thought it would be difficult having people I didn’t know in my house, but it turned out fine.”

People told us they thought there were enough staff to deliver the service safely. One person said “They (the agency) told me I’d be getting one carer twice a day and that’s what I got. It was just enough to get me on my feet again.”

This meant there were sufficient numbers of staff available to keep people safe. We were informed by the registered manager that staffing levels were determined by the needs of people using the service. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff we spoke with were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Five safeguarding referrals had been made by the agency to the local authority safeguarding team. This meant that agency staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

We looked at staff recruitment records and could see that staff had been recruited appropriately and had a Disclosure and Barring Service (DBS) checks in place. 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 vulnerable groups. One member of staff we spoke with confirmed that they had completed application forms, attended an interview, given names of two referees and had a DBS check carried out before starting work for this service. We saw evidence of this in the staff recruitment records we looked at. This meant that the organisation was carrying out checks to ensure that prospective employees were suitable to work with people in their own homes which in turn protected people who used the service.

Medication was managed safely. They were kept in people’s homes and there was clear information in their records

telling staff who the dispensing chemist was and whether medication was delivered or to be collected. We saw policies and procedures were in place to guide staff including a staff handbook ‘Helping Service Users with their Medicines’ which was given to staff. We saw up to date medicine administration records and saw that there were no gaps in recording when medicines had been given. Competency checks were carried out by the senior staff and medicine audits were completed. There had been three medication errors identified. On two occasions care staff had failed to order repeat prescriptions, meaning people’s medicines were delayed. On another occasion an error made by a care worker resulted in one person receiving their medicine twice. These errors had not resulted in any harm. The incident and actions taken were recorded clearly and staff concerned had received further medicines training. Staff we spoke with all confirmed that they had received training in medicines which made sure they were up to date with current practice.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

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.

Staff we spoke with told us that they all received personal protective equipment (PPE) from the agency, to ensure that good health and safety/infection control practices were being followed. Staff told us they always had disposable gloves, aprons and an electrical circuit breaker with them. Staff also told us that they were always able to access PPE stock whenever they needed to replace what they had used. One member of staff said, “We always have everything we need like disposable gloves and aprons. If we need any more we just stock up there is never any problem with getting more equipment.” Another member of staff said, “There are always plenty of disposable aprons and gloves available to us.” This ensured that both staff and people who received a service from the agency were protected from the risk of any infection.

Is the service effective?

Our findings

People told us they received an effective service. People we spoke with told us that they felt their care needs were met by staff from the agency. People said they thought the staff were well trained and competent. One person said, “I was very impressed actually because the girls knew exactly what I needed and I didn’t have to keep explaining things to them.” Another person said, “The care staff just got on with their job. They were very efficient and friendly at the same time.” One relative said, “I think the council trains these care staff so I was confident they’d have good training.”

People told us they thought staff from the agency knew their care needs. People told us that assessments with a manager from the START team had usually taken place in the hospital and that their care needs had been discussed and implemented. One person said, “I’ve got some complex conditions apart from recovering from surgery and the care staff knew all about that when they came.”

People we spoke with who use the service told us that a care plan was in place. This had been agreed with them before any service commenced. People said staff from the agency followed what was written and agreed in their care plan. Care plans were reviewed and updated to reflect any changes to people’s care needs. This meant that people received consistent care from staff at the agency.

People told us the staff from the agency all completed notes at the end of their daily visits and they thought that staff read their care plan. One person said, “My only complaint is they (staff) spent too much time writing up notes. It’s not their fault of course, but they could be doing better things I think.”

We saw from care records that people were involved in any decisions made about their care. We saw that consent had been obtained and individual preferences detailed in the care records. Care plans were created with input from people who used the service or with relatives.

People told us they were supported with a range of things including being supported at mealtimes to access food and drink of their choice. Staff supported people where necessary with their meals. Staff we spoke with confirmed that where people needed this level of support this was provided.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in people’s care if health or support needs changed.

Some people who used the service told us that a member of staff had visited them towards the end of their allotted time with the START service to discuss their on-going needs. One person said, “They (the office team member) gave me another couple of days with the care staff because I was anxious about losing the help. It did help me.”

Several people told us they had been given a booklet to help them choose a further care agency if they felt more care at home was needed. This meant that people were provided with further information by the agency to assist and help them in making decisions about their future care.

The Mental Capacity Act 2005 provides a framework for acting and making decisions on behalf of individuals who lack the capacity to do so for themselves. The legislation is designed to ensure that any decisions are made in people’s best interests. The registered manager and staff we spoke with understood the MCA. They understood the importance of making decisions for people using formal legal safeguards. Staff we spoke with from the agency confirmed that they had received MCA training. This meant that staff knew the principles of the Mental Capacity Act (MCA) 2005 and what they needed to do if people lacked capacity in making decisions about their care.

We looked at records of induction, training and supervision for four staff. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults and basic first aid. We saw in staff records that they had received supervision from their line managers. We saw a copy of the employee’s handbook which is given to staff once they commenced working for the agency. This booklet contained information of key policies and procedures such as staff code of conduct, training and whistleblowing.

We spoke with six members of 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. They said that they were continually up dating care records to ensure

Is the service effective?

people received a consistent approach to the support they received from staff. Staff also told us that they had received all the necessary training to ensure they were able to do their job well. One member of staff told us, “We receive regular training such as medication, first aid and back care.” This helped to ensure that people received care which was safe and appropriate to their identified needs.

All the staff we spoke with also confirmed they received regular one to one supervision with their line managers. One member of staff said, “We all get one to one supervision with managers, usually it is every six to eight weeks.” This meant that staff from the agency were supported to do their job well by senior managers within the organisation.

Is the service caring?

Our findings

People said they thought the staff from the agency were kind, caring, polite, respectful and friendly.

People were very complimentary about the staff. Comments from people about staff from the agency were all very positive. One person said, "I can't fault the care staff. They were just fantastic." Another said, "They were all lovely – every single one." One person told us "They were so kind to me I was really touched" and another person said, "If I needed care again I'd be more than happy to have these care staff back. They were just marvellous." People told us how staff from the agency helped them and how they enjoyed their visits. One person told us, "I look forward to them coming and I'll miss them when they stop coming." Another person said, "They do their job and they still manage to have a laugh with you. That really perks me up."

People told us they thought staff from the agency carried out all the caring tasks they expected them to do and had time to complete their tasks. One person said, "I don't know how they do it. They (staff) have to do things quickly, but they do manage to get everything done and still give you a smile." Another person said, "They (staff) seemed to have enough time to do what they needed to do. I never felt they had to rush."

One person was particularly happy because staff from the agency had noticed that there was not much food left in the fridge and had done some food shopping for them, even though this task was not in the care plan. They said "I thought that was very kind."

People told us they usually received their care from the same regular staff and they were happy with this continuity of care. One person said, "I really got to know the staff well. It was nice to see the same girls every day." One relative said "(Name of person) doesn't take to strangers easily so it was good to see the same staff going in. It made a big difference recognising the staff I think."

All of the people we spoke with told us that staff were pleasant and polite and that their privacy and dignity was respected, with care tasks explained and people's consent sought. People felt that staff from the agency were sensitive to their needs with people making comments such as, "They (the staff) are very sensitive, which is important when you're feeling a bit low" another person told us, "I can't praise them enough." One person said, "I can't remember things and words sometimes, but these care staff have the patience of saints."

We spoke with six members of staff by telephone. Staff we spoke with gave us good examples of how they were respectful of people's privacy and how they maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Examples included always asking people what they preferred, ensuring that they weren't rushed, talking with them and giving them time to respond. Staff told us it was important to be sensitive to people's moods and how well they felt.

Is the service responsive?

Our findings

The service was responsive. Most people told us their calls were on time and they were happy with the timings of their visits. Some people told us the visits were not always at the agreed times, but they did not mind this. One person said, "I didn't really mind them being a bit late because I wasn't going anywhere."

However, two people told us that they were not so happy because the times of the visits were not always what they had agreed in the care plan and this impacted on their daily lives. One person said, "We agreed my visits should be at 11am every day but they could sometimes be up to an hour late or early." Another person said, "I never really knew if they'd be on time, which was a bit annoying." Other people we spoke with told us they would receive a telephone call if their call was going to be late. Other people told us this did not always happen.

Several people told us they knew they had a telephone number for the office, but had not wanted to use it if calls were late. One person said, "I don't like to make a fuss." Another person said, "I did think about ringing (name of staff) once when the call was an hour late, but I didn't want to get anyone into trouble and I thought there must be a good reason for being late." None of the people we spoke with had ever experienced a missed call.

One relative told us they were pleased because they had been contacted by the office as staff thought their family member needed to see a doctor.

Records showed that any complaints made were followed up and responded to appropriately by the agency's management or the organisation's complaints officer. We were informed by the registered manager that people were given an information leaflet regarding how to make a complaint or a commendation. We saw that the last complaint to the agency had been made in November 2013. This had been responded to by one of the managers from the agency. This helped to ensure that people knew how to complain and that complaints were responded to.

None of the people we spoke with had made or wanted to complain about the service. Most people we spoke with told us that if they ever wanted to make a complaint they would look at the folder of notes and find the office number.

One relative whose family member was receiving long term domiciliary care from the service told us they were pleased with the annual review process which had recently been carried out appropriately and efficiently. This relative said, "At the last annual review we spoke about some changes in (name of person) situation and we agreed some changes. They also told us we could always arrange a review at any time if we felt (name or person) needed more help, so that was good."

Care plans we looked at were person centred. There were detailed descriptions about people's care needs and how staff should support those needs. When changes to people's care had been identified these had been acted upon and recorded. There were risk assessments in place which were linked to people's care plans. Any risk to the person were clearly outlined and there were clear instructions for staff about how to manage the risk. For those people receiving long term support we saw that their care plans had been reviewed regularly. For those people receiving a short-term service, the agency co-ordinated with other agencies which were taking over people's care packages, where this was necessary. This was to ensure that people continued to receive a consistent service.

All the staff we spoke with told us they felt they had enough information to care for people in the way they would wish to be cared for. They said that they were continually updating care records to ensure people received a consistent approach to the support they received from staff. This helped to ensure that people received care which was safe and appropriate to their identified needs. We asked staff how they used the care plans to ensure that the support they provided was up to date and appropriate to meet people's needs. One member of staff said, "We complete a daily contact sheet when we have visited people. We also complete weekly updates; these are called an intervention plan, and are for managers to help them see how people are progressing."

Is the service well-led?

Our findings

The service was well-led. There was a registered manager at the agency. However, when we spoke to people we received some conflicting information. For example none of the people we spoke with could recall the name of the manager of the service, though some people we spoke with knew the name of the member of staff who had completed their initial assessment. Despite this, they knew who to contact if they needed any help or further information. Whilst people did not know the names or contact details of people in the office, they told us that if they had a problem or query they would speak to one of the care staff. They felt confident the issue would be taken to the most appropriate person.

All of the people we spoke with told us they were satisfied with the service and would recommend the service to family or friends. One person said, "This is a first class service." Staff we spoke with told us that people who received a service were asked for their feedback and an end of service questionnaire was completed by them. They told us that people were asked for their feedback during the assessment that was carried out after their six week placement and this information was used to improve the service.

Staff received regular support and advice from their line manager via phone calls, texts and face to face meetings. Staff felt that managers were available if they had any concerns. One member of staff said, "We are a good team we keep in touch with one another and we support each other." Another member of staff told us, "I love working for the START team. We keep a lot of contact with each other and we care about people. We are a proud team."

Staff told us that managers were approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. Staff told us that they would feel confident reporting any concerns or poor practice to the managers and felt that their views were taken into account. One member of staff told us, "It is a really nice team to work in and the managers are very good, very approachable."

We saw from records we looked at that staff team meetings had been held, which gave opportunities for staff to contribute to the running of the agency. We saw the minutes from the meeting agenda for February 2015. We saw that previous meetings had been held monthly. We also saw that managers met monthly and saw minutes from their last meeting which had been held in April 2015.

We saw that audits had been carried out such as spot checks (this is where managers conduct a visit to the person who received a service to ensure staff are carrying out their work well). We saw in two people's care plan that these visits had taken place. This was in January and March 2015. We were informed by the registered manager that these visits are undertaken by senior staff from the agency.

We were shown a specific audit tool used by the registered manager to ensure that the agency had robust evidence that regulations were being met. We saw that monthly reports had been completed by one of the managers. Medicine audits were completed every three months to ensure errors were reduced.

Any accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months.