

Abbeyfield The Dales Limited

Skipton Care at Home

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 ●

Summary of findings

Overall summary

About the service

Skipton Care at Home operates within the Abbeyfield Independent Living with Extra Care complex, situated near to Skipton town centre. The service is part of an integrated care scheme providing supported living for people in their own individual flats, providing a 24-hour service. At the time of the inspection the agency was supporting ten people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were safe. There were systems in place to reduce the risk of harm. Staff were recruited safely, and people received their scheduled calls in a timely manner. Staff had received medicines training and there were plans in place to introduce assessments of staff's competency to administer people's medicines. Where things went wrong, lessons were learned.

New staff were supported and there was a programme of regular training for all staff. Management supervision of staff was not up to date but there were plans in place to rectify this. Staff told us they felt supported/ Communication between the staff team was effective. People were enabled to access other healthcare professionals as the need arose. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and kind. People were treated with dignity and respect. Staff encouraged people to be independent where possible. Confidential information was stored securely.

Care records were detailed, and person centred. Records included information about how the person communicated and any support they may need with this. There was a system in place to ensure complaints were logged and dealt with.

Everyone we spoke with was positive about the organisation and the service provided. There was an established management structure in place who continually monitored quality and performance. Staff were supported and there was clear desire to continually improve and develop.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Skipton Care at Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with the chief executive, director of care services, quality manager, registered manager, a senior care worker and two care staff. We reviewed a range of records. This included two people's care records and three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

We also spoke on the telephone with one person and two relatives.

After the inspection

We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding system in place.
- Staff received safeguarding training. The registered manager and staff understood their responsibilities in keeping people safe from the risk of harm or abuse.
- The person we spoke with told us they felt safe. A relative commented, "[Person] is very safe, yes."

Assessing risk, safety monitoring and management

- Care records included assessments of risk to people's safety and wellbeing.
- Where people required the use of a hoist to transfer them. Their care records included sufficient detailed information to keep them and the staff supporting them, safe.
- Staff were aware of the action they should take in the event a person had a fall.

Staffing and recruitment

- Recruitment of staff was safe. Pre-employment checks including, checking candidate's employment history, obtaining references and checking if candidates had any criminal convictions.
- People's calls were never missed, and staff were on time. A relative told us, "If staff are off sick or the agency has not turned up, then staff fill in and support."

Using medicines safely

- Staff supported people to take their medicines. A relative said, "They sit with [person] whilst they take their tablets."
- Medicines were only administered by staff who had received appropriate training. At the time of the inspection no assessment of staffs' competency to administer people's medicines assessments had been completed. An assessment document had been newly introduced and we were assured by the registered manager the assessments would be completed in the coming weeks.
- It was clear from speaking with staff they took steps to ensure the management of people's medicines was safe and there were systems in place to reduce the risk of harm.

Preventing and controlling infection

- Protective equipment, for example, aprons and gloves were readily available for staff.
- Staff were aware of the steps they needed to take to reduce the risk of the spread of healthcare related infections.

Learning lessons when things go wrong

- The senior managers and registered manager demonstrated a culture of transparency, recognising the

opportunity to learn lessons in the event things went wrong.

- There was a system in place to record and analyse accidents or incidents, providing opportunity for lessons to be learned and reduce future risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were thoroughly assessed to enable a plan of care which met their individual needs could be put in place.
- Staff reviewed and updated care records annually or in the event a person's needs changed.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and competency to meet people's needs. A relative said, "They (staff) are all very well trained."
- The registered manager ensured new staff were supported with a period of induction. This included training and shadowing by a more experienced member of staff.
- There was a range of training modules for staff to complete. One of the staff we spoke with said, "The training was very good and very thorough. I had both practical & theory in moving and handling." The organisation was in the process of changing some of the training modules to e-learning.
- The registered manager told us staff's supervision was not up to date due to other work having to be prioritised. Appointments had been made with staff to address the shortfall. Staff we spoke with all told us they felt supported and were able to speak with the registered manager whenever they felt they needed to.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people were assessed as requiring assistance to eat and drink, this was included in their care records. Information included their preferences, for example, one person liked a glass of Ribena with their breakfast.
- The complex included a restaurant and dining room. People were able to have a cooked meal in the dining room. One person's care plan recorded, "[For my tea] I usually have sandwiches prepared by the chef."

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Communication was effective within the staff team. One of the staff told us, "We have a hand over book and we talk to each other. There is an informal handover, we come on a few minutes earlier to have quick chat. Communication is pretty good." Staff carried a mobile handsets and so were able to communicate with each other where ever they were within the complex.
- People were supported to access other healthcare professionals when required. A relative told us, "They noticed when another resident wasn't feeling well without anyone saying anything". Another relative said, "[Person] once fell and they got [person] straight to hospital".
- A member of staff told us how they had contacted someone's GP on their behalf when they were struggling

to arrange an appointment.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of the inspection the service was not supporting anyone who had a deprivation of liberty authorisation in place.
- People's care records included their consent to the care and support they were being provided with.
- Staff were able to tell us how they enabled people to make choices and decisions about their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, relatives and the person we spoke with told us staff were caring and kind. Comments included; "I've nothing but admiration for the care and attention I get here", "The staff are so caring" and "Oh yes they are very lovely."
- The service worked closely with people and their families to help ensure understanding of their individual needs. Specific equality and diversity training was provided for staff to ensure they were aware of individuals' cultural and spiritual needs.
- The registered manager and staff each spoke about the people they supported in a caring and professional way. It was clear staff knew people's needs, likes and dislikes, very well.

Supporting people to express their views and be involved in making decisions about their care

- Everyone we spoke with was aware of their or their relative's care plan. A relative said, "We are involved with [person's] care plan and have added extra things if needed." The person we spoke with said, "There's a booklet that they write in, I can look at it if needs be."
- One of the staff told us, "Good care, it's in the little things... converse with them, ask them if it is ok to do things, ask them what they like and give them options. It is the little things that matter, they want to feel at home."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. The person we spoke with told us, "They knock when they come in... They always say their names". Staff told us how they ensured people's privacy and dignity. For example, by closing doors and curtains and talking discreetly and professionally when speaking with people.
- Staff encouraged people to retain their independence. A relative commented, "They know how to persuade [person] to do things." Care records included the tasks people were able to do themselves. For example, one person liked to make their own bed.
- Confidential information was stored securely, reducing the risk of unauthorised access.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Both sets of care records we reviewed included sufficient person-centred information to ensure staff were able to provide people with appropriate care which met their needs.
- People's communication needs were clearly identified in their care plans.
- Care records were updated and reviewed at regular intervals. The registered manager told us they were in the process of changing and updating all the documentation in people's care records.

End of life care and support

- At the time of the inspection no-one was receiving end of life support.
- The registered manager told us where possible, a person would be enabled to remain at the complex in the event they needed end of life care, although they explained this was not always possible. They were aware of how to access additional professional support if this was required.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise a complaint. Comments included; "If there was a problem, I'd go direct to the manager", "Anything that ever comes up, gets dealt with and "There are complaint forms in the lounge for us to fill in."
- The registered provider had a detailed complaint policy and procedure in place.
- A record of all concerns and complaint was kept. The registered manager told us they had only received one formal complaint in recent months. At the time of the inspection this was still being dealt with.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Everyone we spoke with was positive about the organisation and the staff team. Relatives told us, "If you're looking for a home for your parents, come here, it's lovely", "I would recommend it to anyone... It is very well run."
- Staff were very complimentary about the registered manager. They told us, "Any problems we can go to her, she is a good manager", "[Name of registered manager] listens, she is always there to help you. If you ask, she will come straight away" and "I love it here. It is a homely atmosphere, a good community, everyone looks after each other, it's like a second family."
- The senior management team and registered manager also spoke positively about the organisation, camaraderie between staff and how everyone worked well as a team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place, all the staff we spoke with understood their roles and responsibilities. The registered manager was supported by a director of care services who visited the service on a regular basis.
- Audits were completed on a regular basis. This included a twice-yearly senior management inspection and a quarterly meeting and review of service with the director of care services. A number of audits were also undertaken by the registered manager. This included checks on health and safety, infection control, medicines management and staff performance.
- The registered manager also attended regular meetings with managers of other services operated by the registered provider. This was an opportunity for new information to be disseminated and to share good practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The person we spoke with told us, "We have residents' meetings and kitchen meetings too about the food". Relatives said, "They have a notice board with all the formal notices on" and "We can talk to any of them [staff]... The office is always open."
- The registered manager told us regular meetings were held with people who lived at the complex and with staff.
- People, relatives, visiting professionals and staff were asked to complete an annual feedback survey. The

survey results for 2018 were positive with no areas of concerns identified. The registered manager told us people had requested their 2019 survey was completed in January rather than December. Therefore, the survey had not yet been distributed at the time of the inspection.

- Staff's commitment and skills were recognised by the provider, this included an annual awards ceremony. The chief executive told us, as result of feedback from the 2019 staff survey the organisation had made further commitments to recognise staff achievements. This included badges for long service and a personalised hand-written birthday card from themselves.

Continuous learning and improving care; Working in partnership with others

- The senior management team and registered manager voiced a clear desire to continually improve and develop the quality of the service they offered to people.
- Information relating to good practice and current legislation was displayed within the office.
- The service worked in partnership with other relevant health care professionals to support people's changing needs.
- The registered manager had built relationships with other organisations in the local community. This included a local school and a building society which had incentives for staff to participate in volunteering projects locally.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were confident any concerns raised and reported with the registered manager would be listened to and addressed.
- The registered manager was aware of their responsibilities in submitting statutory notifications to us in line with their legal responsibilities.