Abbeyfield Society (The)

Skipton and Halifax Care at Home Service

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

This inspection took place on 29 April 2015 and was announced.

Skipton and Halifax Care at Home Service provides personal care and support to older people who live in their own apartments. The aim of the service is to support people to live independently. There are two sites, one in Skipton and the other in Halifax. Apartments are situated on each site around an office and communal areas. The service provides personal care to about 20 people. At the time of our inspection there was no registered manager in post, but there was a site manager at both Skipton and Halifax.

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.

Summary of findings

People told us that they were happy with the service provided; telling us it was “Excellent” and “First class”. There was a caring culture at the service and staff were committed to providing support in the way people wanted. The atmosphere in communal areas was relaxed and light hearted. People said that they were well cared for and that staff were kind and attentive, always treating them with respect and dignity.

People told us they felt safe. Staff had a good understanding of safeguarding procedures and how to protect people from harm. Any risks to people had been identified and there were plans in place to make sure these were minimised without intruding on people’s privacy and independence. Medicines were managed safely and people were supported to receive and store medicines in the way they preferred. There was a sufficient number of staff to support people at the times they requested, as well as to deal with any emergencies which arose.

Staff were supported through training, regular supervisions and team meetings. They told us that they enjoyed working at the service and that there was good communication and team work.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards put in place to protect people where their freedom of movement is restricted. There were no restrictions at the time of our inspection and we saw that appropriate action was taken if any concerns about this were identified.

People were supported to maintain good health and had access to services such as a GP, dentist or optician. A district nurse would visit the service if more specialist support was needed. Care and support plans held detailed information about how people’s health needs were to be met.

People were encouraged to be involved in planning their care and to give their views about the service. There were opportunities for people to socialise and meet with managers to discuss any concerns they had. Care plans showed that the support people were received took account of their views and was, where possible, given at the times they preferred. Care plans gave clear directions for staff about the support people needed to have their needs met.

There was effective management in place which made sure the service provided a good quality of care. Staff told us that any issues or identified improvements were acted on quickly. Managers were respected by the staff who told us that they felt able to discuss any concerns.

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 were kept safe and protected from harm. Staff were aware of safeguarding and whistleblowing procedures.

Risks to people had been identified and plans were in place to minimise them whilst supporting people to live independently.

There was a sufficient number of staff to meet people's needs.

People were supported to manage their medicines safely and with support if needed.

Good

Is the service effective?
The service was effective.

People were cared for by staff that had the knowledge and skills to carry out their roles effectively. Staff were well supported.

Staff understood the requirements of the Mental Capacity Act 2005 and people were able to consent to their care.

People were supported to maintain good health and had access to relevant services such as a GP or optician.

Good

Is the service caring?
The service was caring.

People told us that they were well looked after by caring and friendly staff.

People, and their relatives if necessary, were involved in making decisions about their care and treatment. They told us that there was good communication with the staff and manager.

People were able to live their lives in privacy and told us they were treated with dignity at all times.

Good

Is the service responsive?
The service was responsive.

People received personalised care. Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service. They told us that any concerns were acted on straight away.

Good

Is the service well-led?
The service was well led.

There was a positive, caring culture in the service. People and staff were encouraged to give their views and the management made improvements where necessary.

Good

Summary of findings

There was good communication between staff and people who lived there.

Staff told us that there was effective and open management.

There were systems in place to make sure the service provided good quality care.

Skipton and Halifax Care at Home Service

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 29 April 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 in. The inspection was carried out by one inspector.

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. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service. The PIR 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. During this inspection we looked around the premises, spent time with people in their apartments and in the dining area. We looked at records which related to people's individual care. We looked at three people's care planning documentation and other records associated with running a community care service. This included five recruitment records, a training matrix, the staff rota, notifications and records of meetings.

We spoke with seven people who received a service during the visit, as well as five members of staff and the acting manager. After the visit we sought feedback from the site in Halifax. We spoke with two people over the phone and one relative. We also received written feedback from four members of staff.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. Staff confirmed this and made comments such as "I feel [the service] is a safe, caring environment where all staff have a good understanding of safeguarding" and "I do feel [the service] is a safe place both for residents and staff. We know who and how to report safeguarding issues to and all staff undertake safeguarding training every year".

Training records confirmed that staff received training in safeguarding and that this was kept up to date. One care worker told us that "Safeguarding is discussed regularly at team meetings". There was a detailed safeguarding policy in place and this included reference to the local authority safeguarding protocols. Staff were aware of, and confident about using, safeguarding and whistleblowing procedures. No safeguarding alerts had been raised in the last year.

People told us that they had a pendant alarm which they used if they needed help in an emergency. All the people we spoke with were seen to be wearing this round their neck. One person explained "We have a pendant which we can use if we are in trouble. They [the staff] come quickly".

We looked at accident and incident forms at the site we visited. Completed forms included details of what had happened and the action taken in response. Appropriate action had been taken to minimise the risk of future incidents where needed. For example one person had a fall in April 2015 and had been referred for a falls assessment as a result.

Care plans contained up to date risk assessments for health and mobility showing the possible risks and how to reduce them. This included the risk of falls and the use of support aids to help people remain independent. Home risk assessments were also in place and looked at the risk associated with electricity, security, equipment and pets. The managers undertook monthly health and safety checks of the building which included trip hazards, hand rails and slip hazards. Action was taken to make improvements as necessary. This made sure that the environment was suitable and safe for the people that lived there.

Care plans included details of people's medicines as well as any associated risks. Medicines were kept in people's own apartments. The manager explained that medicines came in straight to each person and they store them where they want. For those people who required assistance taking their medicine a Medication Administration Record (MAR) was in place. MAR charts included details of allergies, type of medicine to be taken and the time and dosage. There was also a sample list of staff signatures so it could be identified who had given the medicine.

MAR charts were generally completed accurately although we saw one MAR where there was a gap in February 2015 without an explanation. Although we could see that MAR charts were reviewed by a senior care worker or manager every month, it was unclear what had happened on this one occasion. The acting manager explained that new MAR charts were being introduced which were easier to complete and review.

Records showed that all care staff had received training in medicines and their feedback confirmed this. One staff member said "As part of our induction training we have to complete a course on administering medication. All medication we administer is written in a client's care plan. We have to sign to say when a medicine has been given by a carer". A comprehensive medicines policy was in place which reflected current good practice guidance.

There were sufficient numbers of staff available to keep people safe and meet their needs. There was a daily schedule overview of the support each person needed and at what time. The rota showed that there were sufficient numbers of staff available to do this. Staff completed a daily timesheet for each person to plan their time effectively. People told us that they had no concerns about staffing levels and said they received support at the right time. A sleep in member of staff was available at night time in case of emergencies.

The manager told us that the main recruitment files for staff were kept at the Head Office and we were unable to see if all the required checks had been undertaken prior to staff starting work. The manager told us that since they had recently started in post they had been concentrating on improving care plans but would look into this matter further. We did see that two references had been received for new staff and that a satisfactory criminal records check had been received. An up to date recruitment and selection policy was in place which detailed robust procedures for the recruitment of staff to make sure they were suitable and safe.

Good

Is the service effective?

Our findings

Staff told us that they enjoyed working at the service and that they were supported to provide effective care. Comments included "We do all mandatory training and also do any training that we or the manager feel will be relevant for our role", "I feel we all work really well as a team" and "I really like it here. It's a great team". At the site we visited in Skipton it was clear there had been recent improvements in the support for staff following a change in manager. One member of care staff told us "I didn't used to get the supervision and training I needed but this has changed".

New staff received an induction in line with the Skills for Care framework. Staff were provided with an Abbeyfield Staff Handbook which as well as describing important policies and expectations included a section on staff development and learning. One member of care staff commented "Induction was good. I had a buddy and shadowed other staff". Training was provided to make sure staff had the necessary skills to carry out their roles effectively. This included training in areas such as infection control, care planning, medication and moving and handling. Care staff told us they got the training they needed.

Staff were supported through supervisions which took place every 3 months which gave them the opportunity to talk about any issues in a confidential space. A care worker commented that "If we need more support we can always approach our senior carer and manager". There were also monthly team meetings which were used to discuss any relevant issues relating to the service. One care worker told us "Myself and my manager have just been on a course regarding the new care certificate. We have discussed this with staff at the last team meeting and all staff are happy to commit to completing the self-assessment and undertake any training identified".

The staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and the importance of gaining consent from people for them to provide care and support. All the care plans had consent to care forms which were signed by the person who received support. The manager at the site we visited explained that all the people at the service had capacity to consent to care when they moved in. They added that if this changed they would follow legal requirements. They gave an example of one person about whom there were concerns around their current capacity to make some decisions. A social worker was organising a best interest meeting to discuss this further. This is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person.

There was an up to date policy in place regarding the MCA and Deprivation of Liberty Safeguards.The manager explained that people were supported to live independently in their own apartments and there were no current issues about depriving people of their liberty.

People were supported to maintain good health. Care plans included details about health needs and how these were to be met. For example one person with a condition that affected their mobility had clear information about this in their plan. The acting manager explained that a district nurse comes in to see people who have more complex health needs. This was confirmed by the staff we spoke with.

People told us that they were well supported with their health. One person said "A GP spoke to me about the risk of falling. The GP comes to visit me here". Other comments included "The GP comes out to visit. They are brilliant. An optician visits if needed. I also have access to a dentist" and "I have had someone come in and look at grab rails to help with my mobility".

The manager at the site we visited said that there was no one who required support with eating or drinking. They added that one person was diabetic and one person had an allergy but the cook was aware of this. People were able to cook for themselves in their own apartments or, if they wanted, they could have a communal meal at lunchtime with other people. We observed that most people preferred to have a communal meal. One person explained "I have lunch in the dining area. They ask us what we want". A person at the other site commented "My husband is on a special diet. The food is good. The chef always makes an effort and will give something different".

Good

Is the service caring?

Our findings

All the feedback we received was positive about the care provided. Comments from people included “Staff are very caring and kind”, “I’ve met with nothing but kindness”, “I have received excellent care. It’s marvellous” and “It’s absolutely wonderful. They are so lovely”.

Care workers also felt that the care was good. One care worker told us that people were “Very happy […] and know they can trust us to provide excellent care”. Other comments included that the service was “Very caring in its approach” and “By the feedback we get from residents and their families they seem to feel cared for and really well looked after”.

We looked at the Abbeyfield Guide which gave detailed information about the service and what people could expect. This was given to people when they moved in. The Guide stated that people were “Under no obligation to use our service; however you may find that using our services may make a positive impact on your life”. This made clear that people could choose to have care provided from a different service if they preferred. One person confirmed “They told us about everything when we moved in”.

Because people lived in flats in a community there were opportunities for people to meet with other people and talk to staff outside of care hours. There were resident meetings every few months and these gave people a formal space in which to discuss issues important to them. We looked at the minutes of a meeting in March 2015 which showed there had been a discussion about meals, staffing, activities and the environment.

People told us that they were always treated with dignity and respect by care staff. We observed this to be the case throughout the day of our visit. An Abbeyfield Staff Handbook given to staff included a section on valuing diversity at work and included the importance of “Ensuring we treat each person we come into contact with, with dignity and respect”. This meant that there were clear, written expectations for staff about the way they treated people.

People lived in their own apartments in a secure setting. There were doorbells outside each apartment for care staff and visitors to use so they could be invited in. Because it was a secure environment, some people, mostly due to mobility difficulties, chose to leave their door open so that care staff could easily enter after ringing the bell. People told us that friends and relatives were able to visit any time they wished.

People’s right to confidentiality was explained in the Abbeyfield Guide. This provided clear information about the confidentiality of their records and the importance of gaining people’s consent before sharing information. Situations about where information might need to be shared were explained, such as where there were concerns about people’s safety. This showed that there were clear procedures in place to maintain confidentiality in a responsible manner.

Good

Is the service responsive?

Our findings

All the care plans we looked at were up to date, clearly typed and recently reviewed. These included an assessment and detailed plan of care and support. Topics covered included health and well-being, personal care, mobility, tissue viability and medicines. They was also a more detailed daily plan of care which specified the type of support to be provided each day and the preferred times. Care plans showed that people and their relatives had been involved in agreeing a personalised plan of care.

A section in the Abbeyfield Guide gave people information about support plans and stated "We will agree an individualised support plan with you, bearing in mind that some days are better than others – and some days you might want more support than others. We are flexible with our approach and will work with you to develop a tailor-made support plan to suit your personal needs". People agreed that their needs were met in the way they wanted. One person commented "I have a care plan folder which I have agreed to. They support us at the time we want. We discussed that on the first day". Another person said "We can decide when we want staff to come. This is in the care plan".

Reviews took place every 3 to 6 months. These showed that care and support was reviewed and new plans put in place where people's needs had changed. One care worker explained that if people's needs have changed before a review "A risk assessment and new care plan are carried out immediately". They added that "We also have a communication book which supports the hand-over process between shifts and to keep all staff informed of changes".

Some people chose to have a communal meal at lunchtime and there were occasional group activities offered for people to attend if they wished. Recently these had included a fish and chip supper and a poetry evening. Some people were able to get out in the local community independently, or with the support of relatives. However, a few people commented that it would be good to have transport provided for those who had mobility difficulties. The manager was aware of this issue and said they would like to have this facility but it was not currently available.

People were given clear and detailed information about how to make a complaint, both formally and informally. This included contacted details for the CQC and an explanation of the CQC role. There had been no recently recorded formal complaints at the site we visited. Most people told us that they had never had cause to complain. One person told us "If I'm not happy about something I go to the office. There is always someone there". This was repeated by another person who said "If I have a complaint I go to the office. They are always helpful". This showed that people knew what to do if they had a problem or concern and that they were responded to appropriately.

Because people's apartments were located close to the office, staff and management were able to respond quickly to any issues that arose. For example if people needed assistance or support outside of their agreed care hours. As one relative explained "Staff go above and beyond the call of duty".

Good

Is the service well-led?

Our findings

There was no registered manager in place at the time of our inspection. The previous registered manager left in March 2015 and we were told that a new registered manager was in the process of being recruited. The service was split over two sites in Skipton and Halifax. We were told that one registered manager used to oversee both sites but in the future each site had would also have it's own 'on-site' manager. We discussed with the acting manager whether it would be more appropriate to register both sites as separate locations and they agreed to explore this further.

Staff told us that there had been improvements to the management of the service. One care worker told us "Until March we had a manager split over two sites and back then I don't think it was well led or the management effective as the manager wasn't present regularly. Since March both sites started to have their own manager and now it is well managed". This view was repeated by several staff. Comments about the current arrangements included "The management are very approachable, supportive and knowledgeable" and "Things have improved a lot. We are listened to now […] If there are issues they will be acted on". One person told us "The manager is always around and so helpful".

There was a clear ethos of care within the service which had been communicated to staff. One care worker told us that the aim of the service was "To promote a safe, happy environment with the emphasis on independent living". Other comments included "Our values are respect and dignity" and "It is a very happy and settled environment to work in as staff and residents work together to make the scheme enjoyable to live and work in". The Abbeyfield Staff Handbook described the values of the organisation as openness, respect, honesty and caring and the mission statement of the organisation was "To enhance the quality of life for older people".

Staff told us that managers were responsive and worked to make improvements to the service. It was clear that there was a commitment to providing an honest and open working environment. One care worker said "We have monthly resident and team meetings which enable staff and residents to identify areas for improvement. Actions are identified and allocated to individuals so that there is accountability and progress can be monitored". Another commented that staff "Feel comfortable about raising concerns or issues and these are acted upon immediately". One member of staff described how the service had just completed a survey with residents, relatives and professionals and added that "All the concerns identified within the feedback have been addressed and documented". This showed that people were given opportunities to contribute their ideas and suggestions about the service.

There were management systems in place to make sure that the service operated to a good standard. This was confirmed by a member of staff who told us there were "Good systems in place to identify and act on any improvements we need". The managers carried out regular audits of records to check that they were accurate and that care had been provided in line with support plans. The manager at the site we visited described how they had recently been auditing care plan records to make sure they were up to date, personalised and consistent. We saw that these audits identified where action needed to be taken to make improvements and that this had been communicated to staff.

There were up to date policies and procedures in place for all aspects of service provision. These provided staff with clear guidance and information about working practices and expectations.