North Yorkshire County Council

Crayke House

Inspection report

Easingwold Business Park
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Easingwold
North Yorkshire
YO61 3FB

Tel: 01609533630

Date of inspection visit:
15 May 2017
25 May 2017

Date of publication:
06 July 2017

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

Crayke House provides a reablement service to people in their own homes. The service is available to people who live between York and Thirsk and the surrounding villages. People are mostly provided with care and support for up to six weeks, to help them regain their independence and confidence following an illness or injury. At the time of this inspection there were nine people using the service.

This inspection took place on 15 May 2017 and was announced.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The registered provider is required to have a registered manager, but at the time of our inspection the manager in post was not registered with the Care Quality Commission (CQC). However, there was a manager in post who had submitted an application to be registered with CQC. A registered manager is a person who has registered with the CQC 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.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring whilst encouraging and promoting peoples' independence.

At the time of this inspection staff were not currently supporting people with medicines. However, systems and processes were in place for trained staff to follow should it be required.

There was sufficient staff available to respond to meet people's individual needs and preferences. All staff had a set rota and a member of staff were available at all times should people need to contact them.

A comprehensive training plan was in place and all staff had completed up to date training.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible to promote their independence. The policies and systems in the service supported this practice.

People were able to manage meals independently and staff encouraged this.

Care plans detailed people's needs, wishes and preferences and were person-centred. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's

individual care needs. People were actively involved in care planning and decision making and this was evident in signed care plans and consent forms.

The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the manager.

Quality assurance processes were in place and regularly carried out by the manager and registered provider, to monitor and improve the quality of the service.

The service worked with various health and social care professionals and sought advice to ensure individual needs were being met.

Feedback was sought from people who used the service and action was taken when shortfalls were identified.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below:

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**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 checked 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 comprehensive inspection took place on 15 may 2017 and was announced. We made calls to people who used the service on 16 May 2017 and further calls to staff on 25 May 2017 to gain their views.

The inspection was carried out by one adult social care inspector. An expert by experience contacted people via telephone on 16 May 2017 to gain their views. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The area of expertise was in older people and dementia.

Before the inspection we reviewed all the information we held about the service which included notifications submitted to CQC by the registered provider. We spoke with the responsible commissioning office from the local authority commissioning team about the service. We also contacted the safeguarding team at the local authority to gain their views. We did not receive any information of concern.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included two people's care records including care planning documentation. We also looked at three staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I remember feeling anxious when I was due to be coming home, but they [staff] have made it so much easier for me and I certainly don't worry any more. I feel extremely safe." Another person told us, "When I first came home from hospital I felt very unsteady on my feet. The staff have been brilliant and really put me at ease. I feel safe with them and I am now so much more confident thanks to them too."

All staff spoken with had a good knowledge and understanding of safeguarding and the different types of abuse. Staff had completed training in safeguarding and certificates were available in staff files to evidence this. Information on safeguarding was available and included in service user information packs. Safeguarding referrals had been made to the local authority when required.

Risks to people were managed to protect people who used the service from the risk of harm whilst promoting independence. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments and care plan we looked at were updated on a regular basis. Staff were notified of any changes in people's care needs via emails or where relevant a telephone call.

People who used the service did not currently require any support with medicines. Systems were in place for the safe management of medicines should the need ever occur. A medication policy was in place and staff had received training in the safe administration and storage of medicines.

Staff told us that personal protective equipment (PPE) was available via the registered provider's office to ensure that good health and safety/infection control practices were being followed. PPE included disposable gloves, aprons and hand sanitiser as well as an electrical circuit breaker which staff were require to carry with them at all times.

People we spoke with told us they were supported by a regular team of staff and were told about any changes that needed to be made. Comments included, "It's a small team and I know them all well" and "I know them and they know me. I don't have strangers coming." Staff worked to a regular shift pattern and a senior member of staff was available between the hours of 7am and 11pm daily. The manager constantly monitored staffing levels and we could see from rotas we viewed that staffing levels were flexible and could be increased if required.

During the inspection we looked at three staff recruitment files. We could see from the records we looked at that safe recruitment procedures were followed. Applications and interviews had been completed. Two checked references, where possible, from a current-employer, and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment. The Disclosure and Barring Service carry out criminal records and barring checks on individuals who intend to work with vulnerable adults. This helps employers made safer recruitment decisions and also minimise the risk of unsuitable people working with adults at risk. Recruitment files also contained photographic identification and proof of identity.

Good

Is the service effective?

Our findings

People told us they thought that staff were suitably trained. One person said, "They certainly have the skills I need them to have." A relative we spoke with told us, "They have only been coming for a few weeks but they seem to do a good job and have worked wonders with my relative."

Staff we spoke with told us they were supported in their roles. One staff member told us, "[Manager] is very supportive and I get all the training I needed and more." Another member of staff told us, "I feel very much supported. I have regular supervisions and one to ones and [manager] is always available."

All staff completed an induction to their role and the service when first employed. We looked at records which demonstrated staff received regular supervisions and an appraisal every 12 months. Supervisions provided staff with the opportunity to discuss any concerns or training needs. We could see that when training needs had been identified, prompt action had been taken to address this.

Training records we looked at confirmed that all staff had received training relevant to their roles. Mandatory training included first aid, infection control, medication, manual handling, Mental Capacity Act and safeguarding. Specialist training had also been completed in areas including autism, dementia, challenging behaviour and equality and diversity.

People consented to care and support from staff by verbally agreeing to it. Staff confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing. We found people had been involved in their care plans and this was clear from signed documentation we saw. People we spoke with confirmed this and they told us that they had access to care records. One person said, "Yes I was involved in the initial assessment and the care staff write in the record after each visit."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. At the time of our inspection the registered provider was not supporting anyone who lacked capacity to make decisions. The manager was clear about the processes they needed to follow and the principles of the MCA. Staff had received training in this area and were clear on the process they should follow if they suspected a person lacked capacity to make decisions.

People were actively supported by staff to make their own decisions and regain their independence. Information was provided to people that detailed where they could source additional help and equipment to help them remain independent. Visits from professionals with associated outcomes were recorded in care records. We could see that staff made appropriate referrals to professionals, such as occupational therapists when needed. One relative told us, "[Person] is currently waiting for some equipment to be delivered and installed at her own home. A stair lift was put in yesterday and we have some grab rails and a bath lift on order. This is all to help [person] become independent again and the staff have been brilliant helping to arrange it all."

Good

Is the service caring?

Our findings

People we spoke with told us, without exception, that they were well cared for and treated with dignity and respect by all the staff. One person told us, "Staff are brilliant at what they do. They are all very caring and understanding and respect me in every way."

With regard to how care was being delivered, one person said, "The staff are brilliant. They have helped me to build my confidence and get back my independence. I don't think they will be coming for much longer because I am so much better and don't really need any help now; which is down to the staff."

All comments regarding the staff team were positive. One person described the staff as "Brilliant" and other comments included, "I cannot fault them" and "I have made so much progress in the three weeks they have been coming. I am so grateful to them all." Everyone we spoke with said that they felt listened to and that staff were supportive. People using the service told us that they knew all of the staff that visited them.

We found staff demonstrated a positive regard for what was important and mattered to people. People were support by a small, regular team of staff. Although the service offered was short term it was clear that staff had built relationships with people and were aware of people's likes, dislikes and preferences. This was reflected in peoples care records and respected by staff and people we spoke with confirmed this.

Staff were able to explain to us how they respected a person's privacy and dignity, by keeping curtains and doors closed when assisting people with personal care and by respecting people's choice and decisions. One member of staff told us, "We always get told access details to people's homes and we respect people's wishes. After all, we are here to help people get back on their feet and promote them to be independent so their wishes are extremely important."

People who used the service told us that staff were familiar with their likes and dislikes and were involved in the planning of their care. One person told us, "Before I came out of hospital we talked about what help I needed and I was asked what time I would like the calls. We talked for quite some time, and I definitely felt as if I was included in the planning of everything."

Information was available about the use of advocacy services to help people have access to independent sources of advice when required.

Good

Is the service responsive?

Our findings

People we spoke with were happy that staff understood how to meet their care and support needs and outcomes. Everybody who used the service had a care plan in place. We saw weekly reviews were carried out and people using the service were involved in these.

We saw care plans included background information centred on the individual. Information included a personal history, current and past interests, keeping in touch with people and information on doing things the person liked to do. We also noted that records included information on the person's next of kin, contacts and information on any allergies.

Care plans identified people's daily care needs and were centred on the individual. They had been updated regularly to reflect the progress people had made and what the current support needs were. For example, one person initially transferred with the use of a board but their health had deteriorated and a mobile hoist was now being used. We could see that care records had been updated to reflect this.

We spoke with staff who were knowledgeable about the care that people received and progress they had made. They told us that they had regular shift patterns and visited the same people on a daily basis at the same times. The service was unique as the turnaround of people who used the service was high with most people only using the service for up to six weeks. This meant there was rapid changes on a weekly basis to the support that people required. The office staff and care staff communicated on a daily basis to ensure they had the most up to date information.

Most of the people who used the service were able to access the community independently and did not require any support from staff. Staff told us how they encourage people to be as independent as possible. We found information and suppliers of specialist equipment and adaptions was made readily available to people and staff supported people to access these resources.

The registered provider had a complaints policy and we saw this was available and was included in the service user guide which was given to people when they joined the service. The document included guidance on how to complain and what to expect as a result. People we spoke with confirmed they knew how to make a complaint. There had been no complaints made.

The service had received a number of compliments about the support provided. Comments included, "I have been so happy with the help, advice and friendliness of staff. I am so glad I received this service" and "I send appreciation and thanks to the staff for providing excellent support which has helped me very much."

Good

Is the service well-led?

Our findings

At the time of this inspection there was not a registered manager in post. The previous registered manager had de-registered prior to this inspection. They were still actively involved in the service within a new role. The new manager had submitted an application to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People who used the service spoke positively about the management. Comments included, "We certainly felt listened to when we met the manager of the service before [person] came out of hospital. They were genuinely interested in [person's] care and we could tell that the agency's priority was to help them regain their independence" and "I think everyone has been very open and honest; put it this way, we haven't been offered anything that hasn't been delivered 100% and I think that says it all about the management."

The manager had a range of knowledge and experience to effectively manage the service and took their role seriously. The manager had notified the CQC about incidents and notifiable events that occurred during the delivery of the service to enable us to take action when this was required.

Procedures and systems were in place to enable the quality of the service to be monitored and assessed. We found the manager regularly completed checks in areas such as care plans, service user outcomes, medication when being administered, staff supervision and recruitment. These were detailed and action was taken to remedy any shortfalls that were identified.

We saw that people's care was person centred and empowered people to make choices and encouraged their independence in a safe, managed way. Staff told us they were supported and kept up to date with changes, not just for people but also in best practice and organisational changes. The service had an open and positive ethos and welcomed the involvement of staff and people who used the service. One member of staff told us, "It's a good place to work. If I have any problems I know I can go to the manager and they will support me."

Regular staff meetings were held to enable staff to participate and provide feedback on developments in the service. Minutes of the meeting showed that staff had the opportunity to raise concerns and be involved in decisions about the service. Staff meetings took place monthly and agenda items varied depending on current issues or concerns.

During the inspection, we looked at feedback that was sought from people who used the service. Questionnaires were generally distributed when people had regained their independence and were leaving the service. The questionnaires asked people to provide feedback in areas such as care provided, staffing and quality of the service. There had been no negative feedback received.