North Yorkshire County Council

Town Close

Inspection report

North Road, Stokesley,
North Yorkshire, TS9 5DH
Tel: 01642713864
Website:

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
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 30 July 2015 and was announced.

Town Close provides services under the regulated activity of 'personal care'. There are two extra care housing schemes located in Stokesley and Brompton in North Yorkshire. These offer personal care and support to people who live in apartments on each site. The other service is the START (Short Term Assessment and Reablement Team) service. This provides focused, short term domiciliary support, to help people regain maximum independence after illness or hospital admission. All services are carried on and managed from the registered location at Town Close.

There was a registered manager in post. 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.

There had been a number of recent errors in medicine administration and not all staff felt confident in dealing with medicines. There was a lack of clear and accessible information available to staff about what medicine was for and how it may affect people. The risks associated with medicine administration identified during our

Summary of findings

inspection meant that there was not a proper and safe system for the management of medicines. We identified this as a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see what action we told the provider to take at the back of the full version of the report.

Criminal background checks were undertaken before people started work. The provider carried out background checks on new members of staff before they started work. This was to make sure they had the necessary skills and were of suitable character to work in the care sector.

People told us they felt safe. Staff had a good understanding of safeguarding procedures and how to protect people from harm. There were plans in place to identify risks due to people's health or mobility and to make sure these were minimised.

Staff were knowledgeable about people's needs and were aware of individual preferences. Staff received an induction when they started and there was regular training to make sure they had the skills required to carry out their roles effectively.

The registered 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 their health and had access to services such as a GP or dentist when needed. Where people needed support with eating and drinking appropriate professionals were involved.

People told us that they were well cared for and that they received the support they needed. Staff were described as "Kind" and "Lovely". People said that they were treated with dignity and respect at all times. There were opportunities for people to express their preferences about the support they wanted and these were accommodated in the way care was given.

People had their needs assessed before they started at the service and a plan of care was agreed. Care and support was reviewed regularly to make sure it met people's needs and any changes were identified and acted on if required. People knew who to go to if they were unhappy about any aspect of the service and the provider responded to complaints and concerns appropriately.

There was conflicting feedback from staff about how well the team worked together and the support provided by management. It was clear there were some differences between the START and extra care staff and that these had not been fully resolved. This had had a negative impact on the morale of some staff. The management team were aware of current issues within the team and were looking at ways to make improvements.

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 required improvement to be safe.

People were not fully protected against the risks associated with medicines.

The provider carried out suitable background checks to make sure new staff were of suitable character and had the necessary skills.

Staff were aware of safeguarding and whistleblowing procedures in order to protect people from harm.

There were sufficient numbers of staff to meet people's needs.

Requires improvement

Is the service effective?
The service was effective.

Staff had the knowledge and skills to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and legislative requirements were followed.

People were supported by staff to maintain good health.

Good

Is the service caring?
The service was caring.

People told us they were looked after by staff who were caring.

People were involved in making decisions about their care and support.

Staff treated people with respect and maintained their dignity when supporting with personal care.

Good

Is the service responsive?
The service was responsive.

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 if needed. Complaints were responded to appropriately by a manager.

Good

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

Team issues had been identified by management and there were plans in place to make improvements.

People were able to give their views about the service and these were acted on.

Good

Summary of findings

There were systems in place to monitor the quality of the service. Managers were aware of shortfalls and the need to make improvements in those areas.

Town Close

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 30 July 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 at the Town Close site in Stokesley.

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. The provider had submitted a Provider Information Record (PIR) before the inspection. 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 visited the offices, spent time with people in their apartments and in the communal areas. 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 four recruitment records, the staff rota, notifications and records of meetings.

During the visit we spoke with three people who received a service as well as six members of staff the on-site manager and registered manager. Following the visit we sought further feedback and we spoke with seven people and two relatives over the phone. We also received written comments from four staff members.

Requires improvement

Is the service safe?

Our findings

We were told by the registered manager that there had been several medicine administration errors in the last month. Incident reports recorded four errors in July 2015 where medicines had not been given to people. The reports showed that the errors had been identified within 24 hours and appropriate action had been taken. A GP was contacted for advice and individual staff had been met with to discuss the circumstances. Actions taken by the service included further training or disciplinary action.

The registered manager said that they had looked for reasons for the errors occurring but there was no clear pattern. They said that a pharmacist had visited the service a month ago and had given positive feedback about the systems in place, although they were still waiting for the report.

Staff gave mixed responses about how medicines were managed. One staff member told us "Medication procedures are clear and I know how to follow the policies". However, some staff told us they did not feel confident about medicine administration and the recent incidents had made them nervous. All staff confirmed that they had received training and then been assessed as competent by a manager. Not all staff felt this training had been effective as they said it had been a presentation rather than a practical demonstration.

A 'medication screening tool' was used to assess the level of support people needed with regard to taking medicines. This identified those people whose medicine needed to be administered by staff. Where people required medicines to be administered, the service had a policy to request that all medicines were kept in their original box rather than put in blister packs. This meant that staff could check that the correct medicines were being given.

A medication administration record (MAR) was used to show the medicines people took and when they were to be given. Staff signed the MAR after administration and there was a sample staff signature list to identify who had signed the record. There were regular MAR audits by a manager which identified any errors and the action taken in response. However, one person's MAR chart had gaps in signatures on two occasions in July 2015. There was no incident report for one of these occasions and it was unclear what, if any, action had been taken. The registered manager told us that this error would have been picked up in monthly management audits. However, this did not ensure that there was a prompt and timely response.

Where people had medicines to be taken 'as required' this was recorded on the MAR. However, when an 'as required' medicine had been administered there was no explanation of the reason it had been needed. On frequent occasions staff had signed to show that an 'as required' medicine had been refused. The system for recording as required medicines was not consistent and did not support staff in identifying patterns of use.

Medication folders held in people's flats held no clear information about possible side effects and there was no information about what the medicine was for. This meant that staff may not be aware of how a medicine could affect people's health or behaviour, and it would be difficult to assess if a medicine was effective or no longer needed. The registered manager said that there were patient information leaflets supplied with each medicine and that staff could read these to find out about side effects. However, this did not provide easy to read and accessible guidance for staff in line with best practice.

The provider is recommended to consider best practice guidance in the management of medicines such as that provided by the National Institute for Health and Care Excellence (NICE).

Recruitment files were a mix of paper and electronic records. It was unclear from the records we looked at if all the necessary checks had been undertaken before staff started work. The registered manager explained that recruitment was supported by another department within North Yorkshire County Council (NYCC) called the Employment Support Service. After our visit we sought further evidence from this department. They provided us with evidence to show that appropriate checks were carried out to make sure that new staff had suitable skills and character. Criminal background checks had been carried out for all staff to make sure there was no concerning information relevant to them working in close contact with people.

People told us they felt the service was safe. Each person had a call alarm which they could carry around with them. One person said "I have an alarm and it feels safe here" and another person commented "Staff come quickly if I press

Requires improvement

Is the service safe?

the alarm". Care plans included information about 'Keeping safe' and there were up to date risk assessments in place. These covered areas such as the environment and mobility and explained the possible risks and how to minimise them.

There were systems in place to protect people from abuse. There were up to date safeguarding policies and procedures which detailed the action to be taken where abuse or harm was suspected. Staff told us they had been trained in safeguarding and felt confident about identifying possible abuse and taking the right action to keep people safe. One staff member said "I have had plenty of information on safeguarding procedures and regular e-learning to keep my knowledge up to date. I also feel that I am able to speak to any of the managers if I have any concerns about any safeguarding issues". Incident records showed that safeguarding alerts had been raised where necessary and notified to the CQC.

There was a staff rota for the extra care service and this was separated into team 'worksheets' to show which care staff supported people who received a service. People told us that they received care and support at the times they expected and we received no comments about staffing levels. The registered manager and some staff said that there had been a problem with sickness absence recently. In order to maintain the service START staff had been used to cover shifts in extra care to make sure staff numbers were maintained.

Staff carried an alarm with them that sounded whenever a person pressed their call alarm and people told us that these were responded to in a timely manner. However, some staff expressed concerns, stating that there were currently a high level of calls due to a person who was living with dementia. One staff member said "You are trying to deliver a package of care which includes medication, personal care and food whilst constantly answering calls". The registered manager was aware of the concerns and we found no evidence to suggest that the personal care people received had been affected by the current situation.

Good

Is the service effective?

Our findings

The staff we spoke with were knowledgeable about the people they supported and demonstrated a good understanding of individual needs and preferences. People told us that staff knew what they were doing and had the right skills. One person said "They are very good".

When staff started at the service they received a three month induction which included learning about roles and responsibilities as well as essential training to do their job well. All staff had been trained in START in order to learn about supporting independence in the community. Staff told us they got the training they needed and that this was updated as necessary. Comments included "I do regular e-learning training to keep my knowledge and skills up to date" and "I am up to date with my training". Training covered important topics such as safeguarding, back care, health and safety and infection control. The registered manager explained that new staff would now be supported to achieve the Care Certificate as required in the Care Act 2014.

Staff confirmed they received regular supervision with a manager where they could discuss work issues in a confidential space. These supervisions were recorded so that they could be reviewed to check progress on any actions agreed.

There were team meetings within the START service and extra care service. A manager told us that START staff attended the extra care meetings as part of information sharing. This was because START staff would sometimes be asked to work in extra care when there was a staff shortage due to absence. A START staff member told us "As I don't work with the [extra care] residents often, it takes time to get to know them and changes occur that I am not aware of". However, all the care plans we looked at held up to date information and reflected people's current needs which meant that staff had the information they needed to provide effective care.

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. There were signed consent forms in people's care plans with regard to the care and support they received.

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 homes and there were no current issues about depriving people of their liberty.

Where there was any doubt about a person's ability to consent a best interest meeting had been held. 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. For one person who was living with dementia we saw a best interest decision about the use of monitor to inform staff when they came in and out of their flat as they had sometimes gone into other people's apartments. The registered manager explained that best interest decisions and mental capacity assessments were carried out by an assessor from a North Yorkshire County Council locality team rather than by the service.

People were supported to maintain their health and had access to health services as needed. Support plans contained clear information about peoples' health needs. There was evidence of the involvement of healthcare professionals such as a GP, dentist and district nurse. People living with dementia received support through specialist teams.

The majority of people needed no support with eating or drinking and could cook independently in their flat. Some people chose to have a meal in the bistro located on the premises, at lunchtime One person who had a risk of choking had recently been referred to the Speech and Language Therapy (SALT) team for an assessment. The SALT specialist had then produced written guidelines for staff so that support with eating could be given consistently and safely.

Good

Is the service caring?

Our findings

People, their relatives and the staff team told us it was a caring service.

Feedback from people who used different parts of the service was entirely positive. Comments from some of the people who used START included "It's very good. Carers are very friendly and nice" and "Carers are kind". Similar comments were made by people in extra care, for example "Staff are very nice and supportive. They don't make you feel awkward for asking for anything" and "I like it here. I'm happy. All the girls know me."

The staff we spoke with talked about people as individuals and were able to demonstrate a good understanding of people's needs and preferences. Although we did not observe any personal care tasks being carried out, we did see that staff spoke with people in a friendly manner and were attentive to people's needs. Staff fed back that it was a caring service. One care staff told us, "We try our hardest to support people as much as we can and give them the chance to discuss anything about their ongoing care needs. We want our clients to feel supported and to be able to express their own views and be able to talk to us if needed". Another staff member said that they "Take time to listen to the needs of the clients".

The people we spoke with told us they were involved in making decisions about their care and support. They told us that this happened at the start of the service and in reviews. One person who used the START service explained how they met with a manager to discuss their needs and how the service could help them. The person added "We will meet again in six weeks to review how it has been".

People told us that staff treated them with respect and maintained their dignity when supporting with personal care. One person told us "I like being left alone and they respect this. They ring my doorbell and wait for me to admit them. Carers use my preferred name. They are respectful and pleasant". The registered manager gave some examples of how the importance of dignity and respect was raised in the organisation. North Yorkshire County Council (NYCC) have Dignity in Care Champions who are members of staff responsible for promoting dignity within social care. Occasional Dignity and Care days are arranged where staff from throughout the organisation meet to discuss good practice. The registered manager also explained how applicants were asked about promoting dignity in interviews.

The provider supported staff to understand issues around equality and diversity. We saw a guide that had been given to staff about equality and diversity. This included local information about North Yorkshire as well as guidance about different cultures and religions with examples of good practice. All staff were also trained in equality and diversity as part of their induction to raise awareness of the importance of this in their roles.

Good

Is the service responsive?

Our findings

People told us that their needs were met by the service. One person said "They are giving me the support I need. It's helping me to be a bit more independent". The registered manager explained that the START service responded to a period of assessment or reablement for up to six weeks, while the extra care service aimed to support people to live on their own in the long term.

The care plans for people who used START included a needs assessment and an explanation of the reasons the service was needed. There were clear goals and a plan of action to cover a six week period. Progress was reviewed each week and after six weeks a final review considered how successful the support had been and plans for the future. Care plans showed the involvement of people and relatives in deciding how the support was to be provided. For example one person told us "They did offer to cook for me, but I said I would rather do this for myself".

The care plans for people who used the extra care service included information about health, well-being, mobility and personal care and the support people needed in these areas. The plan showed how these needs were to be met and a schedule of care for the week. The schedule of care showed the times and days that agreed support was to be provided. These were reviewed regularly to make sure that any changes to people's needs were identified so that the care schedule could be amended as necessary. For example one person who had been supported with eating and drinking was having a review as it was felt the support was no longer necessary. Reviews took place with the involvement of the person concerned and relatives were invited to comment if this was felt to be beneficial.

Staff told us that they felt people's changing needs were managed well. One staff member said "Care plans are kept up to date when people's needs change, and assessments are kept up to date". Another told us "The care plans are well laid out and readable to understand what needs are to be met" but added "Care plans do take a little while to be updated, but information is regularly passed on of any changing needs and support".

We noted that the care plans we looked at were up to date and had been reviewed as needed.

However, care plans were not written in a format that was easy to read. The print was small and the layout and design felt functional for staff use, rather than being used to promote people's understanding. Although we found that people's preferences had been taken into account in the way support was provided, care plans were task driven rather than personalised

The provider is recommended to review the format for care plans giving consideration to best practice in personalisation.

People knew how to make a complaint if needed. There were clear records of the complaints people had made and the action taken in response. A written response was sent to complainants explaining any investigation and the outcome. People told us that if they had a complaint they would talk to the manager or staff. One person said "If I have a problem any of the staff would help. I have complained about invoices but these are resolved promptly". The complaints procedure was given to people as part of the guide to the service when they first started receiving support. It included contact details of the NYCC Complaints Manager as well as the Care Quality Commission (CQC). Staff were trained in dealing with complaints as part of their induction when starting at the service.

Good

Is the service well-led?

Our findings

The registered manager had oversight of three registered locations in North Yorkshire, as well as Town Close and so was not always available at the service. In order to make sure there was sufficient management cover there was an on-site manager as well as two assistant managers for the START and extra care services.

We received conflicting comments from the staff team about the management arrangements and support they received. The feedback from START staff was more positive than the staff that worked in extra care. Several staff felt there was a divide between the different teams. One staff member said "There is some animosity between START and extra care" and added "I sometimes feel managers don't take issues seriously". Some staff felt that team morale had been affected. One staff member told us "Morale is low. I don't feel there is good team work" while another commented "I have lost my enthusiasm for work".

Some extra care staff felt that there was a lack of management support. Feedback included "There seems to be so many managers yet the office can be unmanned" and "Support from managers is not great. Communication is not clear about what is expected from us". One START staff member suggested "More changes need to be in place to make the running of the place friendlier between staff and sharing ideas amongst each other to help improve the quality and atmosphere more".

Most START staff made positive comments about the support they received including "There is effective management in place, they listen to any concerns we have, do regular team meetings to discuss any issues with clients or staff which are then resolved or acted on" and "I am happy with the management in place and feel that concerns or issues are acted on. We discuss in supervision or staff meetings where improvements can be made".

It was evident that there were difficulties within the team that were affecting the morale of some staff. However we did not find that this had impacted on the care and support people received.

Assistant managers were positive about the team but recognised the current difficulties. The extra care assistant manager acknowledged that team morale had been affected by recent medicine errors and said "The team feel they get targeted" adding "The staff do a good job". The START assistant manager felt that there was "Good morale" and described the team as "Excellent". The registered manager was aware that there had been some issues between the staff recently and said that the provider was to looking in to how to make improvements, including a possible restructure.

The Service Information Guide contained a detailed description of the values and principles of the service. These included the promotion of independence, privacy and dignity. We found that all the managers and staff we spoke with showed a commitment to working within these principles. There were opportunities for community involvement through the use of the local library and café which was located at the service.

There were systems in place to monitor the quality of the service provided and take appropriate action to make improvements. Monthly management reports were completed which looked at areas such as staffing, safeguarding, health and safety and complaints. Any areas that required improvement were identified and an action point made which showed who was responsible. There were regular audits of MAR charts and these showed that the recent errors had been identified and action taken. However, the medicines audit had not considered how a 'best practice' approach to medicines could improve the systems in place.

There were opportunities for people to give their views about the service in tenant meetings, reviews and informally with the staff or a manager. People told us that they knew who to speak with if they had a suggestion or idea. Regular team meetings gave staff a formal opportunity to discuss the service and express their views.