North Yorkshire County Council

Harrogate & Craven Branch (Domiciliary Care Services) (North Yorkshire County Council)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 7, 8, 9 and 21 August 2017 and was announced. We informed the provider 48 hours before we would be visiting, because we wanted them to be present on the day to provide us with the information we needed.

At our last inspection in July 2015 the service was meeting the regulations, the service was rated good overall.

Harrogate and Craven Branch (Domiciliary Care Services) provides personal care to people in their own homes .The service can be provided to adults over 18 years, older people, people living with dementia, physical disabilities and/or autistic spectrum disorder and people with sensory impairments. On the day of inspection the service was providing care for 70 people.

One part of the service provided personal care to people living in two extra care services. The extra care services are at Hillview Manor in Knaresborough and Sunnyfield Lodge in Ripon. Extra care is a model of service whereby staff are available to provide personal care if people require this in their own home within a building of apartments.

The second part of the service provided rehabilitation support to people following illness or a stay in hospital. Throughout this report, we have called this the reablement service. This is a time limited service with the aim of achieving independence or referral to longer term services within a six weeks period. This service provided support to people living in Harrogate, Ripon, Knaresborough and the Dales area.

The reablement service had two registered managers and another manager had applied to become registered. Each manager had responsibility for a specific geographical area. The manager in charge of the extra care services was also due to apply to be registered. 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.

In the reablement service assessments, care plans and risk assessments were not completed consistently to ensure staff had the correct information to keep people safe. Internal management audits had not picked up this issue. The provider had not undertaken audits to ensure people's safety and wellbeing was promoted and that they were receiving quality care. We have spoken to the provider about this and they have agreed to review their policy and processes.

People's care plans and risk assessments seen in the extra care service did provide staff with all the information they required to keep people safe and meet their needs. Care plans we looked at were person centred and showed the care needed to promote people's health and independence.

Feedback systems were in place where the views of people and relatives were sought. People were given information on how to raise a complaint should they choose to do so.

People we spoke with told us they felt safe using the service. Staff had knowledge of the types and signs of potential abuse and felt confident to report any concerns to their managers to ensure people were protected.

There were safe recruitment processes to prevent unsuitable staff working with vulnerable people. Staff received regular supervision and had received training to enable them to fulfil their role. There was sufficient staff to meet people's needs.

Medicines were managed safely. The provider was developing their guidance and care plans relating to some aspects of medicines management to ensure all good practice guidance is implemented.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We observed positive and caring relationships between people and staff. People and their relatives were involved in the planning and reviewing of their care. People and their relatives were complimentary about the care they received. People told us they were treated with respect and as individuals by staff who were kind and caring.

People were supported to eat and drink to promote their wellbeing, and staff supported their healthcare needs where needed. Health professionals were contacted appropriately to ensure any changes to people's needs were addressed.

Equipment at the extra care services was regularly checked and serviced to ensure it was safe for people to use. Processes were in place to record and analyse accidents and incidents to reduce the likelihood of them reoccurring.

People and staff felt the management were approachable and were visible in the operation of the service. Staff felt the managers took time to listen and would take action to act on any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider had not carried out assessments, care planning or risk assessments in the reablement service. This meant staff did not have all the correct information they needed to keep people safe.

Medicines were safely administered. Staff encouraged people to be independent with taking their medicines.

People were protected from abuse or neglect because staff were trained, knowledgeable and not hesitant to act or report on matters of concern.

Suitable numbers of staff were deployed to provide personal care safely. Recruitment processes were robust.

Is the service effective?

Good

The service was effective.

Staff had received training to support them to fulfil their role.

Members of staff gained consent from people before providing personal care. Staff understood people could refuse. This meant they worked within the principles of the Mental Capacity Act 2005.

Staff supported people to receive sufficient nutrition and hydration. There was good communication with health care professionals.

Is the service caring?

Good

The service was caring.

People felt staff were kind and caring.

People were treated with dignity and respect.

People were actively involved in the planning and review of their

care.

Is the service responsive?

Good

The service was responsive.

People and their relatives told us the care they received was responsive to their needs.

People were involved in the review of their care and their individual preferences were respected.

People were aware of how to complain and they told us they felt confident to do this.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider did not have a quality assurance system which robustly ensured safety and quality.

People we spoke with and members of staff with told us the managers were approachable and that they felt confident in the management of the service.

People were asked about their views on their care. This was used to continuously improve the service.

Harrogate & Craven Branch (Domiciliary Care Services) (North Yorkshire County Council)

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 inspection took place on 7, 8, 9 and 21 August 2017 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location office to meet us.

On day one of the inspection two adult social care inspectors visited the provider's office and one adult social care inspector made phone calls to members of staff. On day two of the inspection, two experts by experience carried out telephone interviews to seek the views of people who used the service and their relatives. On day three one adult social care inspector visited the two extra care services and on day four one adult social care inspector visited the provider's office.

Before our inspection, we looked at information we held about the service such as notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and

improvements they plan to make. We sought feedback from people who used the service, staff and professionals. We looked at the results of the questionnaires we sent to people, staff and professionals prior to our inspection. We used all of this information to plan the inspection.

As part of this inspection, we spoke with five people and one relative when we visited the extra care services. We spoke with 14 people who used the service and two relatives via the telephone.

We spoke with one of the registered managers, two managers who were applying to become registered and their care service manager. We spoke to six members of staff who either provide support in the community or in the extra care housing services. Following the inspection we spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with the two housing association employed scheme managers in partnership with the manager at the extra care services.

We looked at fifteen people's care records, six staff recruitment and training records, meeting minutes, medication administration records, audits and a selection of records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

The quality of assessment of people's needs, care plans and risk assessments were inconsistent. We saw in the extra care service that the provider had ensured each person had their needs assessed before using the service. The provider had used this information to develop care plans and risk assessments. They were up to date and had been regularly reviewed. This meant that staff had the information required to keep people safe.

However, in the reablement service, the assessment, care plan and risk assessments were not completed by the provider. They were received from the local authority. We saw the care plans and risk assessments did not reflect fully the persons care needs. For example, three people's care plans did not include robust descriptions of support for staff to follow and they were not risk assessed appropriately. We saw that where people's needs had changed the care plans and risk assessments had not been updated. This meant people were placed at risk of avoidable harm. However, we found no evidence people had been harmed because of this.

We have discussed this with the nominated individual since the inspection, who has agreed to review the providers policy to ensure they complete an assessment themselves prior to delivering support to people. The nominated individual also put immediate processes in place to ensure managers of the reablement service complete quality checks of each care plan and the risk assessments prior to support being delivered to a new person.

We looked at the records relating to management of medicines. We saw people had received their medicines on time and as prescribed. At the extra care service we saw medicines were administered appropriately and people were treated with respect and dignity. We saw staff had received training and their competencies were checked regularly. Managers audited medicines records when they were returned to the office and we saw they had acted on any issues found. This meant the audits were effective.

The provider was aware that new good practice guidance had been issued for managing medicines in people's own homes. They told us they were working with a health care professional to update their policy and that this would ensure all good practice guidance was implemented.

People told us they were happy with the support they received with medicines. One person we spoke with said, "I get my tablets on time. One lady comes to give me insulin and another comes and gives me my tablets. They are showing me how to use the blister pack and I am getting the hang of it." Another person said, "If I need anything they will sort it out. I needed a prescription and they got it for me."

All the people we spoke with said they felt safe using the service. For example, one person told us, "They [care workers] keep an eye on me, they make sure I'm secure sitting in my chair and help me to use my zimmer frame." Another person said, "They [care workers] see that I get to bed from my chair in the evening and ask if there's anything I want. They lock the door after themselves at night". A relative told us, "[Name] feels safe with the care workers. The occupational therapist put a bath chair in and they know how to use it."

Before our inspection we sent out a questionnaire to people who used the service and their relatives asking if they felt safe from abuse and or harm from their care workers. All who responded said they felt safe.

The managers and staff understood about types and signs of abuse and could explain the action they would take if they suspected or witnessed abuse. We saw records that showed staff had received safeguarding training and were aware of the whistleblowing policy. Whistleblowing is where people can disclose concerns they have about any part of the service where they feel dangerous, illegal or improper activity is happening. The service had raised safeguarding concerns appropriately with the local authority and CQC had been informed as required by law.

Recruitment practices were safe. We looked at six staff files. References had been obtained, and Disclosure and Barring Service (DBS) checks had been completed. DBS checks are undertaken to ensure any potential staff have not been excluded from working with adults at risk.

We saw staffing was managed safely. Staff rota's we looked at confirmed there was enough staff to meet people's needs. The frequency a person needed support and how many carers were required for each visit were taken into account. Managers understood the capacity of the service to ensure they could operate effectively. One manager told us that they were trialling sending people a rota which would tell people who would be visiting on each call. They told us this would help people know who would be visiting them and provide a more person centred service.

People we spoke with told us that care workers were reliable and arrived at the agreed visits. One person told us, "They come on time and when I want them to." Another said, "The staff arrive on time fairly regularly and stay about the right amount of time. They have only been late twice and once they rang to say they were going to be late." Staff told us that they would always stay with the person until care tasks had been completed. People told us they did not feel rushed. Nobody we spoke with said a visit to them had been missed. The service had a log of missed or late visits. This showed there had been one missed visit since April 2017. This was dealt with appropriately and the person was protected from harm.

At the extra care services we were shown maintenance records which demonstrated gas, electric and the fire service authorities had undertaken checks and equipment used was maintained. Personal emergency evacuation plans (PEEP) were seen within the extra care service. This gives staff and emergency services details of people's needs if they had to evacuate the building to ensure their safety.

Accidents and incidents were documented in a log book. The managers were developing a system to help them analysis trends and patterns locally. The provider received copies of all accidents and incidents to review centrally. This meant that actions had been taken to reduce the likelihood of a reoccurrence.

The service had a policy for infection control and we saw records that showed staff had received training. We observed a member of staff following good infection control practices before undertaking personal care and saw that aprons and gloves were readily available. One person we spoke with told us, "When they give me a shower they wear plastic aprons and gloves. They are clean absolutely and I am very happy with them" A relative said, "Once a day they come, wash or shower [Name] depending on how he feels. They wear gloves and aprons. They are very thorough and very good."

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the way staff looked after them. One person we spoke with told us, "They [care workers] are fine by me, I think they are perfectly adequate for the task." Another said, "I am sure they know what they are doing and the younger ones also know what to do" and "They come around in twos to show the new ones what to do."

We looked at training records which showed staff had access to a range of courses including dementia, autism, palliative care, moving and handling. One member of staff we spoke with told us, "We do all sorts of training. If we ever feel we need more information, the manager will have someone come in and talk with us, like a district nurse." Another said, "The training is quite comprehensive actually. You go out with a more experienced staff until you feel confident."

We spoke with a manager who told us there was a plan to provide additional coaching on the signs and symptoms of urine infection, dehydration and infection control. They explained staff will be given champion roles, for example in dementia, infection control and learning disability/autism.
We saw training was well managed and where staff required refresher training this was organised for them. A new training matrix had been implemented by the managers to support them to keep training up to date.

Staff told us they were supported in their roles through regular supervision and appraisals. Records we saw confirmed this. Supervision and appraisal is a process, usually a meeting, by which an organisation provide guidance and support to staff. One member of staff told us, "In supervisions we are asked what we have achieved and any training we would like." A manager at one of the extra care services explained that they try and match staff to people. This means that a person who has a positive rapport with a member of staff is able to maintain a stronger working relationship.

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.

We checked whether the service was working within the principles of the MCA. We saw the policy and procedure the service had on the MCA and Deprivation of Liberty Safeguards (DoLS) to protect people. Staff we spoke with understood the principles of the MCA and had received training. A member of staff we spoke with told us, "We support people to make their own decisions. Views of family and others are taken into account for any best interest decisions."

Applications to deprive a person of their liberty when they live in the community must be made to the Court of Protection. At the time of this inspection we saw the service had made one DoLS application within an extra care service. Appropriate documentation was in place which included MCA assessment, best interest

decisions and Lasting Power of Attorney (POA.) This demonstrated that this person's rights had been protected and upheld.

We looked at care plans which showed people had been asked for their consent for the service to provide care and we observed staff asking for people's consent before assisting them. This meant people were able to refuse a visit from the care workers and had the right to refuse any support offered during a visit. One person told us, "This morning [care worker] gave me my tablets and offered to give me a wash, but I didn't feel up to a wash then. I chose to have one later. She listened to me." Another said, "They ask my consent, we talk to one another, the care plan is in the yellow folder, they write things up."

Care plans we looked at included if a person needed support to eat and drink and their preferences. A person we spoke with said, "I make something to eat and they sit with me. They encourage me, as I don't eat very much."

We observed a care worker supporting a person to eat their meal. The care worker demonstrated very good communication skills and sensitivity to the person's needs. This meant the person had a safe and positive dining experience.

One member of staff told us, "I sit and support [Name] to eat and drink at every meal. If I am concerned I will contact the dietician." Another told us, "I document everything I have made and what the person has eaten."

One person's care file we looked at showed that they had been referred to the speech and language team as they had difficulties with eating and drinking. This meant that the service identified people who needed specialised support and ensured their dietary needs were being met.

Records we looked at showed the service maintained links with health professionals and referrals were made when necessary. This ensured any changes to people's health had been upon and their wellbeing promoted. One member of staff we spoke with told us, "If I am concerned I get in touch with the district nurse."

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the quality of care of the service. One person said, "The care workers are really, really kind" and "We always have a bit of crack (banter) when they come.' Another told us, "Care workers are very kind and efficient and go beyond the call of duty." A relative said, "They do listen to us."

All but one of the people we spoke with stated they received a regular team of carers and some told us they were introduced to new care workers. A person in the extra care service said, "I know all my carers, I have a regular team." A relative of a person who used the reablement service told us, "Last week we got the same ones for quite a few days. Two come regularly and we have met five or six. One new girl came to look at the route, they always introduce themselves."

Staff told us they used a variety of methods to understand people's needs. They checked daily recordings, spoke with colleagues and had weekly meetings to ensure they were updated about people's needs. A member of staff told us, "The person is the most important thing and the attention is on them. It's caring about that person." Another said, "I provide a very good service. It's not a job, it's a vocation and I love it."

The manager of the extra care service explained that they try to match staff to people so that they could develop a positive rapport and maintain a stronger working relationship.

During our visits to the extra care service we observed staff spent time with people and offered choice. A member of staff told us, "We talk to people and make suggestions."

Staff knew people's preferences and records showed that they or their relatives were involved in planning and the review of their care. One person we spoke with said, "I am totally involved from start to finish and I can live my life how I want to."

Advocacy support is available to people. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. One person's care records we looked at showed that this had been considered. This meant people can receive support to express their needs and wishes, if they are unable to, or have difficulty doing this for themselves.

Staff we observed understood the importance of showing dignity and respect. For example, we saw a member of staff knocked on a person's door before they entered the room / flat / premises and they asked their permission before undertaking a task. A person we spoke with said, "They are caring and respectful." A relative stated, "[Name] is very much treated with dignity. They [care workers] will go out of the room when they go to toilet. They [care workers] ask them what they want to do. It is up to my family member, they [care workers] are very good." This meant people's rights were upheld.

The service enabled people to do as much for themselves as possible. People we spoke with told us, "In the beginning they helped me in the shower, now I shower on my own. They have encouraged me to be more

independent." Another said, "I think they are trying to get me to do things I can for myself. They don't stand and watch if you struggle, but they like you to do things for yourself as much as possible." A member of staff told us, "It's just building up people's confidence. We encourage people to try and do things, but it's on their terms."

Good

Is the service responsive?

Our findings

Before our inspection, we sent out questionnaires to people who used the service and their relatives asking if the service was responsive to their needs. People, who responded, strongly agreed and told us they were involved in decision-making about their care and support needs. One person we spoke with told us, "I feel I was involved in the plan when I started a few weeks ago. They came out and we had a discussion between us and [care worker] listened to what I wanted."

Records detailed the tasks undertaken which included any personal care provided, assistance with medicines, meals prepared or housekeeping tasks. Care workers and families were involved in regular reviews, together with managers and members of the multi-disciplinary team to discuss progress and any changes in people's needs. This meant that care workers were aware of any changes in a person's health or care needs. As outlined in the safe domain of this report, the detail gathered at such reviews was not used effectively to update people's care plans and risk assessments. The provider has told us since the inspection they have put plans in place to ensure this happens in the future. Although care plans were not up to date all the people we spoke with told us they received a responsive service which met their needs. This meant no negative impact on people's health and well-being was seen.

Care workers knew people's needs, preferences and dislikes very well and were able to describe to us in the reablement service the goals they were aiming to support a person to achieve. For example, one person said, "I like someone with me when I get in and out of the bath as I cannot manage this without assistance" and "I fatigue easily, so I need to take my time when completing tasks." In the extra care service one person told us how staff had responded to prevent them becoming socially isolated as they spent their time in their room. They said, "I don't feel on my own. All the staff are lovely, they know me well." We discussed with a person who lived in one of the extra care services how staff supported them with their religion and facilitated visits from the congregation locally. This meant people received a person centred service.

When people's care needed to be transferred to other services, there were good arrangements in place for hand over meetings. This meant the new service would have the necessary information in place to ensure the person's care was coordinated and their needs met. This showed us the service had taken steps to ensure continuity of care and peoples individual preferences were known.

We saw a comprehensive information folder that care workers were encouraged to contribute to which contained information about community groups and activities people could attend. Care workers informed people of events or groups they might benefit from attending and people were sign posted to other agencies that provided specific support for their well-being. Within the extra care service people could attend residents meetings to discuss areas of the service provision such as menus and offer suggestions. Activities such as a film club and entertainers within the extra care services were available to people who used the service. This meant people were less likely to be socially isolated and had opportunities to develop meaningful relationships with their peers.

The service had a complaints policy and procedure. People were provided with information on what to do if

they had any concerns or complaints with the service. An 'easy read' version was available for people who have a learning disability. We saw that one complaint had been received in the past 12 months. This had been responded to and dealt with appropriately. We saw compliments about the service which included comments such as, 'Staff have been very kind and caring' and 'I am so happy that we are so well looked after and very grateful'.

Requires Improvement

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. The managers of each service conducted a range of checks such as medicines audits, monitoring of missed or late calls and outcomes of the reablement service. We saw the managers had produced their own action plans to evidence where they had made changes.

The managers escalated issues to the provider such as accidents and incidents or concerns raised in their own checks through management reports to the provider. The provider had not developed additional management systems to check the quality and safety of the service and ensure governance and oversight. Where the manager's checks had not highlighted areas for improvement, such as the assessment and care plan system, then in the absence of a provider audit issues had not been identified. This meant the quality assurance system was not robust. We found there had not been a negative impact on the people who used the service, but the lack of provider audit created a risk that safety and quality could be compromised without the knowledge of the provider.

We spoke to the nominated individual about their quality assurance system. Following the inspection they immediately produced a draft of an audit and they told us they planned to implement this as soon as possible.

Managers were in post at the time of the inspection and they were working with CQC where applications were needed to ensure they were registered as soon as possible. People told us they were satisfied with the care provided and the communication they had with the service was good. For example, one person told us, "We are always pleased to see them and sing their [care workers] praises all over the place." Another person said, "The service was efficient and no improvements were needed."

Staff we spoke with were positive and complimentary about their managers. They told us there was good communication between the managers and themselves and that managers responded to any concerns staff raised. A member of staff we spoke to told us, "If we have any concerns we can go to them and it is dealt with straight away." This showed us that the staff had confidence in their managers.

A manager we spoke with said, "It is important to me that the team are listened to. I lead by example and have an 'open door policy'. Staff are encouraged to come forward with ideas."

Regular meetings were held to update the staff teams on the needs of the people and managers were available should staff need support. Records we looked at confirmed this.

We saw that managers had submitted statutory notifications as required by law for incidents such as safeguarding concerns. This meant they understood their responsibilities under the regulations.

Feedback systems were in place for people who used the service and staff. A person we spoke with told us, "I

am very impressed I have filled in a questionnaire, they are very kind and know what they are doing."