Mrs Caroline Jane Cocking

Access to Independence

Inspection report

Appletree House,
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Website: N/A

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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

The inspection was carried out on 7 December 2015. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

At our last inspection on 5 November 2013 the provider was meeting the regulations that were assessed.

Access to Independence is a domiciliary care agency providing personal care and support to people in their own homes. The service is provided to people who live in Masham, the surrounding villages and in other areas of Yorkshire. The agency office is situated between Masham and Leyburn. There is parking available outside the office. The registered provider is Mrs Caroline Jane Cocking.

There was a registered manager at the service. 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 they felt safe and were well supported by the agency. All staff received training in safeguarding adults and there were clear policies and procedures in place to support staff if concerns were identified.

The feedback we received from people who used the service and their relatives was very positive. We received no negative comments. People told us they had confidence in the staff and they felt safe in the way staff supported them and had confidence in the staff.

People received care and support in their own homes according to their individual needs. People told us the service was flexible and wherever possible would accommodate any changes to people's requirements. Risks to people's safety and welfare had been assessed and information about how to support them to manage risks were recorded in people's care plan.

The agency had systems for recording incidents and accidents and there were systems in place to support staff should an emergency occur.

Appropriate checks were made as part of the service's recruitment process. These checks were undertaken to make sure staff were suitable to work with people who may be vulnerable.

The service provided a training programme for staff to ensure they had the knowledge and skills to support people. This included a comprehensive induction and training at the beginning of their employment, and all mandatory health and safety training. We saw systems were in place to provide staff support. Staff participated in staff meetings, and meetings with their supervisor and completed an annual appraisal. The agency had a whistleblowing policy, which was available to staff. Staff told us they would feel confident using it and that the appropriate action would be taken.

Where people needed assistance taking their medicine this was administered in a timely way by staff who had been trained to carry out this role and staff liaised with healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing.

People told us that their views and wishes were considered and that they were involved in discussions regarding their care needs. People's care plans were reviewed to meet their changing needs. Staff told us they felt well informed about people's needs and how to meet them.

Policies and procedures were in place covering the requirements of the Mental Capacity Act 2005 (MCA), which aims to protect people who may not have the capacity to make decisions for themselves. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had received training in this subject.

People described staff from the agency as kind and considerate and people told us that they were treated with dignity and respect. People told us they were always introduced to staff before they provided care on their own. Staff we spoke with told us how much they enjoyed working for the service and were committed to providing an excellent service for people.

People said they were confident in raising concerns. Each person was given a copy of the agency's complaints procedures.

The provider had systems in place to enable people to share their opinion of the service provided and to check staff were performing their role satisfactorily.

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.

There were systems in place to reduce the risk of abuse and to assess and manage potential risks to people.

Systems were in place to make sure people received their medicine safely. All staff had received medicines training.

Staff underwent the necessary checks before they were employed and new staff received a structured induction and essential training at the beginning of their employment.

Good

Is the service effective?
The service was effective.

Staff received induction, training and supervision to support them to carry out their roles effectively.

People were supported to make decisions and to give consent to their care and support. The Registered manager was aware of the importance of legislation to support this process.

Staff liaised with healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

Good

Is the service caring?
The service was caring.

People told us that staff treated them with kindness and courtesy and that they were respectful and treated people with dignity.

People told us they were involved in making decisions about the care and the support they received.

Staff showed a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People spoke highly of the staff. They said they respected their opinion and delivered care in a caring manner.

Good

Is the service responsive?
The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly. People had individual rotas so that they knew the staff who were supporting them.

The agency had a clear policy on complaints and people said they would feel confident in raising issues should they need to.

Good

Is the service well-led?

The service was well-led

Good

Summary of findings

Quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make improvements when needed.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. They felt well supported by the management team who they said were accessible and approachable.

Access to Independence

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.

The inspection of Access to Independence took place on 7 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the staff would be available to speak with us.

Before the inspection visit we reviewed the information we held about the service, which included notifications submitted by the provider and spoke with the local authority contracts and safeguarding teams and with Healthwatch. This organisation represents the views of local people in how their health and social care services are provided. From the feedback we received no one reported any concerns.

Before we visited we asked the provider to complete a Provider Information Return (PIR). 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. We asked for and received a list of names of people who received personal care services so that we could contact them and seek their views.

The inspection team consisted of a single inspector because the agency was small and only provided personal care to thirty-eight people.

During our visit to the agency we spoke with the registered manager and four care staff. We spoke with three people who used the service and three relatives over the telephone to seek the views and experiences of people using the service. We reviewed the records for three people who used the service. We looked at three staff files to review recruitment and training records. We checked management records including staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

Good

Is the service safe?

Our findings

People we spoke with who used the service and their relatives told us they felt care and support was delivered in a safe way. Comments included, "I can't fault them in any way." And, "They make me feel very comfortable. They have made a huge difference in my life." A relative commented to us, "I have every confidence in them and would recommend them to anyone."

The registered manager informed us they had sufficient numbers of staff to provide care and support to people in their own home. They advised us that the staffing numbers were adjusted to meet people's needs. We saw calls to people were arranged in geographic locations to cut down on travelling time. This decreased the risk of care staff not being able to make the agreed call time. Staff told us this was never a problem as they were given travelling time between the calls and were able to stay for the full duration of the call. People who received care and support from the agency told us the staff arrived on time and they received a reliable service.

The staff we spoke with told us they received their staff rota in good time and were always informed of any changes in advance. We saw people were supported by small staff teams to help ensure consistency of care. Staff we spoke with told us this worked well and people told us they preferred to receive support from a regular team of staff. The service had an 'on call' system and people we spoke with told us they were able to contact the office at any time. Staff said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of 'normal' working hours. The agency had emergency contingency plans in place, for example the previous weekend the local area had suffered major flooding. The registered manager made extra checks to ensure staff were able to travel safely to people. Where this was not possible staffing was adjusted, to ensure people were provided with the support they needed. One person we spoke with told us they had received a phone call from the registered manager informing them their usual member of staff was unable to travel to them because of the flooding but an alternative member of staff was on their way.

We looked at copies of people's care plans and day to day care records at the agency's office. Records were in place to monitor any specific areas where people were more at risk. Assessments were undertaken to assess risks to people who used the service. These included environmental risks and other risks relating to people's health and support needs. For example moving and handling a person safely in their own home. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff told us about the people they supported and if they had concerns about any aspect of care how they would report it. For example, if a person had a fall or was not eating or drinking well. They told us the benefits of a small consistent staff team meant any signs of a person being at risk were picked up early as they knew people well. The manager informed us accidents and incidents were reviewed to identify any trends or patterns.

Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding procedures, which aimed to make sure incidents were reported and investigated appropriately. Staff we spoke with showed a good knowledge of safeguarding people and could identify the types of abuse, as well as knowing what to do if they had any concerns. They told us they had received training with regard to safeguarding adults during their induction period, followed by periodic updates. This was confirmed in the training records we looked at.

We asked the registered manager to show us the recruitment checks they had carried out for staff. These showed robust measures were in place to ensure staff were suitable to work with vulnerable people. New staff had completed an application form with a detailed employment record and references (professional and character) had been sought. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes.

The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they

Good

Is the service safe?

required with medicine. Records showed that staff involved in the administration of medicine had been trained and staff we spoke with had a clear understanding of their role in administering medicines. One member of staff told us, "I have had training and was shadowed until I was competent." Records we reviewed confirmed this. We were told by the registered manager that staff were not able to assist with medication until they had completed a competency test and had their training regularly updated.

Good

Is the service effective?

Our findings

People we spoke with consistently told us they could not 'speak more highly' of staff. A relative told us, "We have the same carers who have taken time to get to know my relative. On the rare occasion where staff have left, new carers are always shadowed by the old carers." Another person told us, "The registered manager came out and visited us to discuss our needs; the agency is flexible and if things change we discuss this and make the changes." Another person said, "The support my relative needs is an on-going progression; the agency supports us really well and are flexible."

The registered manager explained they carried out a detailed assessment of people's needs, before they started the service, to ensure the agency had the skills and capacity to provide the care that was needed and so they could provide a compatible match between the person and staff. The registered manager said they believed the most important aspect of providing a service was to develop a trusting relationship and having this information assisted with developing this. Assessments included information about people's physical health, their sleeping, diet and personal care needs. Each record contained detailed information about the person and how they wanted to be cared for. Care files seen showed referrals to health and social care professionals had been made promptly by the staff. For example, GP, district nurse team and social services. Care plans were updated in a timely manner where a person's needs had changed.

We spoke with the registered manager about how they ensured staff had appropriate skills and knowledge to carry out their role. The registered manager explained that new staff followed a structured induction and this had recently been amended to take into account the implementation of the new Care Certificate which was introduced in April 2015. We looked at records of induction, training and supervision. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults, first aid and infection control. In addition client specific training was provided for example, in caring for people living with dementia, or in caring for someone with a stroke. We spoke to two members of staff who had recently completed their induction training. They said it had been comprehensive and had assisted them in their role.

We looked at the staff training matrix and saw when any gaps had been identified that the relevant courses had been booked. There was a training plan in place for the year. In addition to the training courses delivered senior staff told us that they carried out observations which focused on practice to ensure that staff understood the training and were carrying this out in practice.

Staff received one to one supervision and appraisal meetings with their line manager. These sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. Supervision sessions also gave staff the opportunity to raise any concerns they had about the people they were supporting or service delivery.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Staff had completed had completed basic MCA training. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. Staff we spoke with demonstrated an understanding of involving people in decision making and acting in their best interests.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed and we saw examples of where best interest decisions had been made. We saw that relevant policies and procedures were in place. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care.

The registered manager told us staff received training about the Mental Capacity Act during their induction. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest.

Good

Is the service effective?

Staff told us they offered dietary support in preparing or providing meals when needed and they would report to the registered manager and/or family if they had concerns about a person's loss of appetite.

Staff described how they encouraged people to be involved in choosing and preparing their meals if they were able to. One relative told us how they had worked together with staff to ensure their relative's nutritional needs were maintained. We saw they had completed food and hygiene training as part of their induction.

The registered manager told us they had good working relationships with local GP's and district nursing services. Staff described how they would appropriately support someone if they felt they needed medical attention and recognised the need to pass information about changes in people's needs and any concerns about people's health to their managers immediately. We saw examples in people's care plans where staff had liaised with medical professionals.

Good

Is the service caring?

Our findings

People told us that they were cared for by staff who were 'kind, cheerful and respectful.' Comments included**;** "They (staff) are wonderful. In fact they have a made a huge difference in my life." Another person told us, "They (staff) make me feel comfortable; they care about my health and approach me with professionalism." A relative told us, "The most important thing is the relationship the staff have with [name]. It helps that they spend no less than an hour with [name] so they have time to chat as well."

One relative told us the strength the agency had was that the registered manager recruited local people as staff which meant they knew they area well and had common knowledge and interests so they could chat to people about local issues. This meant staff may provide support to people who knew each other. Staff talked to us about the importance of confidentiality and we saw staff covered this as part of their induction. We saw this was also discussed in staff supervision sessions. The registered manager told us confidentially was an important issue which required a sensitive approach particularly when services were provided to people who lived in a small community in maintaining people's privacy but that this was discussed openly and regularly as a staff team to ensure people's privacy and confidentially was maintained.

The registered manager told us respecting people's privacy and dignity formed a regular part of reflective practice with staff through staff meetings, supervision and training. We saw this embedded in the daily records and for example we saw how discreetly and sensitively one person's responses to anxiety and stress was recorded in a non-judgemental manner.

All of the people we spoke with and their relatives felt that their privacy and dignity was respected. Staff we spoke with said that privacy, dignity and confidentiality were discussed on induction. They gave examples of ensuring curtains were closed and internal doors shut to maintain people's dignity and privacy. One member of staff said, "We ensure people are covered up with a towel when we do personal care."

One relative told us, "They have total respect for my relative and they treat her with dignity, for example when they are washing and dressing, they ensure that the windows are closed and curtains drawn." This meant the person's privacy had been respected.

People were supported by individual members of care staff or a small team of care staff who knew them well. We were told new staff were introduced to them prior them providing support. This was confirmed by people who used the service and their relatives. One member of staff told us, "We are always introduced to people before we go on our own. It's important to get to know people; it helps when you're providing personal care." A relative told us, "We always know who is coming, it was very important that my relative was familiar with staff before they started to visit."

Staff were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to people's care plans and had time to read them. They felt this was an important part of getting to know what mattered to people. We saw people's consent had been sought around decisions about their care package, level of support required and how they wanted this support to be provided.

The service provided 24 hour care for those people who had very complex needs or were coming to the end of their life. Staff told us they had received training with regard to end of life care and were also supported by Macmillan/ district nurses. We reviewed one care plan for the person's end of life care which included information about the relevant people who were involved in decisions about this person's end of life choices and details about anticipation of any emergency health problems. This meant that healthcare information was available to inform staff of the person's wishes at this important time, to ensure that their final wishes could be met.

Good

Is the service responsive?

Our findings

People told us, and we saw from the care records we reviewed, that people were involved in planning their care and support. Everyone we spoke with confirmed they had been consulted about their care and support. One relative told us, "When we realised [name] needed support the manager spent a long time with us talking about [name] needs, their personality and their likes and dislikes." They went on to say that the registered manager reviewed, "how things were going and between them they 'tweeked' things to meet [name's] needs." Another person told us, "I have regular reviews and where there were changes we change the care plan was agreed and amended accordingly. Another person we spoke with told us, "Staff always check with me about what I want them to do and always ask if there is anything else that they would like them to do before leaving."

The care plans we looked at had been reviewed regularly or when people's needs changed. This helped to build up a picture of people's needs and how they wanted their support to be given. Care plans included a plan of care sequencing instructions for staff on how to provide care and support in accordance with individual need and preferences. The detail of these indicated person received care and support which was personal to them. For example we saw in one care plan how someone preferred their makeup to be applied. Along with people's plan of care, risk assessments and daily records were in place. The daily records provided an over view of the care and support given by the staff. Information about how to contact the agency out of normal working hours was made available to people who used the service. Both staff and people who used the service confirmed they had these details and had used them on occasion.

Staff we spoke with said they felt the care plans provided very good detail. One member of staff told us, "We know people really well but the plans are really good to refer to especially when someone's needs change."

The agency had a complaints procedure, which was included in the information pack given to people at the start of their care package. All of the people we spoke with knew how to make a

complaint and told us they had a copy of the complaints procedure. No one we spoke with had made a formal complaint. Everyone we spoke with said they had confidence that if concerns the agency would respond. One person said, "Any niggles and they're on to it straight away, I don't have to mentioned it twice."

We reviewed complaints records. There was a system in place to document concerns raised, what action was taken and the outcome. The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

The service had systems in place to help monitor how the service operated and to enable people and relatives to share their views and make suggestions. This included 'satisfaction questionnaires'. We reviewed the most recent surveys collated in May 2015; all those returned said they were satisfied with the level and quality of support they received; happy with the team of staff and that staff arrived on time and completed the agreed plan of support. Some of the general comments recorded included; "I would like to thank you and your dedicated carer's for all you have done." And, "Their [staff] cheerful efficiency and understanding on good days and bad was a major factor in my recovery."

Good

Is the service well-led?

Our findings

The provider is an individual person who is also the registered manager. They told us they were 'very hands on' and "made sure they knew people who used the service and their relatives individually." Without exception people with spoke with complemented the agency and the registered manager.

We saw the service had an effective management structure. There were clear lines of accountability and ways of working. Staff had clearly defined roles and responsibilities. Staff told us the registered manager for the agency was actively involved in the service and we found this to be the case. A staff member said, "There is always someone to call if I was worried about anything." They also confirmed they received regular support and advice from the registered manager via phone calls, texts and face to face meetings. An example provided was the support staff received the previous weekend due to flooding in the area. Staff felt the registered manager was available if they had any concerns.

The provider audited the quality of the service through care plan reviews, monitoring daily records and satisfaction surveys. Completing these audits helped identify any shortfalls which could be rectified in a timely manner. The provider also completed spot checks in people's homes to make sure they were happy with the care provided and also to monitor staff performance. The provider told us if issues were identified extra staff training and support was provided. One person told us, "The manager comes out and checks up on staff and to see if everything is going ok." And another person said, "I get regular visits from (manager's name) to make sure everything is in order."

The provider also surveyed relevant professionals and staff; together with the surveys from relatives and people who used the service the results were gathered, analysed and formed an action plan. The action plan was shared with us and we saw it divided into subject areas with action points with dates to be achieved and by whom. Action was delegated to a variety of staff which the registered manager said promoted staff development and shared ownership and responsibility for improvement. An example of areas of improvement identified were to explore how to reduce the feelings of isolation for staff working alone with people requiring 24 hour support and how to improve the feelings of loneliness and social isolation for people using the service.

The registered manager and staff we spoke with told us there was a culture of learning from incidents, complaints and mistakes and using that learning to improve the service and we saw in staff meeting minutes areas for improvement discussion such as improvement staff communication.

We saw a number of policies and procedures to support the effective running of the service. These were updated in accordance with 'best practice' and current legislation. Staff told us a number of policies were discussed at staff induction and through their on-going learning. They were also included in the staff handbook which each member of staff had a copy. The registered manager told us they were proactive in ensuring they were up to date with national good practice guidance and legislation. They explained they used the internet and linked into professional associations. An example of this was the agency's revision of their end of life care plan in response to recent national guidance for End of Life Care.

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Although very few accidents and incidents occurred any were recorded and these were reviewed each month this helped to minimise re-occurrence.