

## North Yorkshire County Council

# Duke Street

### Inspection report

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#### Ratings

### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

#### Overall summary

We undertook this announced inspection on the 8 December 2015. At the previous inspection, which took place on 10 September 2014 the service met all of the regulations that we assessed.

Duke Street domiciliary care agency provides personal care in people's own homes, through a short term assessment and re-ablement team (START). This offers short term support to people to regain their independence after an accident, ill health, or disability. The service is available to people who live in Settle and the surrounding villages in the Dales. At the time of this

inspection the agency was providing support for 21 people. Duke Street Domiciliary Care Agency employs 31 support staff a homecare manager and also a registered manager.

There was a registered manager at this 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 when receiving support from staff. People told us how they valued the service they had received from the START team, as most people experienced short term domiciliary care for around 6 weeks usually after a hospital stay.

The service recruited staff in a safe way making sure all necessary background checks had been carried out. Staff had a good understanding of safeguarding procedures and how to protect people from harm. There were risk assessments in place to identify risks due to people's health or mobility and to make sure these were minimised without intruding on people's privacy and independence. There were records that showed staff received the training they needed to keep people safe.

Care plans were comprehensive and had associated risk assessments. Some of the people who used the service were supported with taking their prescribed medication and staff told us they were trained and competent to assist people with this.

People were protected because staff at the agency were aware of and followed the principles of the Mental Capacity Act 2005.

Staff were supported and trained to help them deliver effective care. They had access to mandatory training, and staff told us they were supported to attend other courses which would be of benefit to their personal development and people who used the service.

Staff had regular contact with other healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing. People were provided with care and support according to their assessed need.

People who used the service were positive in their comments about staff and told us they were 'all excellent' and that staff supported people to maintain their independence, which enabled them to remain in their own home.

Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages. Policies and procedures had been updated to ensure they were in line with current legislation.

The service was well-led. The management team were committed to providing a good quality service. Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages.

There were good auditing and monitoring systems in place to identify where improvements were required and the service had an action plan to address these.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People who used the service told us they were safe with staff from the service.

Staff knew how to report issues of abuse and said concerns raised would be dealt with appropriately. They had been trained in safeguarding procedures.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

There were safe systems in place for supporting people with their medication. The agency had a medication policy and staff received training before they visited people who needed this level of support.

Good



### Is the service effective?

The service was effective.

Staff were provided with training relevant to their roles and felt supported. Staff supervision and monitoring systems were in place.

The service followed the principles of the Mental Capacity Act 2005.

If people needed assistance with meals or eating and drinking information about this was included in their care plan and part of their agreed care package.

The service appropriately sought advice and support from relevant health and social care professionals.

Good



### Is the service caring?

The service was caring.

People told us that staff were caring and treated people with dignity and respect.

Staff were able to explain how they maintained people's privacy and dignity while assisting with care.

The home care manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed, planned and reviewed. People had individual short term re-ablement support intervention plans (care plan), which included information about their individual needs and preferences.

The staff we spoke with were able to tell us about the individual needs of the people they supported and how they monitored and responded to any changes.

A complaints procedure was in place and records showed that complaints were appropriately investigated and responded to.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The service had a registered manager and local management structure to support the day to day running of the service.

People felt the staff team worked well together and tried really hard to support local people in the community well and for as long as possible.

Systems were in place to monitor the quality of the service, through regular audits, checks and monitoring.

Good



# Duke Street

## 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 8 December 2015 and was announced and was carried out by one adult social care inspector. 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 available at the office to meet with us.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We were unable to review a Provider Information Record (PIR)

as one had not been requested for this service. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we looked at records which related to people's individual care. We looked at five people's care planning documentation and other records associated with running a community care service. This included three recruitment records and the staff rota. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. During our visit to the agency we spoke with the home care manager who was responsible for the day to day running of the service and three care staff. We telephoned a total of ten people. We spoke with eight people who received a service including one relative.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted North Yorkshire County Council to see if they had any concerns about the service, and none were raised.

# Is the service safe?

## Our findings

Everyone we spoke with who used the service told us that they felt safe. People told us that they were supported by a consistent staff team who knew them well. One person said, “I always felt safe with them (staff).” Another person told us, “I felt safe very safe with them (staff) – all of them (staff) were very good.”

Relatives also spoke positively about the service. One relative told us, “Things are going well. They (staff) are all very good. I know that my husband is very safe with all of them (staff).”

People also told us they often did not know who was going to “come to do their care” as the service does not give them a rota. This is because the service provides short term support. However, for most people this was not a problem as people said they usually had a core group of regular care staff. People told us there were never any occasions when care calls were missed.

People praised the dedication of the staff team during the recent floods. One person told us, “One of them (staff) came up on the wettest day. She struggled to get through, but came, it was incredible.” A relative told us, “They are bang on time each day even with these floods we have had.”

The rotas we looked at showed that there was sufficient suitably qualified staff working at the service to meet people’s needs. Staff rotas were based around people’s needs. We were told that rotas were given to staff daily as they rang the office each day for their morning and evening rotas. This was because changes to the rotas occurred regularly. The homecare manager informed us they had sufficient numbers of staff to provide care and support to people in their own home. They told us the staffing numbers were adjusted to meet people’s needs and we saw that the number of staff supporting a person could be increased if required. This meant there were sufficient numbers of staff available to keep people safe.

The service had ‘on call’ systems in place, which staff told us meant a senior member of staff was on duty to provide support and guidance during the day up to 7:00 pm on a week day and 1:00pm at weekend. North Yorkshire County Council’s Emergency Duty Team (EDT) also provided support out of ‘normal’ working hours. Staff we spoke with confirmed that they would use the ‘on call’ if they felt they

needed support out of hours. The service operated a system called ‘Voice Connect.’ This system was to ensure staff were kept safe. Staff we spoke with described that they had to telephone in to the system at the beginning and the end of each visit and if they did not they would receive a telephone call to ensure they were safe. All staff we spoke with described the system as ‘Absolutely brilliant’ and ‘It is a very good system.’ One staff told us, “It works well. It is there to protect staff” another staff said, “I have found the system to be supportive. If you are just a second late they ring you to make sure you are ok.” This meant that the provider ensured the safety of staff working for the service.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. A thorough recruitment policy and procedure was in place. We looked at the recruitment records for three staff and saw that they had been recruited safely. Records included application forms (including employment histories and explanation of any gaps), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and minimises the risk people who are unsuitable working with children and vulnerable adults.

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place and provided guidance and information to staff. Staff knew how to recognise the signs and symptoms of abuse and how to report concerns about people’s welfare or safety. Staff also told us they had received training on safeguarding adults and the training records we saw confirmed this. Information on making safeguarding alerts, including contact details and telephone numbers, had been made available to staff as staff told us they carried this information with them. One member of staff told us, “We carry a safeguarding alert form which describes the action you take.” We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Whistleblowing policies and procedures were in place. Staff we spoke with were aware of how to raise concerns and told us that they felt that the management team would listen and respond appropriately to any concerns raised.

## Is the service safe?

We looked at how the service supported people who required support with their medicines. We were unable to discuss this with people who received a service as everyone we spoke with said they did not require any support with their medicines as they or their relatives did this. However, staff told us they had received medicine training and this provided them with the skills and knowledge to support people with their medicines. The staff training records we looked at confirmed what we had been told. 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 required with this. We were told by the manager that staff were not able to assist with medication until they had completed a competency test and had their training updated. Staff we spoke with had a clear understanding of their role in administering medication. One member of care staff told us, "Yes I have completed the medicine training including the refresher training we have to do."

We looked at the arrangements that were in place for risk assessment and safety. The service had in place policies and procedures relating to health and safety. These

provided guidance to staff on how to work in ways that kept themselves and people using the service safe. Risk assessments had been completed in the care records we looked at and included environmental risks and any other risks relating to people's health and support needs. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

Accidents and incidents were recorded appropriately. We saw records of accidents that had been recorded. These were clearly logged and any actions taken were recorded which meant that the staff could easily identify trends.

Staff we spoke with confirmed that they had the right equipment to do their job properly and said they always had sufficient disposable gloves and aprons. One member of staff told us, "We have access to plenty of personal protection equipment (PPE) all of the time. We even have face masks if we have to carry out CPR (cardio pulmonary resuscitation) or mouth to mouth." This meant that staff had access to all the equipment they needed to reduce the risk of the spread of infection.

# Is the service effective?

## Our findings

People using the START (Short Term Assessment and Re-ablement Team) service were positive about the service they had received. One person said “They are always courteous and ask me how I like to be supported.” Another told us “They seem very responsible, helpful and well trained staff.”

Relatives we spoke with told us they were confident about staff who visited from the service and they also told us they knew what they were doing. One relative said, “They even do the little things which mean so much such as straightening the bedclothes and opening the curtains.”

People told us they thought staff from the agency knew their care needs. They said assessments with a manager from the START team had usually taken place in the hospital and that their care needs had been discussed and a support plan implemented.

The home care manager explained that as much information as possible about people was obtained before they started providing a service, so they were sure they could meet the person’s needs.

We looked at people’s short term re-ablement support intervention plan (care plan) and saw they provided information about people’s medical conditions and where the service had been in contact with other health and social care professionals to support people if their health or support needs changed.

Care plans we saw had been reviewed and updated in a timely manner. Everyone we spoke with said they did have a care plan and this had been completed with people, when they were either at home or in hospital and prior to the service starting. People told us they felt they were part of the process as one person commented “Comforting to know START is there.”

We also looked at the arrangements that were in place to ensure that people received a balanced diet and received the help they needed with eating and drinking. We were unable to discuss this with people who received a service as everyone we spoke with said they did not require any support with their meals. The service provided people with

help and assistance with meal preparation, eating and drinking where this was part of their agreed plan of care. Where assistance with meals was provided, information was in people’s care plans to guide staff regarding this.

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. We spoke with three members of care staff including one senior care staff. Staff told us that they were up to date with their training and provided with regular training courses and updates. One staff member told us “We get absolutely loads of training. I have completed all of my mandatory training and have done refresher courses to update my practice.” Topics included; moving and handling, medication, safeguarding vulnerable adults and basic first aid. The staff records we looked at included evidence of their induction training. This included an in-depth corporate induction programme and local induction checklist. We also saw that recently recruited staff had commenced a Care Certificate training workbook. The Care Certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care. The homecare manager showed us how training was monitored using an online system. This enabled managers to check what training staff had completed and what training was due easily. Staff records we looked at showed that staff had completed training that was relevant to their role and were up to date with required training and updates. We saw in staff records that they had received supervision from their line managers. We saw a copy of the employee’s handbook which is given to staff once they commenced working for the agency. This booklet contained information of key policies and procedures such as staff code of conduct, training and whistleblowing

We saw evidence that the service was working within the principles of the Mental Capacity Act 2005. 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.



## Is the service effective?

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 and found that they were.

We saw that staff had received training around the MCA and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. The registered manager told us that they had made applications via the local authority to the Court of Protection for an authorisation for three people who used

the service. This meant that people were protected because the service was aware of its responsibilities relating to the MCA and DoLS when working with people in the community.

We saw that capacity assessments had been completed where necessary and best interest decisions made on people's behalf with the involvement of health and social care professionals and families. We noted when we looked at care and support plans that consents had been sought. Staff told us that they had been trained in MCA/DoLS and could explain how they sought consent from people. This meant that those people who lacked capacity were being protected because staff were aware of and able to use the legislation and associated guidance.

# Is the service caring?

## Our findings

We looked at the arrangements in place to ensure that the approach of staff was caring and appropriate to the needs of the people using the service. People who received a service from the START (Short Term Assessment and Re-ablement Team) team unanimously told us that staff treated them well and were kind and caring in their approach. One person who used the service told us, “They were all excellent, every girl that came was loving, kind and helpful and they all did their job well. It broke my heart when the service stopped.”

Staff asked people for their consent before carrying out tasks and people told us they feel they are listened to, treated with respect, spoken to in a friendly but appropriate and polite manner. People told us that staff were very mindful of people's dignity and privacy especially when carrying out personal care tasks. One person said, “All of the staff treated me with respect. They (staff) could not do enough for me.” Other comments made to us were, “I cannot fault any of them they are all lovely” and “They are all very courteous. It brightens my day.”

Everyone that we talked to spoke very highly about the service. People told us they valued the short term support that they or their relatives had received. People described all of the staff as helpful, efficient and caring. Several people told us they would be sorry to lose the service once it stopped, but understood that staff from Duke Street provided short term support to people to regain their independence.

Staff we spoke with were knowledgeable about people's needs and preferences. They told us they had access to people's support intervention plan, wrote daily records and had time to read them if they had been on days off. They felt this was an important part of getting to know what mattered to people and how they had been. Staff told us they were always given time to get to know people and their families so that they could work together for the best outcomes for people. One member of staff told us, “I absolutely love this job. We (team) all pass information on to our managers and we always have the time to spend with people and we don't rush.”

Staff we spoke with were aware of the importance of protecting and maintaining people's privacy and dignity.

They could describe how they gave people choices about how they wanted their care delivered and how they actively protected people's privacy. For example, asking if people wanted staff there with them or waiting close by, and how they made sure curtains were drawn and kept people covered while assisting with personal care. One relative told us, “My husband needs prompting with everything and they (staff) do this in a caring and dignified way.”

All the staff we spoke with talked passionately about wanting to provide good care for people. All of the staff we spoke with confirmed that they would be happy for the service to look after one of their relatives. One member of care staff said, “I would recommend START to anyone.”

People's confidential information was kept private and secure and their records were stored appropriately at the office. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and person centred care.

We saw a number of cards and letters from people who had received a service and their relatives, thanking staff for their support and excellent care provided. People wrote comments such as ‘I was worried as to how I would cope when discharged from hospital. I needn't have worried because the ladies who have visited morning and evening and done the things I could not cope with have been considerate, cheerful, helpful and obliging. This type of scheme is ideal for people like me, who live alone and need help for a short time to enable them to cope with the everyday functions of life.’ Another person wrote, ‘(names of staff) treated me with great kindness, dignity and respect during a very difficult time. I could not have wished for better care.’ A relative had written ‘The team was fantastic, totally professional, warm and caring to my father during the support package. I can't thank everyone enough for their kindness, support and calmness and professional integrity. We will miss you greatly.’

The home care manager was aware of how to contact local advocacy services should a person who used the service require this support. We saw the information pack that is given to people who receive a service. This held various information and guidance on how they may obtain further help from other organisations.

# Is the service responsive?

## Our findings

People who received a service from Duke Street START were positive about their care and felt they received a responsive service. One person said “I think that this is a very good service. They helped and supported me to gain my confidence with the walker (zimmer frame).” A relative told us, “They prompt my husband but they do this in a dignified way. They have also re-assured and supported me. I will be sorry to lose them.”

People’s needs had been assessed and appropriate support plans were in place so that people could be supported effectively. We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what’s important to the individual person. People we spoke with confirmed that their needs had been assessed before a service was provided. One person told us “We had somebody visit and we discussed what support was needed.” Each person also had their own assessment record, short term and re-ablement intervention plan. Along with people’s intervention plans, risk assessments and records following each visit were also recorded. These records provided details of the care and support given by the staff, at the time. We saw that they also used these forms to monitor previous visits and comment on any areas that needed further clarification or improvement. There was evidence of ongoing assessments such as moving and handling assessments. Staff explained they encouraged people to improve and maintain their skills. One senior member of staff told us that they felt that all the staff from the START team were pro-active. This meant that care and treatment was planned and delivered in a way that met people’s individual needs.

People who received a service and their relatives said that they had been consulted about the planning of the care and staff confirmed that each person had a care file in their home. The records we looked at showed that people had

signed their short term and re-ablement intervention plans to indicate that they agreed with the planned care and the interventions by the staff. Where necessary, people’s relatives had signed these on their behalf.

We saw that the short term and re-ablement intervention plan (care plan) contained very detailed descriptions about people’s care needs and how staff should support those needs. For example one person had outlined ‘I have capacity to make my own decisions. I would like to maintain a good well balanced diet. I would like the START worker to assist me with my nightclothes.’ We saw the support plan detailed how staff supported them with planning their menu, compiling a weekly shopping list and how they supported them with their personal care at night.

We looked at the arrangements in place to manage complaints and concerns that were brought to the service’s attention. The service had a complaints procedure in place, setting out how complaints could be made and how they would be handled. We saw that information about complaints was included in the information pack people were given. No one we spoke with had made any complaints about the service. The home care manager was able to show us the record of complaints, the actions that had been taken and how complaints were monitored by the registered provider. The complaints record showed that there had been no complaints since the last inspection in 2014. Everyone we spoke with told us they knew who to contact if they had a complaint. One person who received a service told us, “I have no complaints about the service. I am totally satisfied with the help I received.” A relative said, “Yes I know who to contact if I had a complaint, we were given an information pack before the service started. Although I have no complaints what so ever.”

The provider conducts annual surveys. These are carried out centrally by North Yorkshire County Council Quality Team. The agency undertakes their own quality checks as an end of service review is held, giving people the opportunity to discuss the service they have received. We saw these records in people’s files.

# Is the service well-led?

## Our findings

The service was well-led. There were clear lines of accountability and the roles and responsibilities of staff were clearly defined.

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been registered with us since January 2013 and was the registered manager for a number of other services provided by North Yorkshire County Council. This meant that they were not based at Duke Street and shared their time between the services they were responsible for. The day to day management of Duke Street service was undertaken by a home care manager who was based at the service.

People we spoke with all said they thought that the START service Duke Street was a well run service. People who received a service and relatives we spoke with made no negative comments about the service. People who received a service told us, 'they would recommend the service to other people and you could trust them (staff).' Relatives also said they were pleased with the care given to their family member.

We saw in people's care files they had been given the opportunity to feed back to Duke Street their views about the service they had received. As part of the final START (Short Term Assessment and Re-ablement Team) review process people were asked about their satisfaction and experience of the service. This included asking people to rate the service and any poor ratings were brought to the registered manager's attention for further action.

We saw in people's care records their feedback forms. People had made comments such as 'Most helpful and friendly service which gave me confidence in showering.' One person rated their experience as excellent saying 'I was happy with the social aspect and each individual checker that visited.' One person had written 'My sincere thanks for the care I have received over the past six weeks from a most professional team.'

The homecare manager told us that feedback forms were always completed when the service had finished.

Staff received regular support and advice from their line manager via phone calls, texts and face to face meetings. Staff felt that managers were available if they had any concerns. One member of staff said, "They (managers) are really good and will always help you out." Another member of staff told us, "The managers listen to us and they are supportive." Staff told us that managers were approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. Staff told us that they would feel confident reporting any concerns or poor practice to the managers and felt that their views were taken into account.

Staff attended staff meetings and staff told us they felt these were useful meetings to share practice and meet with other staff. We saw from records we looked at that staff team meetings had been held, which gave opportunities for staff to contribute to the running of the service. We saw the minutes from the meetings for the individual teams (patch meetings) and that they had been held regularly. We saw minutes from the last joint team meeting had been held monthly and had been last held on 27 November 2015. We saw from the minutes that staff had opportunity to discuss up to date practice.

People's care plans were audited and spot checks were undertaken in people's homes to make sure they were happy with the care provided and to also monitor staff performance. We saw in people's care plans we looked at that these visits had taken place. We were informed by the home care manager that these visits are undertaken by senior staff from the service. The home care manager told us if issues were identified extra staff training and support was provided.

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 all were recorded and these were reviewed each month this helped to minimise re-occurrence.