

British Red Cross Society

East Riding of Yorkshire Care in the Home Service

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 ●

Summary of findings

Overall summary

About the service

East Riding of Yorkshire Care in the Home Service is a domiciliary care agency operated by British Red Cross. It provides a bespoke service to people recently discharged from hospital following surgery to hips, knees or feet who need assistance to apply and remove surgical stockings. The provision of personal care includes the washing and creaming of people's legs, washing and the application of stockings to help prevent the formation of blood clots and other thrombo-embolytic diseases (TEDs), therefore the agency was affectionately known as the TED service. Help and support is provided to people for a maximum of six weeks. At the time of this inspection the service was assisting seven people.

Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were kept safe. Risks to people and staff were assessed prior to and during visits. A service user safety assessment identified risks posed to people and control measures were put in place to help minimise any risks.

Recruitment processes for staff were thorough and robust. The same employment checks were undertaken for volunteers.

People's needs were assessed to ensure they received support that met their post-operative needs. Staff and volunteers received appropriate training, with annual refresher training in the application of surgical stockings from hospital staff.

People were complimentary of the care provided by staff and volunteers. People were involved in care planning. They were also able to choose when to end the short-term service within the maximum six week period of support.

The service was flexible in its approach. Staff often went over and above their remit to make sure people remained safe and healthy at home, signposting people to other agencies. The service carried out an evaluation at the end of support to assess if people had achieved positive outcomes.

The registered manager received support from the provider, including access to provider systems and support at a regional level. Regulatory requirements were understood and audits in place gave the registered manager good oversight of the service.

Staff meetings were carried out to gather views from staff and to discuss best practice. Staff were updated about any changes to this service and the wider British Red Cross service. People's views were sought after

the service ended. The response rate was high and feedback was extremely complimentary.

The registered manager had established positive links with people in the public, private and voluntary sectors. There were plans in place to develop the service and to raise its profile within the community and with healthcare services.

People were supported to have maximum choice and control of their lives and staff supported not support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 11 February 2016). Since this rating was awarded the provider de-registered the service. The service was then re-registered at the same premises on 3 December 2018. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow Up

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for East Riding of Yorkshire Care in the Home Service on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

East Riding of Yorkshire Care in the Home Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides bespoke personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 3 December 2019 and ended on 4 December 2019. We visited the office location on 3 December 2019 and made telephone calls to people using the service on 4 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the commissioners of the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the registered manager, care co-ordinator, two support workers and a volunteer. We visited one person in their own home currently receiving support. We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five people who currently receive a service and the operations manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and both staff and volunteers were suitably trained to identify and respond to any safeguarding concerns.
- Staff had an awareness of safeguarding procedures and told us they would inform the registered manager if they witnessed or had an allegation of abuse reported to them.
- People told us they felt safe with staff visiting them at home.

Assessing risk, safety monitoring and management

- Risk assessments were carried out to minimise risks to people.
- A service user safety assessment helped identify risks posed to people, such as environmental risks and health conditions. Control measures were put in place to minimise those risks.
- Risks to people and staff were assessed prior to and during visits. The provider's lone working policy protected staff. Staff carried out visits with a colleague if any potential risks to their safety were identified during the assessment process.

Staffing and recruitment

- Staff confirmed there was enough staff to meet people's needs. Due to the nature of the service and the size of the geographical area it covered, volunteers were used as additional resources.
- The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry. The recruitment of volunteers to the British Red Cross service were handled nationally. The same recruitment checks were carried out on volunteers.
- People told us they received an excellent service from both permanent and volunteer staff.

Preventing and controlling infection

- Staff wore protective equipment when carrying out personal care. This helped to prevent any cross infection.
- Staff had access to company guidelines regarding hygiene standards and disposal of waste to help promote good infection control.

Learning lessons when things go wrong

- The registered manager used information from the electronic systems to inform team meetings. Any suggestions to improve or streamline practices were discussed and evaluated.
- The management team were able to respond appropriately should any accidents or incidents occur.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, planned and flexed to ensure they received support that met their post-operative needs.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs.
- Care plans contained information and guidance for staff so that people received person-centred support.

Staff support: induction, training, skills and experience

- Staff told us training was provided which ensured they had enough knowledge to support people and fulfil their role effectively.
- Annual refresher training in the application of TED stockings was undertaken by all staff in a hospital environment, with observation from health professionals.
- We saw evidence staff members, both paid and voluntary, had received supervisions to support their development and identify any training needs.
- Staff told us they were fully supported by the management team and other colleagues.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to remain healthy. Staff encouraged any exercise regimes recommended by health professionals to help with this.
- The registered manager worked closely with health care professionals and staff helped to arrange additional support for people when required.
- The service worked with hospitals in East Riding to provide this bespoke service for people following discharge after surgery.
- Plans were in place to help promote the service with GP clinics and hospital wards.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People confirmed staff asked for their views and sought their consent before assisting with care and support. We saw signed consent forms on people's care files.
- Everyone receiving a service at the time of this inspection was deemed to have capacity.
- Staff were provided with relevant training and demonstrated understanding of the MCA. They told us they would inform the registered manager if they considered a person's capacity was fluctuating.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff listened to them, were caring and kind. People were grateful for the support provided and extremely complimentary of the whole staff team, including volunteers. Comments included, "[Staff member] was extremely punctual, kind and pleasant"; "Excellent service. I would have been absolutely stuck without them" and, "I couldn't have asked for better attention."
- Staff respected people's choices, received equality and diversity training and the delivery of care was non-discriminatory. One person described the care worker as an 'excellent ambassador' for the Red Cross.
- The TED stockings team were an all female team, however the registered manager told us this had never been a problem. The registered manager had access to male support workers based in the same building, assisting people with hospital discharges. In the event of a male care worker being a person's preference then this would be explored.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity. One person told us visits were arranged later in the day so that they could shower first. They told us, "I can take my time knowing they will come as arranged. Nothing is too much trouble for them."
- Staff were proactive and encouraged people to retain their independence whilst recuperating from surgery.

Supporting people to express their views and be involved in making decisions about their care

- People said they were involved in care planning. The service was a short-term one, designed to assist people with the application of surgical stockings following surgery. People were able to choose when to end the service at any point within the maximum six week period of support.
- No one in receipt of the service required an advocate. The registered manager told us should anyone wish to have an advocate they would support people to find a local service. An advocate is a person who can support people to raise their views, if required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- An initial contact form and a thorough assessment prior to the service starting provided staff with relevant information and guidance to deliver person-centred care.
- The service was flexible in its approach. Visits were arranged and scheduled with people so that health appointments and social commitments could be met.
- Staff were responsive and professional during their visits and throughout the process. One person commented, " [I have] nothing but praise. Immediate response when my [relative] made the call."
- The services carried out an evaluation at the end of support to assess if people had achieved positive outcomes.
- Staff were responsive to people's needs, often going over and above their remit to make sure people remained safe and healthy at home. People were informed and signposted to other agencies and equipment that could offer help and support, for example the fire service, frozen meal deliveries and personal alarms to use in the event of a fall.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in care plans.
- The provider had recorded in care plans when people used hearing aid or wore glasses to support their communication skills.

Improving care quality in response to complaints or concerns

- No complaints had been received at the time of this inspection. People were contacted after the service ended to provide feedback about their experiences of the care they received. Feedback received from people was used to improve the service. As some negative feedback had been received prior to June 2019, changes had been made so that the contact number for the service was more visible. No negative feedback in relation to this had been received since.
- There was a complaints management system in place. The provider had policies and procedures in place so that in the event of receiving a complaint the management team could investigate and respond appropriately.
- People told us they had not needed to contact the office as the service operated so well.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and the staff we spoke with demonstrated a commitment to providing person-centred, high-quality care. This was a short term, bespoke service but people using the service were placed at the centre of it.
- This was a small, close knit team and employees worked well with volunteers, valuing their expertise and knowledge. Internal audits were carried out and the registered manager had oversight of the service.
- The registered manager received support from the provider, having access to provider systems, online policies and procedures and regular visits from and meetings with a regional operations manager.
- The registered manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture that was person-centred, open and inclusive. Both permanent and volunteer staff told us they felt supported by the manager, and would be comfortable raising any concerns with them.
- Staff meetings were carried out to gather views from staff, to discuss best practice and be updated about any changes within this and the wider British Red Cross service.
- A survey form with a pre-paid envelope was included within the information pack given to people using the service. People had the opportunity to submit their feedback at the end of the period of support. The response rate was high, and feedback was extremely complimentary.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other services and the registered manager had established positive links with people in the public, private and voluntary sectors.
- The registered manager attended regional meetings with other services owned by the provider. Updates

with regards to the wider business of British Red Cross, including emergency response protocols, were cascaded at these meetings.

- Following discussions in staff supervision there were plans in place to help market the service and raise its profile in the community and with healthcare services, such as GP surgeries and hospital wards.