

Esk Moors Caring Ltd

Esk Moors Caring Limited

Inspection report

23 High Street
Castleton
Whitby
North Yorkshire
YO21 2DB

Date of inspection visit:
10 October 2017
11 October 2017
30 October 2017

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

The inspection took place on 10 October 2017 and was announced. The provider was given notice because the location provides domiciliary care services and we needed to be sure that someone would be available to answer our questions and assist with the inspection. We contacted people who used the service by telephone on 11 October 2017 and staff on 30 October 2017 to ask their views.

Esk Moors Caring Limited is a non for profit organisation based in Castleton and provides personal care to people in their own homes within Castleton and surrounding areas. The service has close links with Abbeyfields, an extra care housing scheme at Langburn Bank, Castleton, and has an agreement with this organisation to provide personal care and support to those tenants who are assessed to require this.

The service was registered with CQC in November 2016 and this was the first inspection. At the time of inspection, 28 older people used the service, some of which were living with a dementia. The registered manager was present throughout the inspection.

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.

Safeguarding procedures and policies were robust and staff demonstrated their understanding of safeguarding procedures to ensure people were protected from any harm. Staff had a clear understanding of their duty to whistle blow should they suspect or witness poor practice.

Risks for people were well managed through individual risk assessments that identified potential issues and provided staff with information to help keep people safe from avoidable harm, while supporting them to maintain their independence.

Procedures were in place to guide staff on the safe administration of medicines and staff had received medicines training. The records we checked showed that people had received their medicines as prescribed.

Robust recruitment procedures were in place. We found that appropriate checks had been completed before new staff commenced employment. Staffing levels were adequate to meet people's needs and ensure that visits were not missed.

New staff completed a thorough induction program before they began working in the community. People were supported effectively by trained staff who understood their needs. Records showed staff had completed a number of training courses to ensure they had the skills to support people effectively.

Staff had received support through a regular system of supervisions and appraisals. Competency

observations had also been completed to monitor staff performance and ensure they were providing safe and effective care and support.

Staff had received training and understood the requirements of The Mental Capacity Act 2005 (MCA) and the provider had a policy and procedure in place.

People consented to care and support from staff by verbally agreeing to it. We found people had been involved in planning their care and had signed their care plans.

People were supported to maintain a healthy and balanced diet. We found that care plans contained details of people's preferences and any specific dietary needs they had, for example, whether they were diabetic or had any allergies.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health.

People using the service told us they were well cared for by staff and spoke positively about the support they received. Staff told us they worked in a way that protected people's privacy and dignity. Staff respected people's choice and decisions they made.

Basic information around people's end of life wishes had been recorded when a person started using the service. More in-depth care plans were developed when appropriate.

Care plans detailed people's needs, wishes and preferences and were person centred which helped staff to deliver personalised support. Care plans were reviewed and updated regularly.

The provider had an effective system in place for responding to people's concerns and complaints and they were regularly asked for their views. People said they would talk to the registered manager or staff if they were unhappy or had any concerns.

The registered manager carried out a number of quality assurance checks to monitor and improve the standards of the service. Action had been taken when concerns were found, but this was not always clearly recorded.

Staff told us they felt supported by the management and that the registered manager was approachable. They were confident they would deal with any issues raised.

Staff were kept informed about the operation of the service through regular staff meetings. They were given the opportunity to suggest areas for improvement and were recognised for their contributions to the service.

The registered manager had a good understanding of their role and responsibilities and was actively involved in the day to day running of the service. They had built positive relationships with people, staff, relatives and professionals.

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.

Robust recruitment procedures were in place. Appropriate checks had been completed before new staff commenced employment.

Procedures were in place to guide staff on the safe administration of medicines and staff had received medicines training.

Safeguarding procedures and policies were robust and staff demonstrated their understanding of these to ensure people were protected from avoidable harm and abuse.

Risks were well managed through individual risk assessments that identified potential issues and provided staff with information to help them mitigate risks.

Is the service effective?

Good ●

The service was effective.

All new staff completed an induction to their role. Staff had completed a number of training courses to ensure they had the skills to support people effectively.

Staff performance was monitored and recorded through a regular system of supervision, appraisals and competency assessment.

Staff demonstrated good knowledge of the Mental Capacity Act 2005.

People were supported to maintain their health and access professionals, when needed.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring. Positive and professional

relationships had been built between people and staff.

Staff treated people with dignity and respect and they supported people to remain independent. People and relatives had been involved in identifying their needs, choices and preferences.

Care and support was individualised to meet people's needs. Basic end of life information was available and end of life care plans were put in place when required.

Is the service responsive?

Good ●

The service was responsive.

Initial assessments were carried out before people began using the service and regular reviews of care plans took place.

Care plans detailed people's needs, wishes and preferences and were person centred which helped staff to deliver personalised support. Care plans were reviewed and updated regularly.

A complaints procedure was in place, which had been followed. People using the service knew who to contact if they wished to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The registered manager carried out a number of quality assurance checks to monitor and improve the standards of the service.

They had a good understanding of their role and responsibilities and were actively involved in the day to day running of the service.

People who used the service and staff were enabled to provide feedback.

Regular staff meetings took place and staff told us they were supported and included in the service.

Esk Moors Caring Limited

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.

The inspection took place on 10 October 2017 and was announced. The provider was given notice because the location provides domiciliary care services and we needed to be sure that someone would be available to answer our questions and assist with the inspection. We contacted people who used the service by telephone on 11 October 2017 to ask their views.

The inspection was conducted by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people and dementia.

The registered provider had been asked to complete a provider information return (PIR) and this had been returned within required timescales. A 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 used this information to help plan this inspection.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We sought feedback from the Local Authority.

During the inspection, we spoke with five members of staff including the registered manager. Following the inspection, we contacted nine people who used the service by telephone to seek their views about the service.

We reviewed a range of records. This included four people's care records containing care planning documentation and daily records. We also viewed five staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of

policies and procedures.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel absolutely safe with them (staff). If I had a problem I would speak to them about it." Another person told us, "Yes, I feel absolutely safe with them. I have a great team of staff that visit me."

Safeguarding procedures and policies were robust and staff demonstrated their understanding of safeguarding procedures to ensure people were protected from any harm. One staff member told us, "I have no problems reporting any concerns. I know the manager would deal with them straight away. I have reported concerns in the past in my previous job so I am confident I know the right procedure to follow. We have all had training and I think all the staff would report any concern, big or small." In the past 12 months, the registered manager had dealt with three safeguarding incidents. Records showed that these had been managed appropriately and relevant referrals to the local authority had been made, as required.

Staff had a clear understanding of their duty to whistle blow should they suspect or witness poor practice. One staff member said, "I am quite an out spoken person and would have no problem reporting anything. [Registered manager] is extremely approachable and I have confidence anything I reported would be dealt with appropriately."

We looked at five staff recruitment records, which showed that appropriate processes and checks were completed before new staff commenced employment. References had been obtained and there was clear recorded evidence of interviews taking place. Disclosure and barring checks (DBS) had been completed before employment commenced. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults.

During the inspection, we looked at a sample of medicine administration records (MARs.) We could see that these records contained the required information to enable staff to administer medicines safely. MARs had been completed accurately to state when medicines had been administered. They included full details such as the person's names, address, any known allergies and GP information. The registered manager told us, "MARs are now prepared in the office by myself or the senior carer. They are done on the computer to ensure they contain all the required information. This is a much more robust system and reduces the risk of errors occurring." However, we identified that sufficient information regarding topical medicines, such as creams, was not always recorded on the MAR. For example, the area where the topical medicine was to be applied was not always recorded. We discussed this with the registered manager who told us they would ensure this information was included.

Training records showed that staff had received appropriate training with regards to medicines and competency assessments had been completed by the registered manager. This meant people received their medicines safely as prescribed. This was confirmed by the people we spoke with. One person said, "They are very good with medicines. They always check and double check." Another person told us, "They get them out of the packaging for me and then watch me take them. They write in the care file what they have done."

Records showed risks were well managed through individual risk assessments that identified potential issues and provided staff with information to help them mitigate risks, while supporting people to maintain their independence. Risk assessments were in place for areas such as mobility, falls, bed rails and medication and were specific to the person. For example, one mobility risk assessment detailed a person needed to use a hoist for all transfer. The risk assessment detailed which sling was to be used, any safety checks that should be completed as well details of which 'loops' were to be used to transfer the person comfortably. All risk assessment we viewed had been updated regularly to ensure they contained the most up to date information.

At the time of this inspection, the service was providing support to 28 people. There was a team of 14 staff who worked set shift patterns and hours, although this was sometimes changed to accommodate annual leave and sickness. Rotas were produced four weekly and staff collected them from the office. Rotas were colour coded and the registered manager told us this helped ensure consistency with staff as, at a glance, they could clearly see how many different staff were visiting a person in one week. The rotas we looked at showed that people were supported by a regular team of staff, at regular times and people we spoke with confirmed this. One person told us, "I have a regular team of staff now. At first I had one or two different ones coming but I have the same ones now so I am happy." Other comments included, "They are usually on time and they have never let me down" and "They have never missed me and normally on time, unless they have been held up. They let me know if they are going to be late."

Staff told us they received a regular rota and visited the same people on a regular basis. Comments included, "I work set hours and I visit the same people most of the time. I really do believe we are a very good company."

The registered manager told us they were currently recruiting so they could continue to grow the business. They told us they recognised they covered a very rural area and demand for the service could be high. They said, "We need to continue to recruit so we can grow the business. We do get asked by the local authority if we could provide support in other areas but at the moment we couldn't accommodate that."

Is the service effective?

Our findings

People told us they thought staff had the relevant knowledge and skills to provide them with effective support. Comments included, "The staff are all very professional. They have made everything so much easier for me", "They are all very, very good" and "I think they know me very well now. They are very well trained and professional at all times."

New staff received a thorough induction when they joined the service. The registered manager told us all staff had completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected and is completed over a 12 week period. We looked at staff files and saw that staff had completed this training. This demonstrated how staff were supported to understand the fundamentals of care. The registered manager told us, "When the care certificate was introduced I requested all staff, new and old, to complete it. I just think sometimes it is good to go back to basics no matter how much experience you have."

New staff also 'shadowed' a more experienced member of staff before working alone in the community. This meant that people were introduced to new staff before they were expected to provide care and support. One person told us, "The new staff normally come with a regular member of staff first so we get a little introduction which is nice. I don't like strangers coming to my home."

We found people were supported effectively by trained staff who understood their needs. Records showed staff had completed a number of training courses to ensure they had the skills to support people effectively. All training was up to date and the manager had a training matrix which enabled them to track when training was due for renewal. Specialist training had also been provided in areas such as stoma care to ensure staff had the required skills to provide effective support. The registered manager told us, "We provide staff with people specific training - if a person has Huntington's disease we source training in that area. We want to be sure people get the best support."

Staff we spoke with told us they felt supported by the registered manager. Regular supervisions had been completed which provided staff with the opportunity to discuss any concerns, training needs or further career development. One member of staff told us, "I chat to the manager all the time. I don't feel like I have to wait until I have a supervision to raise a concern but it is nice to have a planned meeting to sit down and chat." Annual appraisals had also been completed and these focused on the member of staffs performance, what had gone well and what areas needed improvements. Action plans had been developed where required and we could see these had been reviewed within the stated timescales.

A team leader also conducted observations in the community to monitor staff performance and ensure they were providing safe and effective care and support. Records we looked at confirmed that areas such as appearance, communication, infection control, medicine management and document recording were observed. If any concerns were identified these were then discussed in a supervision.

Staff had received training and understood the requirements of The Mental Capacity Act 2005 (MCA) and the

provider had a policy and procedure in place. The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection.

The registered manager understood their role with regards to MCA. They told us if 'Lasting Power of Attorneys' (LPAs) were in place that copies of legal documentation to support this were requested. Records we looked at confirmed this.

People consented to care and support from staff by verbally agreeing to it. Staff confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing. We found people had been involved in planning their care and had signed their care plans. People had access to their care records. One person told us, "They always ask before doing anything and I have a book that they fill in. All my details are in there."

People were supported to maintain a healthy and balanced diet. Some people using the service were supported with meal preparation and staff had received training in food hygiene. We found that care plans contained details of people's preferences and any specific dietary needs they had, for example, whether they were diabetic or had any allergies. People using the service told us they were always offered food and a drink upon visits. One person said, "They help me to cook my meals. I choose what I would like and they cook it for me. They always ask if I want hot drinks and they are more than happy to assist." Another person told us, "I manage to cook my own meals but staff always offer to make me a drink and check that I have eaten."

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. These included GP's, district nurses and social workers. People were clear about how they could get access to their own GP and other professionals and that staff at the service could arrange this for them if needed.

A transport service had also been set up by Esk Moors Caring and provided people with easy access transport that could be booked to help people attend medical and personal appointments. The registered manager told us, "Feedback from people indicated that they struggled to get to appointments due to lack of transport and our very rural location. We asked people if they would use a transport service if we provided one and we receive a very positive response. We worked hard to secure funding so we could purchase a vehicle and it has been in use ever since."

Is the service caring?

Our findings

People using the service told us they were well cared for by staff and spoke positive about the support they received. One person told us, "They (staff) are so kind to me. They are all delightful. Very caring." Another person told us, "They (staff) are absolutely delightful. I put off having them but am so pleased I do now. They have made everything easier for me."

People told us they felt staff treated them with dignity and respect. One person told us, "They are very respectful towards me, but will still have a laugh." Another person told us, "They are so respectful to me. I am more relaxed now (when staff are helping with personal care) because they put me at my ease."

Staff told us they worked in a way that protected people's privacy and dignity. For example, by keeping curtains and doors closed when assisting people with personal care and by respecting people's choice and decisions they made. One member of staff told us, "We get to know people really well – what they like, what they don't like and how they like things doing. Everyone is different and I respect that. I think people always feel more comfortable once they get to know you better."

There was a small, consistent staff team which enabled people to build relationships with the staff that supported them. People knew their names and what shift patterns they worked and when they expected them to visit. They were informed if staff were running late to planned visits or if changes to the scheduled staff member needed to be made at short notice. People were able to specify times they would prefer for staff to visit and they told us that they were confident that their comments and views were listened to. One person told us, "They (staff) always listen to me. They take everything on board and I only ever have to say it once." Another person told us, "I asked for less staff to visit me and they listened. I have a smaller team now."

It was evident that staff knew people they cared for very well and understood their individual preferences. Care records showed there was a focus on promoting people's independence and emotional well-being. One member of staff told us, "Everyone is different. Some people can manage to wash independently, others need a little bit of help and some cannot manage at all. It is important that we do not take over and encourage people to do what they can for themselves."

Staff we spoke with spoke passionately about the people they supported and discussed how much they enjoyed building relationships with people and helping them remain in their own homes. Comments included, "I am proud of who I work for and the job I do" and "I love my job and I am passionate about what we do. Everyone I support is always so grateful for the help they receive so they can stay in their own home. I go home knowing I have made a difference to people's life's."

At the time of inspection, no one using the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us that they could be arranged for people who wished to have one, and was able to explain how this would be done.

Basic information around people's end of life wishes had been recorded when a person started using the

service. This information included people's preferences with regards to relative's involvement, preferred place to remain during end of life care, solicitor details and funeral arrangements. The service was not currently supporting anyone with end of life care and the registered manager told us more in-depth care plans were developed when appropriate.

Is the service responsive?

Our findings

People told us they received a service that was responsive to their needs. One person told us, "I only have to pick up the phone and they are on to it straight away. The staff are lovely and do everything just as I ask."

We asked the registered manager how they ensured they could meet a person's needs before they began to use the service. The registered manager told us, "We usually have a discussion with the person or the person's social worker over the phone to find out exactly what package of care they need, what times they would prefer and preferences with regards to staff. If we are satisfied that we can provide the package of care they are requesting then we arrange a home visit." This demonstrated that the manager had assessed and carefully ensured they could meet people's specific needs.

During the inspection, we looked at four care files. We saw they included information centred on the individual and focused on what was important to the person. 'Customer profiles' had been developed and contained information such as personal and medical history, relatives contact information, access arrangements and any end of life wishes people had. Other information was contained in relevant care plans and was person centred. For example, a social care plan detailed that a person liked to attend an 'over 60's club.' The care plan detailed which days the club took place and that the person should be encouraged to attend. Another person's nutritional care plan detailed their likes and dislikes with regards to food and the level of assistance that they required to maintain a balanced diet.

Staff made daily entries in each person's care file which included information about the support staff had provided that day and any comments or issues in relation to the person's well-being. There were also specific monitoring charts in place for people where required, such as bowel movement charts. This enabled the provider to monitor specific aspects of people's care and to help ensure that care was being delivered in line with people's care plans.

Staff and people told us they were encouraged to remain as independent as possible. One person told us, "I like to be independent and they (staff) encourage that as much as possible. They don't interfere with what I want to do." Another person told us, "With their (staff) help I am doing more for myself. They have helped build my confidence so I am willing to do more." Staff we spoke with were clear that their aim was to support people to remain independent and in their own homes for as long as possible. One member of staff told us, "I love my job and I think we are a lovely company. We do everything we can to support people and encourage them. It is amazing what a little bit of support can do for a person. We see packages of care decrease because people have gained confidence which I think is brilliant."

People and their relatives were involved in the care planning stages and explanations were provided by staff. One relative stated, "The manager has been to check I am happy with the service and that the help I am receiving is enough. I know they are there if I need extra help." Another person told us, "[Registered manager] is very good. She calls in to check on me sometimes. If I have a lunch date, I only have to call the office to cancel the staff from coming. Nothing is ever too much trouble."

The provider had an equality and diversity policy in place and staff had received training in this area. Staff we spoke with understood how to support and respond to any diverse needs and how to recognise people's individual needs and preferences. For example, the service user guide was available in large print, braille and could be printed in different languages to accommodate people's individual needs. The registered manager told us they would establish people's diverse needs during an initial assessment to ensure these were met. Staff supported people with their personal preferences with regards to meals, clothing and the assistance they required and people we spoke with confirmed this.

We looked at the systems in place to manage complaints and concerns. The provider had a complaints policy in place. No formal complaints had been received by the provider in the past 12 months. Everyone we spoke with told us they would feel comfortable to raise any concerns if they had any. People were also very confident that any concerns or complaints would be dealt with. One person told us, "I would speak with the manager straight away. I would be happy to tell them if I had any concerns and I know the manager would deal with it." We noted that the provider's complaints policy did not provide people with timescales with regards to response times. We discussed this with the registered manager who told us they would ensure the policy was reviewed.

Is the service well-led?

Our findings

People told us that the registered manager was approachable and people thought they were a good manager.

The manager had registered with CQC in November 2016 and had many years' experience working within this type of service. They began their career in the care sector as a care assistant and developed skills, training and knowledge to allow them to progress to the role of registered manager. They had a good understanding of their role and responsibilities and were able to relate to the challenges staff faced when delivering care in the community. They told us, "I would not ask my staff to do anything that I would not do myself. I have worked out in the community and I truly appreciate what the staff here do." The registered manager was supported by the trustees of Esk Moors Caring Ltd and a team leader who assisted with the day to day running of the service.

People spoke positively about the management of the service. When we asked people if they knew who the registered manager was they were all able to tell us their names and that the registered manager visited them on a regular basis. One person told us, "They are very approachable. Nothing is too much trouble." Another person told us, "[Registered manager] is very good. They call in to check on me. I can go to [registered manager] anytime."

During the inspection, we looked to see how feedback was sought from people who used the service and if the registered manager took action to make improvements when areas of improvement were identified. Satisfaction surveys had been completed in January 2017 and contained no negative comments. The registered manager told us that a satisfaction survey completed in 2016 identified that people would benefit from help with transport and as a result, a community transport vehicle had been arranged. The registered manager said, "We listen to what people want and need. We are a very rural community so it is extremely important that we work together to ensure people get the best support."

It was clear the registered manager was actively involved in the day to day running of the service and had built positive relationships with people, staff, relatives and professionals. Throughout the inspection they answered calls from people who used the service and other professionals. Staff were visible coming into the office and chatting to the registered manager about any concerns or queries they had and relatives also visited the office for a general chat.

We asked staff about the management of the service and if they felt they were involved and included in the service. One member of staff told us, "I think the structure here is very good. The manager is very approachable and I feel listened to. I must say I feel proud of who I work for and what we do." Another member of staff told us, "[Registered manager] makes you feel included and listened to. They have done the job we are doing before so they know what it is like. [Registered manager] is on the same level as us and I feel very much listened to."

Staff questionnaires had also been distributed in January 2017 and eight had been returned. We could see

that staff had raised concerns over safety at night and that they felt vulnerable working alone, especially in the winter months. As a result, personal safety alarms and torches had been provided and discussions had taken place around personal safety at staff meetings.

Staff meetings took place every other month and had been regularly attended. The last staff meeting had taken place in September 2017 and areas discussed included training, safeguarding timesheets, any concerns and positive news stories. Where concerns had been raised, actions were recorded. For example, one member of staff had raised a concern about a person's medication. As a result, the registered manager had spoken to the person's GP and the issue had been resolved.

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We had received the required notifications from the registered manager.

