

East Riding of Yorkshire Council

Community Support Services

Inspection report

47-49 Manorfield Road
Driffield
Humberside
YO25 5JE

Tel: 01482394050

Date of inspection visit:
05 March 2020
06 March 2020
09 March 2020

Date of publication:
22 May 2020

Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Community Support Services is a domiciliary care service providing a reablement service to people living within their own homes in the East Riding of Yorkshire. At the time of inspection, the service was supporting 64 people with personal care and their enablement.

Not 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 at the heart of the service and received extremely person-centred care. The registered manager's values and vision for the service was embedded by remarkably committed, loyal, well trained staff. Staff were incredibly passionate and pro-active in recognising people's diverse needs and supported them to regain control and autonomy over their lives.

There was a solid structure of governance embedded in the service. The registered manager monitored quality and compliance and was supported by the provider and all staff to continually strive for excellence across all areas of the service. Without exception, all feedback received about the support provided to people was extremely positive.

People received extremely high-quality, personalised support from enthusiastic staff who promoted self-esteem and wellbeing. Their individual needs, preferences, future wishes and expectations were fully evidenced in enablement care plans and risk assessments. Staff were very proud to work for the service and said they received superb support from the registered manager and management teams. Complaints procedures were in place and any complaints were fully investigated and resolved wherever possible. People were treated with respect by compassionate and kind staff who demonstrated effective skills in communication.

Staff understood their roles and knew what was expected of them and the principles of keeping people safe. Recruitment checks were in place to ensure staff were suitable to work at the service. Medicines were administered safely, and staff always practiced good infection control procedures.

Staff had received training and support to enable them to carry out their role. People received support on time and their health was well managed. Staff had positive links with health care professionals which promoted people's wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People said staff were caring and knew their needs very well. Staff clearly understood the importance of

supporting them to regain life skills whilst ensuring dignity and respect. We observed many positive interactions where staff maintain people's independence whilst providing indirect support to aid with their enablement.

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

Rating at last inspection

The last rating for this service was good. (published 18 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Community Support Services

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

One inspector completed the inspection.

Service and service type

This service is a domiciliary care agency. It provides 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 a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector.

Inspection activity started on 5 March 2020 and ended on 9 March 2020. We visited the office location on 5 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with 11 members of staff including the service manager, registered manager, community team leaders, community assessment officers and community care workers. We also spoke to a health professional who worked closely with the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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 registered manager to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were managed and administered safely. At the last inspection the provider had recognised staff lacked understanding of policies and procedures relating to the safe administration of medicines which had resulted in series of errors. At this inspection medication errors had been reduced.
- The registered manager had looked at how to ensure staff felt confident to administer medicines correctly and safely and implemented ongoing, weekly medication workshops for all staff to attend when they wished to refresh their knowledge. One staff member told us, "The medication workshops are brilliant. When you haven't supported with anyone with medication for a while, you can book yourself into the workshop to refresh your understanding."
- Staff had been trained and observed when administering medicines to make sure they did this safely and in line with good practice guidance.
- Assessments had been completed to determine the level of support people required. This was clearly detailed in people's care plans to guide staff.
- Staff completed medication administration records accurately. Protocols were in place to guide staff when to give medicines that were prescribed for use 'as and when required'.

Systems and processes to safeguard people from the risk of abuse; Preventing and controlling infection

- People felt safe with the service provided. People told us, "I am extremely happy with the care I receive, the staff know exactly what they are doing and I feel very safe with them" and "I am very safe when they [staff] are here, they are excellent."
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- Staff knew what action to take to ensure people were safe and protected from harm and abuse.
- Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help prevent the spread of infection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and well-being were recorded, managed appropriately and reviewed.
- Staff were aware of risks to people and provided support in a pro-active way to reduce them. For example, assessments were completed of the environment to identify potential risks to people who were being supported to regain their mobility and action was taken to reduce these identified risks.
- Accident and incidents were managed appropriately. The provider had systems in place to review and analyse these to ensure lessons were learnt and shared with the staff team.

Staffing and recruitment

- Staffing levels were consistently maintained. Contingency plans were in place to cover staff absence at short notice.
- Staff were recruited safely; appropriate checks were carried out to protect people.

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 prior to moving into the service. Assessments were used to detail people's diverse needs within their care plan and included details of the type of support they required to meet their reablement goals.
- Staff consistently assessed, monitored and recorded people's needs, preferences and progress of their reablement.
- Best practice guidance was used to support staff to provide the correct care in line with people's personal routines.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction supported by a structured training program.
- Regular supervisions and competency assessments were used to monitor staff's performance and focus on their wellbeing. Biannual appraisals were completed for all staff.
- The registered manager had a pro-active approach to supporting all staff and arranged on-going and bespoke training to enable them to meet the needs of people.
- Staff felt supported and empowered by the registered manager and management team. One staff member told us, "I love my Job. The registered manager is so approachable, and my team leader is always at the end of the phone and always gives me the support I need."

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained information of people's food preferences and specific instructions around their diets and cultural requirements relating to these.
- People were supported to maintain their independence with food preparation. Staff followed a clear reablement plan to encourage them to be independent and achieve their goals. For example, one person was supported with their mobility, which enabled them to get in to the kitchen to prepare their own meals.

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

- Care and support was planned and delivered in consultation with people and their relatives to make sure it effectively met their individual needs and reflected their preferences.
- Staff worked closely with health and social care professionals to make sure the care and support they provided was effective and supported people to re-establish daily living skills.

- People were supported to access health care professionals as and when needed. Referrals were made to a range of professionals, to support people's rehabilitation needs. A health professional told us, "The service is excellent. All staff have a super knowledge of re-enablement."

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, 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.

- Records had been completed to assess people's capacity when required. Their relatives and representatives had been invited to partake in decision-making when best interests' decisions were required.
- People were asked for their consent before staff carried out any care or support for them.

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 now 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 were supported by staff that were kind, patient and respectful.
- People and relatives were extremely happy with the care provided and praised the staff. Comments included, "They [staff] are great", "We are so lucky to have such well qualified, kind and caring staff. They are second to none", "Without doubt, they [staff] are just brilliant" and "The visits meant a lot to me. On the road to independence once again."
- Staff interactions with people were natural and promoted positive relationships, to aid their reablement. Staff demonstrated an excellent knowledge of people's personalities and what was important to them.
- People received person centred care and support in line with their diverse needs.

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

- Staff knew people well and supported them to make choices around their preferred routines, likes, dislikes and what mattered to them. Staff spoke with and about people in a very respectful and caring way.
- People were fully involved in decisions about the care and support they received. Care plans reflected people's decisions and included the importance of encouraging them to do things for themselves.

Respecting and promoting people's privacy, dignity and independence

- People were approached by staff in a considerate, sensitive manner to offer support. One person told us, "The staff I have are fantastic. I have come on so much because of them."
- Staff promoted people's recovery, by supporting them to learn or re-learn the skills necessary for independent daily living. Staff understood and recognised when people needed assistance.
- Staff were committed and passionate about treating people as individuals and responded quickly to people's changing needs. This ensured people received the right care and support to enhance their wellbeing.
- People's privacy was maintained. People told us staff were respectful of their privacy. Comments included, "The staff know what I am able to do for myself and give me privacy to do this" and "They [staff] are very respectful of my privacy and always close the door when I am in the bathroom."

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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People, relatives and health professionals highly commended the responsiveness of the service and staff. Comments included, "We are absolutely delighted with the service, it is first class", "I would like to thank all the staff who have helped me on the road to recovery, you truly are amazing people" and "The service is excellent. The staff really understand reablement and the importance of working in partnership."
- Staff were exceptionally passionate about providing bespoke, person centred care for people which went over and above people's expectations. Examples of this included, one staff member working unpaid hours to provide emotional support to one person who needed to be admitted to hospital. This person had recently lost their spouse and had no form of support locally. Another example was where staff worked in to the early hours of the morning to support people who had been affected by local flooding. They also supported the local community in this time of crisis.
- People received care and support that was exceptionally personalised to build self-esteem and wellbeing. Individual needs, preferences, future wishes and expectations were fully evidenced in enablement care plans and risk assessments. One person told us, "Because of the staff I am now able to attend a concert tonight. I booked this a while ago and I didn't think I would be fit enough to go. The staff have continuously encouraged and supported me to be well enough to attend."
- Real time recording supported people to receive particularly tailored care and support. An electronic system was used, which gave staff immediate access to information about people's changing needs and the support they required. One staff member told us, "The information is provided through the app and is so detailed and informative. We refresh the app to ensure we are fully up to date with people's needs at all times."
- People's hobbies and interests were used to promote their reablement. Staff were proactive in identifying these and implementing them in to the support provided. A relative told us how staff had enabled their family member to engage in activities they once loved and the positive impact this had. They said, "The staff have supported [person's name] to get back in to gardening, which is just fantastic. They [staff] have given them their life back."

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.

- Innovative communication methods were used to give people information in a way they could understand. For example, supporting a person whose English language was limited. Staff quickly and successfully identified 'key words' needed to provide effective care and support. They took time to learn these in the person's first language, which developed an extremely positive working relationship to ensure reablement goals were achieved.
- Information in people's care plans supported staff to understand people's forms of communication.

Improving care quality in response to complaints or concerns

- Where complaints had been received, they were listened to, investigated and resolved wherever possible. One person told us, "When I raised a complaint, it was dealt with in such professional manner. The service worked extremely hard to resolve my concerns and involved other professionals to ensure I received the desired outcome. I was extremely happy."
- People told us the team leaders were incredibly empathetic, supportive and very approachable. Team leaders addressed any minor concerns immediately so that complaints didn't arise.
- Complaints were analysed as part of the governance system to look at patterns and trends.
- The service had received many compliments from relatives, representatives and social and health care professionals about the positive difference staff had made to people's lives.

End of life care and support

- Arrangements were in place to support people's end of life needs and to source the appropriate support.

Is the service well-led?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Without exception, people and their relatives expressed how delighted they were with the care and support they received. Comments included, "We [family] are absolutely delighted with the service, it is second to none", "The service is professional and efficient I am very impressed with them " and "The service is well managed and all staff have the correct attitude to provide caring support."
- People were at the heart of the service and received extremely person-centred care. The registered manager was clear about the values and vision for the service which was embedded by committed, loyal and well-trained staff. Reviews were consistent and focussed on supporting people to achieve and exceed their goals. For example, one person who had experienced issues relating to self-esteem was consistently supported by staff to become independent. A comprehensive reablement plan was implemented to inform all staff the needs of this person. Over period of six weeks this person became self-managing with all aspects of their daily life and felt confident enough to no longer required the support of the service.
- Managers promoted an extremely positive culture across the whole staff team. The provider and registered manager worked collectively with all staff to promote person-centred reablement support. The reablement plans used contained bespoke information about people's support needs and timescales which had been agreed with people. These were reviewed continuously by staff and detailed any progress made which resulted in support being reduced as people progressed.
- Staff were highly motivated and described a positive culture where they felt completely and incredibly supported by management. Regular supervisions and meetings were completed to promote staff development. Comments from staff included, "I love what I do, it is so rewarding, the support we get is fantastic, I love working here", "We are a marvellous team, there are not many out there that would beat us. We are compassionate, professional, and love what we do" and "The registered manager is always available to talk to us and the team leaders are unbelievably supportive."
- Staff were pro-active in recognising people's diverse needs and supported them to regain control and autonomy over their lives. The registered manager valued all staff and frequently wrote to them to highlight their excellent work. An example of this was where staff had worked closely with the person and their family to establish their preferred communication needs. This had a positive impact on the persons reablement as they were able to communicate their support needs effectively with staff.
- External health and social care professionals shared positive feedback about, how staff worked with the people they supported and in partnership with themselves. Comments included, "The staff are really good, the service is fantastic. They all have a depth of knowledge about reablement and always liaise with us for advice and support" and "Staff are knowledgeable and patient with people when supporting their needs."

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Good practice ran through the core of the organisation. A framework of accountability was in place and senior managers met regularly to review progress across all areas of the service. For example, regular reviews of the newly implemented electronic system showed how an online application had been vital in improving communications between the service and staff. Giving staff instant access to information about people and their changing needs.

- The registered manager monitored quality and compliance and was supported by the provider to complete regular audits, meetings and surveys. They had a 'hands on' approach to their involvement in the service and any required actions were completed with a view to continuously improving quality.

- The registered manager and provider always worked in an open and transparent way. They understood their responsibilities in relation to the duty of candour regulation. Opportunities to reflect on practice and lessons learned was embedded in practice and legally required notifications were submitted to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager, provider and all staff were continually striving for excellence across all areas of the service. A quarterly newsletter was sent out to all staff to update them on key organisational changes and celebrate their achievements. Discussions with the registered manager identified how they could develop this approach with people and their relatives.

- Staff were recognised for their achievements. Three staff had been nominated for the adult social care awards within the local authority. All three staff received awards in recognition of, working tirelessly at short notice to provide extensive numbers of vulnerable people with care and support.

- Consistent reviews with people and their relatives ensured they received appropriate, correct care to meet their current needs. This also gave opportunities for people and their relatives to give feedback about the care and support they received. One person feedback that they were pleased staff didn't tell them what to do and that no-one has been judgmental regarding their environment. In addition, the service had recently signed up to an external on-line resource for people to leave feedback at a time they chose.

- The registered manager and staff worked collaboratively with health and social care professionals, and commissioners of services to achieve the best outcomes for people. For example, people were supported to access a support helpline, community nurses and different organisations to ensure all aspects of their individual needs were met and to support them to live independently within their own home.