

North Yorkshire County Council

HAS Directorate Office - Whitby Hospital

Inspection report

HAS Directorate Office
Whitby Hospital
Whitby
North Yorkshire
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09 February 2018
12 February 2018
19 February 2018

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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

HAS Directorate Office – Whitby Hospital is a domiciliary care service providing support to older people in Whitby and surrounding areas. It provides a reablement service to people for up to six weeks.

Inspection site visit activity started on 9 February 2018 and ended on 19 February 2018. At the time of this inspection, the service was providing support to 10 people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a manager in post who had registered with the Care Quality Commission. They assisted throughout the inspection process.

Safe recruitment processes had continued to be followed. Staff had received extensive safeguarding training and were familiar with the process they needed to follow if they had any concerns. Assessments had been completed when any risks were identified and these were regularly reviewed. Staff had received medicines training although at the time of this inspection were not currently providing support in this area. All staff were provided with personal protective equipment to promote good infection control practices.

New staff were required to complete an induction when they joined the service. People were supported by a regular team of competent staff who had completed extensive training, relevant to their role. Staff received supported through a regular system of supervisions and one to one discussions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had good working relationships with other health professionals and sought advice and guidance where needed.

People told us, without exception, that they were well cared for. Staff demonstrated a positive regard for what was important and mattered to people. Staff and people were clear the main aim of the service and support provided was to help people regain their independence.

People confirmed they were actively involved in the planning of their care. Care plans had been developed and clearly detailed the outcomes people wanted to achieve. People told us they knew how to make a complaint. The provider had a complaints policy in place which people received when they joined the service.

A range of quality assurance processes were in place to monitor and improve the service. The registered manager attended meetings, presentations and training courses to ensure they kept up to date with best

practice guidance. Staff told us the registered manager was approachable, responsive and listened to any ideas for areas of improvement. People were asked to provide feedback on the service and were confident any concerns raised would be promptly addressed.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

HAS Directorate Office - Whitby Hospital

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.

Inspection site visit activity started on 9 February 2018 and finished on 19 February 2018. It included visits to the provider's office location and telephone calls to people who used the service and staff. We gave the provider 48 hours' notice of the inspection site visits because we needed to make sure someone would be available at the office location.

The inspection was carried out by one adult social care inspector. An expert by experience made calls to people on 12 February 2018. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Their area of expertise was in care of older people.

As part of planning our inspection, we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed 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.

The provider had not been requested to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we reviewed a range of records. These included three people's care records

containing care planning documentation and daily records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection process, we spoke with five members of staff including the registered manager. We also spoke with four people who used the service and one relative to gain their views on the service provided.

Is the service safe?

Our findings

We asked people if they felt safe. Everyone spoke with extreme positivity regarding the staff, the service that was provided and how this contributed to them feeling safe. Comments included, "I feel so much safer because of their (staff) general attitude" and "They (staff) are always on time, that's what makes me feel safe because I know they will always turn up when they say."

Safe recruitment processes had continued to be followed and all staff files we looked at contained suitable pre-employment checks before employment had commenced.

Staff had received extensive safeguarding training and were familiar with the process they needed to follow if they had any concerns. The registered manager was able to describe action they would take if any concerns were raised and records showed referrals had been made to the local authority when required.

People told us they were supported by a regular team of competent staff. We were told there was some inconsistency with staff who visited "but this was not a problem as they are all as good as each other." Other comments included, "The staff are very reliable and professional" and "It may not always be the same person but that is never a problem. They all have time for me and are always here when they say they will be, very rarely late." Staffing rotas we looked at confirmed this and demonstrated that there was enough staff to provide support to people.

Assessments had been completed when any risks were identified. These had been updated on a weekly basis to reflect progress people had made with regards to becoming independent. The home environment and any associated risks, such as lighting had also been considered to ensure staff were aware of any potential risks and how these should be managed.

People who used the service remained independent with administering their own medicines. The registered manager told us it was very rare that staff would need to provide support to people in this area but all staff had the relevant training should these needs occur. People we spoke with confirmed this. One person said, "They (staff) always ask me if I have had my medicines but I managed them myself."

All staff were provided with personal protective equipment to promote good infection control practices. These included gloves, aprons and hand sanitiser. Staff had received infection control training which had been updated when required to ensure staff were following best practice guidance.

Is the service effective?

Our findings

People were happy with the support that was provided and told us staff had the relevant skills and knowledge to provide effective support. Comments included, "They are very professional and reliable", "They always offer me advice and guidance. They are wonderful" and "The staff are always doing training I know that. They are all excellent."

New staff were required to complete an induction when they joined the service. This had been developed since our last inspection and focused on 'supporting the person.' The registered manager told us it was working well. A summary and action sheet had also been put in place so the registered manager could easily monitor new staffs' induction progress and this helped to highlight any concerns with progression.

Extensive training relevant to the service was provided to all staff and records we looked at confirmed this was up to date. Regular supervision and support was given to staff. One member of staff told us, "The support we receive is brilliant. I cannot fault it. Someone is always at the end of the phone or available in the office if you need them." Records showed that senior staff would often observe staff practice within the community to ensure the delivery of care and support was effective.

Staff were supported through a regular system of supervisions and one to one discussions. Staff told us they were well supported and felt able to share ideas the service could improve and develop.

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. The service was not currently supporting anyone who lacked capacity to make day to day decisions. However, the registered manager was clear on guidance they would seek if they had any concerns.

People usually consented to care by verbally agreeing to it and people we spoke with confirmed this. Comments included, "They (staff) are very respectful", "They (staff) always ask" and "They (staff) are here to encourage me and help when I need and ask for it and that is what they do."

Most people were independent with meal preparation and required minimal support in this area, such as opening packaging. One member of staff told us, "We are all about getting people back on their feet and independent. If we can suggest an aid that will help them, we do just that. Some people need things to help them open packaging, others needs special cutlery and we can arrange for this to be put in place."

Staff had good working relationships with other health professionals such as district nurses, GP's and occupational therapists (OT). An independence coordinator was introduced in April 2018 and was based at the HAS Directorate office. They worked alongside staff to complete initial assessments and assessments regarding equipment to meet people's needs. The independence coordinator told us, "I have a very good relationship with the OT's. They often come out and do assessments with me. That way we can work together to ensure people have the support, aids and equipment they need to regain independence."

The provider had an accessible service where people could order aids to help them regain independence. It was clear from speaking with people that this had a positive impact on the progression they made. One person told us, "I do not have to worry at night about getting to the toilet as the staff sorted a commode for me. It has been a huge help."

Is the service caring?

Our findings

People told us, without exception, that they were well cared for. Comments included, "I have nothing but praise for the staff", "They (staff) are very good and very helpful when I need them" and "They (staff) are all so nice to talk to, very friendly."

We found staff demonstrated a positive regard for what was important and mattered to people. People who used the service told us that staff were familiar with their likes and dislikes and were involved in the planning of their care. One person told us, "The care is very much about me and what I want. The staff all know me very well indeed."

People told us they were asked what time they would prefer staff to visit and this was accommodated. One person told us how they liked to rise early on a morning so asked for an early morning visit which was not a problem. People told us staff supported and encouraged them to make their own decisions and express their wishes and views.

Staff and people were clear the main aim of the service and support provided was to help people regain their independence. Staff had received specialist training in this area and people were able to describe the progress they had made due to help and support from staff. One person said, "I can now dress and undress myself. I couldn't do that a couple of weeks ago."

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they had received training on this subject and understood how it related to their working role. People described how staff treated them with dignity and respect. One person told us, "They always closed doors and curtains when I am dressing or getting a shower." Staff had all received dignity and respect training and were clear how this applied to their role.

People expressed the importance of staff being able to spend time chatting with them when they visited and this had a positive impact on their daily lives'. Comments included, "They are not rushed for time so if I am a little under the weather and take longer it is never a problem" and "They all have time for a chat which is lovely."

Information was available about the use of advocacy services to help people have access to independent sources of advice when required.

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One relative told us, "The reablement they have done for [Person] has been unbelievable."

People confirmed they were actively involved in the planning of their care. Initial assessments had been completed prior to care commencing to ensure the reablement service was suitable. The registered manager told us, "Sometime when we assess people it becomes clear they need a long term package of care and our service would not be suitable. Initial assessments are really important for people. It means we can get aids and equipment in place for people as soon as possible."

Care plans had been developed and clearly detailed the outcomes people wanted to achieve. Outcomes were evaluated on a weekly basis by competent staff and reviewed by the registered manager to ensure progress was being made.

The registered manager told us how improvements had been made to how care plans were created. Social care assessors completed an initial assessment. This information was then passed to staff at HAS Directorate and they incorporated this information into a reablement care plan. Staff felt some person centred information was lacking and suggested an overview sheet that would provide additional person-centred information about the person they were supporting. As a result a 'key points summary sheet' had been developed. Staff we spoke with told us this was working well and provided them with a much better overview.

The provider had a complaints policy in place. There had been no complaints raised in the past 12 months. People who used the service told us they felt able to speak with staff and management if they had any concerns. They told us, "I have got no concerns or complaints at all. If I did, all the information I need is in the care book."

The service had received a number of compliments about the support provided. Comments included, "Thank you for all the help and support. I can now manage to shower thanks to you all", "Without exception staff have been so kind and caring and have got me back to my normal self" and "Sincere thanks to all the staff. We will miss you all greatly."

Is the service well-led?

Our findings

There was a manager in post who registered with Care Quality Commission (CQC) in June 2017. A registered manager is a person who has registered with the CQC 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. The registered manager had 20 years experience working in homecare and reablement services and was previously employed by the provider as a care manager.

A range of quality assurance processes were in place to monitor and improve the service. Checks were made on daily visit reports and care records on a regular basis to ensure they had been completed appropriately. If concerns were identified, action had been taken such as discussions during supervisions.

Staff told us the registered manager was approachable, responsive and listened to any ideas for areas of improvement. They told us they attended regular staff meetings and records we looked at confirmed this. The registered manager had an open and honest approach and told us staff would often come into the office to discuss any concerns or just for a general chat. They told us, "I have a really good relationship with staff and we have built a good strong team."

The registered manager attended training events arranged by the provider to ensure they kept up to date with best practice guidance. They told us these meetings provided an opportunity to discuss challenges within the health and social care sector with other registered managers and professionals. They had a good support network in place and the provider's service manager often visited the service to offer any support and guidance that was needed.

People were asked to provide feedback on the service. Questionnaires had been distributed when people stopped using the service. Records showed that people were extremely happy with the service they received.

The registered manager attended meetings, presentations and training courses to ensure they kept up to date with best practice guidance. They told us the support given by the provider was very good and they used weekly newsletters and an internal intranet to share information with staff. The provider's senior management often visited the service and completed compliance audits to ensure the service was providing safe care in line with regulation and meeting people's expected outcomes. These visits were recorded and any recognised areas for improvement were shared with the registered manager.