

Carers Trust Mid Yorkshire

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Inspection report

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Date of inspection visit:
09 January 2019
11 January 2019
14 January 2019

Date of publication:
20 February 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

At our last inspection in May 2016 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 ongoing 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.

This inspection took place on 9, 11 and 14 January 2019. At the time of our inspection, 145 people were receiving a service which included personal care.

Carers Trust Mid Yorkshire is a provider of direct support for carers in Huddersfield, Dewsbury and Wakefield. They provide a range of support services for carers and the people they look after. The location is registered with the Care Quality Commission to provide personal care to people of all ages.

At the time of our inspection, Carers Trust Mid Yorkshire had a registered manager in post. 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.

People and relatives consistently said they felt safe receiving this service. Care support workers knew how to identify and report abuse as they had received training for this.

The recruitment process required improvement in some areas to ensure this was robust. Accidents and incidents required further action to ensure the information gathered from these events was used to update care plans and risk assessments.

Risks to people had been identified and assessed and information on how to reduce the likelihood of harm was provided for care support workers.

People and relatives we spoke with were overwhelmingly positive about the quality of care they received.

People received their support on time and care support workers stayed for the full duration of their visit. Family carers received a handover at the end of a visit and care support workers recorded care they provided in daily notes. These records showed care plans were followed. Care plans were person-centred and provided care support workers with relevant information about people and their care needs. These were reviewed annually or sooner if needed.

People's equality, diversity and human rights were respected. People and relatives confirmed they were treated with dignity and respect by care support workers. People were supported to have maximum choice and control of their lives and care support workers supported them in the least restrictive way possible; the

policies and systems in the service supported this practice.

People and relatives knew how to complain if they were dissatisfied with their service. The October 2018 satisfaction survey showed people were happy with the way complaints were managed.

Training was a strength of the service and care support workers told us they always had training relevant to the needs of people they were caring for. Regular supervision, appraisal and team meetings ensured staff were well supported. Care support workers felt confident about approaching the senior management team if needed.

People and staff had completed satisfaction surveys which the registered provider planned to give feedback on through newsletters and on their website. Spot checks were carried out regularly which helped to ensure a high quality of care. Evidence of lessons learned was seen which showed a commitment to continuous improvement.

People confirmed they received their medication as prescribed from care support workers. We saw they had received training for this and they all had an up-to-date check of their competency. People were supported to ensure they had enough to eat and drink and their dietary needs were being met. Care support workers assisted people where they needed access to healthcare.

Strong evidence of partnership working was seen through a wide range of agencies in the community. The registered provider's links with these services meant they were able to signpost family carers to other valuable support.

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 has deteriorated to RI

The process of recruiting new staff was not always robust. Accidents and incidents required further analysis to ensure risk assessments were up-to-date and accurate.

Medication was given as prescribed and staff received training and competency checks for this.

People and relatives felt safe accessing this service. Examples of lessons learned were seen which showed a commitment to continuous improvement.

Requires Improvement ●

Is the service effective?

The service remains Good

Good ●

Is the service caring?

The service remains Good

Good ●

Is the service responsive?

The service remains Good

Good ●

Is the service well-led?

The service remains Good

Good ●

Carers Trust Mid Yorkshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9, 11 and 14 January 2019. We gave 48 hours notice before the first day of our inspection to ensure someone would be in the office. The first day of our inspection was carried out by two adult social care inspectors. Two Experts by Experience made phone calls on the same date to find out about people's experience of receiving this service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Days two and three of the inspection were announced and carried out by one adult social care inspector.

We spoke with a total of two people and 25 relatives (family carers) to ask about their experience of this service. We also spoke with the registered manager, chief executive officer, business development manager, four office staff and six care support workers. We looked at eight care plans in detail and seven medication administration records.

Before our inspection, we reviewed all the information we held about the organisation. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This 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.

Is the service safe?

Our findings

At our last inspection we rated this key question as 'Good'. At this inspection we have rated this key as requires improvement as the process of recruiting new staff was not always robust and risk assessments were not routinely updated following accidents and incidents.

People we spoke with consistently told us they felt safe receiving this service. One person said, "Yes, I'm safe, [care support worker] sits with me, talks with me and takes me to the toilet, I'm very safe." A relative commented, "I'd trust [care support worker] to deal with anything." All staff had received safeguarding training and knew how to identify and report abuse. Records we looked at showed action was taken in response to safeguarding concerns. These measures helped to ensure people were safe and protected from harm.

Care coordinators assessed the risks within the living environment and individual risks to people before the service started. Risk assessments were also used where care support workers assisted people to access the community. The information was detailed which meant there was sufficient guidance to follow. For example, one person was using oxygen which had a risk assessment and stated clearly what action care support workers should take in an emergency. Behaviours which may challenge others were risk assessed and included what may cause this, when it was more likely to happen and what action care support workers should take.

We looked at records of accidents and incidents and saw care support workers had taken appropriate action in response at the time of the event. However, risk assessments were not routinely reviewed to ensure the level of risk was appropriately scored. This meant there was a risk the information may not accurately reflect the level of risk. Following our inspection, the registered manager told us they had added a section to the accident and incident form to prompt office staff to check whether the risk assessment needed to be updated. The registered manager will have oversight of this process.

People and relatives told us care support workers ensured people received their medicines as prescribed. One relative said, "They give [name of person] eyedrops and their [name of medication] at 11.30am on the dot." We looked at seven medication administration records and found people were supported to receive their medicines as prescribed.

At the time of our inspection, care coordinators were required to check all medication administration records (MARs) returning to the office. We found some gaps in the checking of these records and saw they were not always checked the following month, meaning any errors may not have been identified in a timely way. Following our inspection, the registered manager told us they were reviewing how this was managed to ensure the audit process was robust.

All care support workers had received training in managing medication and we also saw they had an up-to-date competency check which helped to ensure they were safe to practice. Spot checks on care support workers' practice were completed and these included checks on their management of medicines. We found

guidance was in place for the use of 'as required' (PRN) medicines. These showed when the medicine should be offered and how it should be given.

We looked at the recruitment process followed for five care support workers and saw aspects of this required improvement. For example, the last employer reference for one worker stated the organisation head had started in post after the staff member left their employment, meaning they were unable to provide any character details. Records showed this had been accepted as a reference. The same staff member had a risk assessment in place whilst their DBS was being checked. Another staff member had a three month gap in work history which had not been discussed at interview.

However, we saw all other recruitment checks in the staff files we looked at had been carried out safely. The board minutes for December 2018 showed recruitment had been discussed and it had been decided to advertise for a human resources administrator in January 2019. This meant steps were being taken to make this process more robust.

People overwhelmingly told us their care was provided by the same care support worker which they were pleased with. When cover was provided, they were also familiar with the replacement worker. Care support workers told us they were always given detailed information about people's care needs when they visited someone for the first time. Records we looked at showed care support workers arrived on time and stayed for the full duration of their visit.

The registered provider split the area into four localities and care coordinators were responsible for matching people and care support workers in the same geographical areas, where possible. There was an effective out of hours system in place which people and relatives were aware of. One care support worker said, "There is always someone on call and they will always answer."

People and relatives confirmed care support workers used personal protective equipment (PPE) in their homes. One relative said, "They always wear gloves and aprons." Workers told us they always had a supply of PPE available to them and we saw they had received infection control training. One staff member said, "I always pick up [gloves and aprons] when I come to the office." This helped ensure infection control was appropriately managed.

We looked at safeguarding records and complaints and saw these were always followed up to ensure lessons were learned. During the inspection, we saw examples where the policy and procedure had been updated to improve systems. For example, in June 2018 the process of recording mental capacity assessments was reviewed and we found this was now more robust. This demonstrated a commitment to continuous improvement.

Is the service effective?

Our findings

We found evidence which showed how all staff were supported to provide care as per up-to-date legislation. Care support workers carried a small guide which covered, for example, the Mental Capacity Act (2005), equality and diversity, giving medication correctly, the dignity challenge, a code of conduct as well as information about 'whistleblowing' and safeguarding. This helped ensure staff were following up-to-date legislation and guidance.

New staff received a thorough induction which took place over six days. They also shadowed experienced staff and we saw evidence of this. Care support workers who were new to the care sector were completing the Care Certificate, which is an identified set of standards health and social care staff agree to follow.

Relatives told us care support workers were well trained and skilled in providing their care. One relative said, "I think they are very experienced and well trained." Relatives told us care support workers safely operated any equipment they needed to use to provide care. In addition to mandatory training, they received specialist training before they supported people with complex health needs. The training matrix showed care support workers received training specific to the needs of people they supported.

All staff we spoke with felt well supported and able to request help at any time. Staff received regular supervision and appraisal. One care support worker said, "[Supervisor] listens and everything I've raised has been actioned."

People and relatives confirmed dietary needs were well supported by care support workers. One relative told us, "[Care support worker] makes certain that [relative] has enough food and drink." Care plans we looked at showed the level of involvement needed and clear guidance where people had specific dietary requirements and how these needs should be met.

Families who received this service told us information they received at the end of a session was well communicated and effective. One family member said, "[Care support worker] tells me everything that's happened, so I'm kept up-to-date." Another relative said, "They always write what has happened and tell me anything important."

People's health needs were routinely met by their family. However, care support workers shared examples with us when they had witnessed a decline in people's health. One care support worker said, "I go in to see people regularly. You can see changes straight away." Staff were able to describe appropriate action they would take to assist people to receive prompt access to healthcare.

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 so that they can receive care and treatment when this

is in their best interest and legally authorised under the MCA. For people living in their own home, applications must be made to the Court of Protection. We saw assessments of capacity had been completed to ensure people were supported to have maximum choice and control in their daily living. Where best interest decisions had been made, these showed the involvement of the relevant individuals in the person's care. People had signed their consent forms where this was possible.

People and relatives confirmed care support workers asked for consent before providing care. Staff we spoke with described how people they cared for were supported to have maximum choice and control. One relative told us, "The sessions are all led by [person]. He gets to decide what they do."

Is the service caring?

Our findings

People and relatives we spoke with were overwhelmingly positive about the quality of care they received from care support workers and office based staff.

Comments from people and relatives included, "They are very caring, down to earth and loving. [Care support worker] is like someone that I've known all my life", "I couldn't wish for any better", "The [care support worker] is like a member of the family", "The [care support worker] we get is awesome. She's an angel" and "[Care support worker] is excellent and I'd recommend him to anyone and everyone."

Relatives told us how much they valued receiving support. One relative said, 'It's the one thing that has changed our life. It's been fantastic.' Another relative commented, "[Care support worker] keeps [person] company, so that I can have a break. I don't know what we would do without her."

All staff we spoke with were passionate about providing high quality care for people. They spoke about the enjoyment their job brings them. They told us, "I've never had a job where I've enjoyed it so much" and "It's not good for the pocket, but it's good for the soul."

The privacy and dignity of people was consistently maintained by care support workers. One person told us, "We have great respect for each other." Another person said, "Yes, she keeps my dignity when taking me to the toilet." Care support workers were able to describe appropriate steps they took to protect people's dignity whilst providing personal care, "We always make sure any curtains are closed. We provide dignity using a dressing gown or towel."

People and relatives confirmed they were involved in their care planning, both before their service started and as part of ongoing reviews. We saw evidence of regular reviews in care plans and changes made as a result.

People's equality, diversity and human rights were being met. For example, religious and cultural needs were clearly recorded in care plans. Staff had received training in equality, diversity and human rights and this was discussed at every supervision. We also saw evidence which showed the registered provider valued how important it was to support staff to maintain their equality, diversity and human rights.

Carers Trust Mid Yorkshire was developing plans for weekly group sessions, like an informal luncheon club at their offices to give family carers a break. They also had funding for a bathing service for family carers struggling to provide personal care and were expecting to have a 'wet room' installed following our inspection.

People and family carers were routinely provided with information about other services which could help them. For example, training for carers about 'looking after me', 'winter warmth' and the 'carer journey'. Carers Trust Mid Yorkshire were able to provide a care support worker to allow family carers to attend some of these sessions.

We saw a compliment dated July 2018 which read '[Care support worker] was like a member of the family for [duration of service], enabling me to do my own thing for a few hours'. A further compliment dated May 2018 stated 'I know that I could not have managed and would have gone under many years ago without your help. Your carers have been top class'.

Is the service responsive?

Our findings

During our inspection we looked at eight care plans. The guidance provided for care support workers to follow was detailed and contained personalised information. This included information about people's preferred routines and their interests. We saw how visual guides were used to show how people should be supported, such as when assisting a person from sitting to standing position. Where people were assisted to access the community, the information was detailed about their support needs.

Although care plans identified people's primary health conditions, we found this information was not immediately obvious. The registered manager told us they would ensure this was recorded at the front of the summary of needs in care plans.

People and relatives confirmed their care plans were reviewed and updated at least annually, or sooner if needed. One relative said, "[Person] has just come out of hospital, so the care plan has just been reviewed." People and relatives told us the registered provider worked flexibly to meet the needs of families, which included short notice requests. Care support workers completed a 'change of circumstances' form where people needed additional support hours.

We asked one relative whether staff followed the agreed plan of care and they said, "We have [a care plan] and they stick to it." Daily records showed how people had been supported by their care support worker. One relative commented on how thorough these were, "They record everything and I do mean everything."

People were supported to promote their independence. One relative said, "They [person and care support worker] have shared interests and [care support worker] has encouraged [person] to do things." We saw examples where people were able to access activities in the community which gave them new experiences and skills. One person was supported to a specific activity which they otherwise wouldn't have been able to attend. They also went shopping and were learning skills relating to the management of their monies. A care support worker had recorded, 'These outings mean the world to [person] and keep [person] feeling part of their community'.

People told us they knew how to complain if they were dissatisfied with the service received. In October 2018 a satisfaction survey asked 'If you have any queries do you receive a prompt response?' 95 per cent of people were satisfied with how their complaint was managed. In December 2018, the chief executive officer had produced an overview of the complaints received. This provided a breakdown of what the complaint related to help the registered provider focus on areas of improvement. This meant complaints were suitably managed and reviewed.

Carers Trust Mid Yorkshire offers access to emotional support to family carers, for example, if the person they care for goes into residential care or there is a bereavement. An end of life care workbook produced by the Kirkwood Hospice was being reviewed to see if it could be adopted in this service.

The chief executive officer had completed a review of technology which showed how they wanted to use

electronic systems to remove duplication and improve efficiency in the service. For example, office staff had been given laptops which helped with flexible working. We saw how social media platforms were effectively used to promote information about this service. A social media volunteer from Huddersfield University had just started to manage the registered provider's social media account with oversight from the business development manager.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. People's care plans contained a marker which identified whether the person had communication needs and care plans showed how people were supported with these needs.

Is the service well-led?

Our findings

People and relatives felt this service was well-led. One relative told us, "We have complete confidence in [care support worker] and Carers Trust Mid Yorkshire." A care support worker said, "All we have to do is go to [registered manager] if something's not working. She's very open to change." [Chief executive officer] is very positive." Carers Trust Mid-Yorkshire had a temporary chief executive officer in post who reported to a board of trustees. We looked at their reports for the trustees and saw these had identified areas for improvement we found at this inspection.

The registered manager was supported by a business development manager and a finance manager as well as a team of care coordinators and field care supervisors. The registered manager had worked within the service for 15 years and had worked their way up through the organisation. This meant they had experience of different roles and how these work. One staff member said, "She's a very good manager. Whenever I've had a problem she's always helped me out." Other staff told us the registered manager was approachable and listened to them.

The registered manager was supported to access training as part of their personal development. This was a theme as all members of staff were given opportunities to access training both relevant to their role and as part of their future development within the organisation.

The business development manager had created strong partnership links with a wide range of services, both locally and nationally. They promoted the service in person at different events and through social media, which meant people who may not have otherwise heard of this service had a better chance of accessing this support. Family carers told us they would not have been able to cope without this service which showed the importance of having a regular break. The registered manager attended meetings with the local authority and other service providers in the district. Having this presence helps to find out about good practice and innovation as well as promoting services.

We saw evidence of regular spot checks carried out by field care supervisors. This helped to ensure a high quality of care. At the time of our inspection, care plans were not routinely audited. Following our inspection, the registered manager told us they would be auditing five care plans per month from February 2019.

We looked at minutes of quarterly staff meetings and saw these covered, for example, safeguarding people from abuse, training needs and helpful information to pass on to family carers, such as the 'warmer homes' initiative. The senior management team were also meeting weekly. Care support workers were given memos with key organisational messages on a monthly basis. These messages were discussed in staff meetings.

People and their family carers had completed a survey in 2018 which showed positive feedback. This information had been turned into a report and feedback was to be given on the registered provider's website and in a newsletter in January 2019. One relative told us, "I'm always listened to." Another relative commented, "We get letters or phone calls from the office about important things." This showed how

communication with people and family carers was effective.

Appropriate steps were taken to ensure sensitive information was carefully managed. Staff we spoke with were able to describe how they maintained confidentiality of people's information.

The registered manager had carried out a staff survey which they adopted as part of their evidence for a training course. Feedback was found to be positive. The registered manager had commenced a new staff initiative called 'What are you proud of?' One care support worker told us, "I enjoy working for this company. I'm happy."