We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Disability Action Yorkshire

First Floor Office, Thirsk Conservative Club, Westgate, Thirsk, YO7 1QS

Date of Inspection: 22 April 2013

Tel: 01845574519

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

- Care and welfare of people who use services: Met this standard
- Safeguarding people who use services from abuse: Met this standard
- Supporting workers: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
- Records: Met this standard
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<tr>
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<td>Disability Action Yorkshire</td>
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<tr>
<td><strong>Registered Manager</strong></td>
<td>Miss Lacey Winn</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>The agency is part of the Charity Disability Action Yorkshire and provides support to people in their own homes. The agency's primary area for providing the service is in Thirsk and their surrounding rural areas. The office is based in the centre of Thirsk.</td>
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<tr>
<td><strong>Type of service</strong></td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

We spoke to four people who used the service and with four staff both in the office and via the telephone. We also spoke with the registered manager during our visit.

People who used the service confirmed they were satisfied with the care and support being provided. They made comments like, ”The staff can’t do enough for you. They are all good.” And ”I can’t find fault at all. I think the care is well run and managed.”

People also confirmed that staff were always polite and respectful in the way they cared for them. They also felt that the staff respected their privacy and protected their dignity.

We looked at people's care records. And saw that the service delivered the care in a person centred way. We also saw that people were included in decision making throughout their care.

Staff had a clear understanding of the different types of abuse and who they would report concerns to. This helped to ensure people were safeguarded from abuse.

We talked with staff who told us that they that felt very well supported by the agency. They also said that they felt confident to do their work and that good training was in place.

Although we recommended some further improvements of the way accidents and incidents were audited, we acknowledged that generally there were good systems in place to audit and review the quality of care. This service had worked hard in the last year and developed more robust checking process and systems.

You can see our judgements on the front page of this report.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Care and welfare of people who use services  

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with four people who were supported by the service. People told us that were satisfied with the care they received. They also said that staff supported them respectfully and the support they received was as they had requested.

People were very positive about the staff. Comments included; "The staff can't do enough for me. They are a blessing." And "The care is very good, they don't let you down." And also "They are extremely friendly and polite, invaluable." People also confirmed that the management team and office staff were also very supportive. They said that, "They ring and ask if I am ok. They also rang when they were running behind and thought they would be late."

The registered manager showed us the information that is given to new applicants either when their care is arranged by the local authority or when they are privately funded. We also saw that assessments and care plans were promptly in place. The records provided comprehensive details about the support people were receiving.

We looked at three people's care records and saw evidence that people's needs were assessed regularly and that risk assessments were in place for areas such as manual handling and medication. This important to help ensure that people's health and welfare needs were always met.

We looked at the daily notes that staff recorded and found the information was factual and relevant. We also saw that staff signed and dated the care records. This helped ensure that the right information and appropriate care is provided.

We saw that the individual care plans were person centred and reflected peoples' individuality and diversity. The care plans had people's expressed preferences recorded. We also saw that each individual was contacted regularly by the management team and any changes to their plan was recorded. This was important to ensure that people's
expressed wishes were recorded and that any changing care needs were met.

We talked to staff who told us that they had enough information to care for people in the way they would wish. They said that they were continually provided with up to date information about people's needs and discussed in team meetings when care needs change.
Safeguarding people who use services from abuse  ✔ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with staff who told us about their responsibilities in keeping people safe from harm. All those spoken with said they would report a concern to the office. This showed that they were aware of the need to protect people and keep them safe from harm.

People we spoke with who were supported by the service confirmed that they felt safe when carers went into their home. People commented "The carer we have is exceptional, always makes us feel at ease." And "We feel comfortable with all the staff. They are competent and professional. They make you feel at ease."

We saw that the agency had in place policies and procedures covering complaints and safeguarding and the protection of vulnerable adults. There was also a whistle blowing policy and procedure which enabled care workers and other staff to raise alerts about poor practice or allegations of abuse.

Staff we spoke with said they had had safeguarding training which meant that they were familiar with safeguarding procedures and aware of how to protect vulnerable adults. Staff gave us examples of what action they had taken when they had a concern about someone they supported. We also looked at staff training records during our visit and these records confirmed that staff had received training in the safeguarding of adults.

We spoke to staff who told us that their recruitment was robust. They explained they had not been allowed to start work until all the required safety checks had been completed. We looked at two recruitment records and these confirmed that staff had been recruited safely, with checks completed to make sure that people were safe to work with vulnerable adults.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People we spoke with told us they felt that the staff were competent in their work and they felt safe in their care. Comments included; "I feel the staff are well trained and know what they are doing."

We saw three staff files and these showed us that the staff had completed a variety of different training to undertake their work safely. These included areas such as manual handling, health and safety, first aid, food hygiene and infection control. Having well trained staff helps to ensure people's needs are met safely and appropriately. We spoke with staff who made comments such as "We keep up to date with our training." And "When I started work all the right checks were done and I had induction and mandatory training." Staff also confirmed that they worked alongside an experienced worker as part of their induction. This was important to help ensure that only well trained and competent staff supported people with their care.

Staff felt that the service was well managed and that it continued to improve. One member of staff said "Things have improved and are a lot more organised now." They confirmed that team meetings, supervision sessions and 'spot checks' were now being carried out. These helped to ensure staff were providing the right support, as well as giving them the opportunity to discuss difficult situations and learn from them. All the staff spoken with thought the present support system was meeting their needs well.

We looked at staff files, one of whom had recently been recruited. We saw records of supervision sessions between the staff member and their manager and 'spot checks' which is where staff are observed by their manager delivering care in people's homes. The registered manager explained that the management team observed care staff undertake their care duties as part of their induction and ongoing training and supervision. This enabled them to check that the care provided was appropriate and safe.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We reviewed the records and found that information regarding people who used the service and staff was accurate and up to date. The service had improved their systems to ensure that when staff were delayed or missed a call this information was effectively communicated. This meant that the office staff could then promptly reorganise the support for people using the service.

We spoke with people who used the service or their representatives and they confirmed that they were asked for their views about their care and treatment and this was acted on. We also saw that people's views were continually taken into account by day to day contact with staff, the care reviewing process and customer satisfaction questionnaires.

The manager showed examples of how the service gained people's views. This included telephone reviews or personal visits. These were undertaken every three months. People we spoke to confirmed this. The service also undertook customer satisfaction surveys. They explained that information from these surveys was analysed to determine the level of customer satisfaction. Any action required following these questionnaires was put into place. We saw examples of these surveys and the action that was followed through. We saw the complaints record and confirmed that the complaints were responded to promptly and any action taken recorded, this showed that the service took people's views and concerns into account and put the relevant action in place to improve the quality of the service.

People told us that they had been involved in making decisions about their care and had information on how to raise issues or complaints if they needed to. People also told us that they were satisfied with the service they received and confirmed they could discuss any concerns. One relative said, "I have regular contact with the office staff they are always responsive and put any changes we need in to place." Other people made the following comments "I think that overall the management has improved over the last six months. They seem more in control of things." And "I feel the managers and the office staff are very helpful and follow things through. I trust that things will get done."

The registered manager told us that they undertook a range of audits to monitor the quality
of the service received. This included auditing medication administration records (MARs), auditing daily recording notes and accident and incident reports. Whilst the provider had good systems in place we saw that the incidents and accidents recorded did not have any follow up action recorded. The provider may wish to note that when monitoring such information any follow up review or action taken should be recorded. This is important to identify, assess and manage risks relating to the health, safety and welfare.

We also saw that the competency of staff was continually monitored. We saw that 'spot checks' were undertaken to observe how well they delivered care. The staff explained "We have regular supervision with our managers." And "They (the managers) assess how we are doing by working alongside us on our shifts." This helped to ensure that the quality of care provided by staff was being monitored.
Records

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People we spoke to told us that the records held in their own homes were continually updated and reviewed by staff. They confirmed that the care plans held were accurate and represented their care needs.

We saw that records held in people’s own homes and those records held in the office were clear factual and accurate. This was important to ensure information kept was relevant and up to date to help ensure people have the right care and treatment.

We looked at the records that were held by the service. We saw that they were held in a safe and responsible manner and confidentiality was maintained.

We spoke with staff who were able to give examples of how they ensured that paper and electronic records were kept securely and could be located promptly when required. We saw for instance that electronic records were password protected and that the complaints records were only accessible by the registered manager. This was important to help ensure individual records were kept confidential.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| Met this standard | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| Action needed | This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| Enforcement action taken | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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<td>Respecting and involving people who use services - Outcome 1 (Reg 17)</td>
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<td>Cleanliness and infection control - Outcome 8 (Reg 12)</td>
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<td>Management of medicines - Outcome 9 (Reg 13)</td>
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<td>Assessing and monitoring the quality of service provision - Outcome 16 (Reg 10)</td>
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<td>Complaints - Outcome 17 (Reg 19)</td>
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<td>Records - Outcome 21 (Reg 20)</td>
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Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.