

Yorkshire Senior Care Limited

Yorkshire Senior Care

Inspection report

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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

This was an announced inspection carried out on 28 November and 14 December 2017. Our last inspection of Yorkshire Senior Care took place on 21 and 22 September 2015 when the service was overall rated as 'Good'.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. The service's office is based in Wetherby and they provide support to people in the Wetherby and North Leeds area of Yorkshire. At the time of our inspection there were 57 people who used the service.

At the time of our inspection there was 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's needs were safely met. There were sufficient numbers of staff available to meet people's needs in a timely way. Staff had received training to provide them with the skills and knowledge they needed to provide people with safe care. Assessments were in place and appropriately acted upon to reduce and manage the risks to people's health and welfare.

Accidents and incidents were recorded and documented and changes were made to ensure risks were minimised. Environmental risks had been assessed and infection control was monitored.

Robust recruitment systems were in place and the provision of appropriate training, supervision and appraisal to all new staff. Staff understood the importance of protecting people from abuse and avoidable harm. They were aware of the actions they needed to take to report any concerns about people's safety or well-being.

People received support from a staff team that were caring, friendly, and responsive to people's changing needs. They were able to demonstrate that they understood what was required of them to provide each individual with the person centred support they needed to lead fulfilling lives as independently as possible.

People were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. People's rights were protected. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care and support took into account their individuality and was person centred. People received an initial assessment prior to taking up the service and their agreed care plans reflected needs centred around the person, including their preferences.

People were supported to eat a healthy diet and to have access to health services in the community to support their health and well-being. The staff followed the advice of healthcare professionals in meeting people's needs where appropriate.

Staff ensured people who required support to manage their medicines received them as prescribed. We have made a recommendation about the provider improving their records around people's medicines and how they prefer to take them.

People benefitted from a service that was appropriately managed so that they received their care in a timely and reliable way. People knew how to raise concerns and complaints and the provider had appropriate policies and procedures in place to manage them appropriately. There were also systems in place to assess and monitor the on-going quality of the service. People's views about the quality of the service were sought and acted upon.

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? The service remains Good.	Good ●
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 ●

Yorkshire Senior Care

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.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 28 November 2017 and ended on 14 December 2017. It included inspection methods such as observation, review of documentation and speaking with people and staff. We visited the office location on 28 November 2017 to see the manager and office staff; and to review care records and policies and procedures

The inspection team consisted of one adult social care inspector and one assistant inspector.

Before commencing the inspection we looked at all the information we held about the service. This included any notifications that had been received, complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also contacted the safeguarding and commissioning teams at Leeds City Council prior to inspection to gather their feedback about the service.

We used information the provider sent us in the 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 course of the inspection we spoke with the registered manager, nominated individual and four care staff members. We also spoke on the phone with eight people who received a service from Yorkshire Senior Care.

We spent time at the services office. We looked at four staff files, six care records, six Medication Administration Records (MAR) charts, policies and procedures and audits.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe. We asked people if they felt safe and received the following comments, "Totally. Absolutely", "Yes" and, "Safe? Yes. We have no doubts about them (staff)."

People continued to receive care and support from staff in a way that maintained their safety. The people we spoke with said they felt safe and supported in their own home. Risks to people had been assessed and were regularly reviewed. People had plans of care that had been developed to provide guidance for staff in reducing the known risks to people.

People were supported by staff who were confident in managing behaviours - particularly when supporting people to access community resources. Staff understood the 'triggers' for these behaviours and they used appropriate calming techniques to support people to regain control and manage their behaviour in a positive way.

People's needs were regularly reviewed by care staff so that risks were identified and acted upon in a timely way. There were sufficient numbers of experienced and trained care staff on duty. The provider monitored staffing levels closely and we observed that there were sufficient numbers of staff working with people to provide them with the care and support they needed.

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. All staff had been checked for criminal convictions and if they were barred from working with vulnerable adults via checks made with the Disclosure and Barring Service (DBS). References from previous employers had been sought. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties.

People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities, such as the adult safeguarding teams, who also have a duty to respond to allegations of abuse and protect people. There were clear safeguarding policies and procedures in place for staff to follow if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Records showed that all concerns were referred to the adult safeguarding team in a timely way and the registered manager had carried out any necessary investigations whenever instructed to do so by the adult safeguarding team.

People could be assured that they would receive their prescribed medicines safely. There were appropriate arrangements in place for supporting people to manage their medicines at home. Staff had received training in the safe management of medicines, including storage of medicines. However, we found the documentation in place for recording medicines was not as accurate as it could have been. Some care plans did not describe how people preferred to take their medicines. Staff could tell us about people's preferences and knew what to do and who to contact in the unlikely event of a person choosing not to take their

prescribed medicine. Regular 'spot checks' were carried out by senior staff to ensure that staff were consistently following safe practices whenever they were supporting people to take their medicines.

We recommended that the provider creates PRN medicine protocol sheets, also known as 'when required' medicines, for all people prescribed a PRN. The provider should assess the support people need to take their medicines safely and effectively and the outcome of this assessment should be documented in the person's care records.

Accidents and incidents were recorded and reviewed by the service. The nominated individual (provider's representative) and registered manager told us they reviewed each incident for any lessons to be learnt and improvements to be made. We found evidence following incidents to show that information had been communicated to staff to change the way they supported someone with a particular need. This reduced the risk of further accidents and incidents. For example, one person had lost some confidence following a fall and staff worked with them in a different way to reduce the risk of falls and build their confidence.

Staff were provided with personal protective equipment (PPE) to protect them against the risks associated with infection control. Staff had an understanding of how to prevent risks of cross infection. Before someone used the service their home environment was assessed for any risks to their health and safety and these risks were minimised as far as practicably possible to safeguard the person and the staff.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People had positive comments to make about the service including, "Yes they ask permission first, I make sure", "I wouldn't want to change anything about this service" and, "I'm sure they all know what they are doing."

People received appropriate and timely care from staff who knew what was expected of them. Staff had a good understanding of people's needs and the care they needed to enable them to continue living as independently as possible in their own home. They were mindful of, and acted upon, the need to sensitively manage people's sometimes complex behaviours. They followed behavioural support plans that enabled them to provide person centred care that each individual needed. Whenever people's needs changed there were effective systems in place that ensured support plans were updated and that staff were briefed and understood what was required of them. The service worked with partnership agencies to improve their care and support around specific areas. For example working with local specialist dementia organisations for staff to offer a better service to people living with dementia.

People's needs were assessed by the registered manager before being supported by staff. The registered manager told us they completed thorough assessments with people to make sure they could link the best member of staff with each person. For example, someone who had an interest in golf was linked with a staff member who also enjoyed the sport.

Staff supported people when required to access health care professionals. Staff told us if they thought someone was not well, they had been instructed by the provider to stay with the person and ring the office to decide what action to take. The provider had completed some joint working with other professionals to educate staff on the best ways to work with people living with dementia and people on end of life care.

People were encouraged to make decisions about how they preferred to receive the care they needed. Staff had received training and the guidance they needed to support people that may lack capacity to make some decisions whilst being supported to live in their own home in the community. 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.

Support plans contained assessments of people's capacity to make decisions for themselves and their ability to consent to the way in which they received their support. Staff were mindful of and respected people's daily routines and preferences when they provided them with care. Some people had Lasting Power of Attorney's (LPOA) in place and the provider retained a copy of these. We asked the provider and registered manager if anyone was subject to a Court of Protection Order. The provider told us that to their

knowledge no person currently using the service was subject to best interest decision making or conditions restricting their liberty under the Court of Protection.

People received a service from staff that had the appropriate knowledge they needed to do their job and work with people that had a range of needs. Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. There was a process of induction training in place for all new staff to complete before taking up their duties. This training included, for example, managing behaviours, safeguarding procedures, and record keeping, with 'refresher' training scheduled to ensure that staff continued to be effective in their role.

People were supported with their nutritional needs. People told us staff had a good knowledge of the food they liked and were happy to make food according to their preference. Staff had a good knowledge of what was healthy and they told us they promoted a balanced diet when they could. Staff knew of the importance of keeping hydrated and told us they offered people drinks and left people with a drink within reach at all times. This showed us people were supported with their nutritional and hydration needs.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People were treated as individuals and staff were kind, compassionate, and respectful towards the people they supported. Staff were also mindful and sensitive of people's individual anxieties about requiring support to be able to manage in their daily lives. The nominated individual and registered manager ensured that people continued to be consistently cared for by staff who knew them well so that people felt at ease. They told us they spent extra time and effort linking staff with people so they had opportunities to build trusting relationships. People echoed this by telling us they had lots in common with the staff that supported them. The service only supported people for a minimum of one hour at a time. This enabled staff to build relationships and spend time with people that was meaningful and not rushed.

People told us they were well cared for. People gave us numerous examples of the good care they received. For example people told us staff were always very friendly and they were seen as part of the family. Another person told us staff had lots in common with them so they built caring relationships. No person we spoke with had a negative comment to make. People confirmed staff were very friendly and they felt the service was excellent. People's comments included, "They are wonderful. They're very kind to me. They cheer me up", "They're excellent, very respectful and friendly" and, "(Staff member's name), she's a very nice girl."

People were encouraged to express their views and to make choices so they felt involved in decisions about their care. One staff member said, "Where we can we ask people to do as much as they can for themselves." Another person said, "The people I support want to do things for themselves so I find it easy to encourage this." One person who used the service told us, "Oh I make all my own decisions, but they [staff] are great, they listen to everything."

People's support plans included information on people's preferences and choices about how they would like their care and support to be provided. Staff demonstrated through discussion that they were familiar with people's preferred routines and they accommodated people's choices about the way they liked their support to be provided. One person told us, "I look forward to them coming in to see me. They are always so friendly. They always check on me and ask if I need anything."

There was also information available to people and, where appropriate, their families on accessing community based advocacy services should this be necessary to ensure that people had their say about what mattered to them. An advocacy service is a service that can represent a person when decisions about their health and welfare are to be made and they are unable to articulate this for themselves.

Staff understood the importance of respecting people's confidentiality and understood not to discuss the support they provided or disclose information to people who did not need to know.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People received the flexible care and support they needed in accordance with their care assessments. Staff provided support to fit in with people's routines, for example, organising activities in the community that the people they supported could participate in.

People's needs were continually kept under review and appropriate reassessments carried out to inform their changing support provision. Checks of people's need were carried out monthly or as and when someone's needs changed. This meant people's care met their changing needs over time. Each person had an allocated team of staff who helped support the person throughout the day, so all the staff involved in caring for that person got to know them well.

People's support was managed in a way that had the most positive impact for them. The staff team were mindful of enabling people to maintain meaningful contact with friends and family, such as making arrangements for visits and celebrating special occasions such as birthdays. This supported people to meet their social needs.

People knew how to complain and who they could contact if they were unhappy with the service. One person told us, "I never had to complain, they are brilliant, but I know how to if I needed to." There were timescales in place for complaints to be dealt with. There was a complaints procedure in place for all staff to follow as necessary. It was evident from discussion with the registered manager and from the records we saw that complaints were dealt with appropriately and in a timely way. All complaints had been satisfactorily resolved.

Staff had benefited from working closely with a local hospice who trained staff on good practice when supporting people with their end of life needs. We asked staff what changes they would make when supporting someone with these needs and they told us they would focus on the comfort of the person and supporting the family.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

A registered manager was in post when we inspected. People were supported by a team of staff that had the managerial guidance and support from the registered manager, senior staff, and the nominated individual that they needed to do their job. Staff said they felt listened to. One staff member said, "I get the support I need. All I need to do is ring the office if I need support or advice on what to do. They [registered manager and office staff] are all approachable. They want to know if things are a bit difficult and they recognise that the job isn't always an easy one so they are always there for you."

People's support records reflected the level of care required on a day-to-day basis as well as longer term. Records relating to the management of staff recruitment and training were available and confirmed that staff were provided with a range of on-going training relevant to their roles and responsibilities.

People's support records had been reviewed on a regular basis and were maintained where improvements had been identified. The system used enabled staff to readily access pertinent information such as people's care records. Records were securely stored at the location office to ensure confidentiality of information. However we found some quality assurance systems did not list what was being checked. For example, checks on care plans were signed by the registered manager to say they had been checked, but there were no details to indicate what had been checked. This meant it would be difficult to look for consistency and setting standards for all care documentation. The nominated individual and registered manager acknowledged improvements needed to be made and told us they would review the process.

Policies and procedures to guide staff were in place and had been updated to recognise any changes in legislation. We spoke with staff who were able to demonstrate a good understanding of the policies which underpinned their job role such as safeguarding people, health and safety and confidentiality of information.

The senior staff team we spoke with all said they always looked at how they could continually improve the service. Feedback about the service was encouraged at all levels from people and their families and was used to drive continual improvement. Arrangements for making use of feedback from satisfaction surveys sent out to relatives or people's advocates were in place to help inform the provider about the quality of care being provided. We looked at records taken from speaking with people following a problem or if they were new to the service. Records showed people's feedback was listened to and changes made to improve the service in the future. Staff said they were also actively encouraged to put forward new ideas about how to improve the service. For example the registered manager told us they decided to pay for DBS recruitment checks and training following one staff member's feedback.

We saw the service was actively involved in partnership working alongside other organisations to improve and create access to a wider range of services for people who used them. For example we saw evidence

Yorkshire Senior Care had membership with a local Dementia Alliance and collaboration with local and national organisations that specialise on working with older people, people living with. Other links with Health & Social Care providers across the region such as GP's Patient Participation Groups and local health centres was also documented.

We spoke with the registered provider and registered manager who were both present on inspection. We saw notification the service are required to send to the CQC following certain incidents had been sent. The registered manager and registered provider both had a clear knowledge of their roles and responsibilities with regards to their registrations. The registered manager and registered provider both had a clear vision of where they wanted the service to be in the future. They had set goals and we saw evidence some of these provider goals had been met.