

Yellow Rose Support

Yellow Rose Support

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

About the service

Yellow Rose Support is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection 3 people were receiving personal care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People's experience of using this service and what we found

Right Support: People's independence was promoted by the provider and staff. The provider had maintained a consistency in staff and this meant people were supported by staff who knew them well. People were encouraged and supported to express their choices and access the community and activities. Relatives told us staff skilfully supported and provided care to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People received kind and compassionate care. People and relatives reported support was provided safely. Staff understood how to protect and promote people's privacy and dignity. Staff varied their approach to working with people and demonstrated an understanding of how to support people in line with their preferences. People's medicines were managed safely. When accidents and incidents had occurred information was recorded accurately and later analysed by the provider to identify any trends or areas of staff practice which could be developed.

Right Culture: Staff felt they were supported by a strong management team. The provider had a robust auditing system in place and the registered manager evidenced consistent checks and oversight of practice in all areas. Some audits while sufficient to meet the demands of the service at the time of inspection, would require further development should the number of people the provider supports increase. We have made a recommendation the provider continues to review auditing systems moving forwards.

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

Rating at last inspection

This service was registered with us on 13 May 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Yellow Rose Support

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 May and ended on 23 May 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work closely with the service. We used all of this information to plan our inspection.

During the inspection

We were unable to speak with people during this inspection; however, we spoke to 2 relatives to understand people's experience of care and support provided. We spoke with all of the staff which included care staff and the registered manager. We reviewed a range of records. This included 3 people's care records, medicine administration records and associated documentation. We also looked at other records relating to the management of the service, care provided to people and risk management. We looked at call monitoring logs, accident and incident monitoring, audits and governance information.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt staff provided care and support safely. Staff had received training in safeguarding and had a good understanding of how to report safeguarding concerns and incidents.
- Relatives told us people's care was provided by staff who considered their safety and wellbeing at all times. One relative said, "Absolutely, care is provided safely."
- Staff understood the different types of abuse that can occur and what steps to take should a safeguarding incident occur. One staff said, "I'd go straight to [the registered manager] and if it was about them, I'd contact [CQC] or the council."

Assessing risk, safety monitoring and management

- The provider had robust risk assessing processes in place. Risks associated with the provision of people's care and management of the service had been assessed and reviewed regularly.
- People's risk assessments were detailed and person centred. They contained information specific to each individual and provided staff with clear and detailed guidance on how to manage risks safely.
- Risks associated with the management of the service had been reviewed and ongoing assessments were part of the registered manager's oversight. For example, the registered managers had systems in place to monitor accidents and incidents which occurred. Actions following accidents and incidents had been clearly recorded and these were used to inform reviews of risk assessments.

Staffing and recruitment

- Staff were recruited safely with the appropriate recruitment checks carried out to ensure the suitability of staff to work with vulnerable adults.
- The provider carried out recruitment checks which included references, identification and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records relating to staff's recruitment were completed well; we reviewed records including application forms, interview notes and staff shadowing records which evidenced the providers commitment to recruiting staff safely.

Using medicines safely

- The provider had robust systems which ensured the safe management and administration of people's medicines.
- We reviewed medication administration records (MAR's) for people receiving support with their medicines.

We found records were completed consistently, without gaps and reflected information recorded in people's medication care plans.

- Where people had been assessed as needing to have their medicines stored securely the provider was working in accordance with professional's guidance.
- People's medication care plans were detailed and provided staff with clear guidance on how they wished for their medicines to be administered; this included, 'as required' medicines. Additionally, directions on how medicines should be administered in line with people's prescriptions had also been recorded.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had robust systems in place for learning when things went wrong. Accidents and incidents were recorded in detail, reviewed and used to develop staff practice wherever possible.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's need were assessed in accordance with guidance and best practice standards. People's protected characteristics such as age and disability were considered while assessments of people's needs were completed.
- Assessment of people's needs continued after initial assessments had been completed. People and relatives felt included in assessments and the provider worked with people and their relatives to ensure assessments contained person centred information.

Staff support: induction, training, skills and experience

- Staff received a robust induction programme which included completion of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Following induction, the provider ensured staff completed a robust programme of training and people and relatives felt staff were skilled in their approach to providing support. A relative said, "Yes definitely they appear very well trained, you can tell they're really skilled. All of the staff that come are just amazing. They tell me things I haven't realised sometimes, they help me with how to support when they're not even here."
- Staff received ongoing support and supervision from the registered manager. Records reviewed demonstrated the registered managers professional and supportive approach to managing staff practice.
- Staff told us they felt supported by the provider. A staff member said, "If I ever have any queries [the registered manager] gets back to me straight away."

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

- People had robust diet plans which considered their dietary requirements. Healthy eating was promoted and food and fluid intake was recorded in people's care records. People's choices and preferences were recorded in their care plans.
- Staff demonstrated a good understanding of the detail needed to accurately record people's food and fluid intake. Records we reviewed demonstrated staff recording information which included the volume of people's intake and what food and drink was offered.

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

- The provider had not needed to liaise with external professionals frequently as relatives managed appointments for people. However, where they had the provider demonstrated an understanding of how to

work in partnership with external professionals.

- We discussed partnership working with the registered manager who said, "Due to not having a CQC rating we haven't had any offers for commissioned packages of care through the local authority. We do work quite closely with the community mental health team and I would make a point of working in partnership in the same way with social workers and local authority professionals."
- People were supported to access the community and activities. We discussed how involved people are in choosing which activities they access with the registered manager. They said, "We support people with activities such as going to the café, the cinema, going for walks and we support with whatever the person or families tell us people want to do. It's the same while we're supporting people at home, if someone wants to do an activity at home, we do that, the people choose."
- Relatives told us people were supported by staff who were proactive in supporting people to access activities. A relative said, "They record all the activities they do with [person] and what's worked and what hasn't, which is really useful because we can share that with [health professionals] involved."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider's assessments considered people's capacity to make decisions relating to their care and support. Where needed appropriate authorisations were in place for relatives to make decisions in the best interests of people; this was clearly recorded and decision specific.
- Staff demonstrated a good understanding of how to respect people's rights to make decisions about their care and support. A staff member said, "I've completed training. Some people's capacity is variable on different things. In that case it's important to still consider what's important to that person and respect their choices, while making sure if someone doesn't have capacity that assessments have been completed and decisions made in people's best interests."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Relatives spoke positively about the support people received from staff. Staff were described as "amazing" and "fantastic".
- Relatives told us people were supported with respect and the provider was committed to meeting people's needs as they arose. For example, a relative told us about a time when a separate care service had cancelled support for 1 person at short notice. They said, "[Staff] will spend even longer than the scheduled time if [person] needs them to. For example, one time [person] needed some extra support and [staff] contacted the office and just stayed with [person], it was great."
- The provider wasn't supporting people with varying cultural needs at the time of inspection. However, we asked the registered manager what they would do to ensure someone was supported in the right way if they had cultural needs which changed how they received their care. They said, "I would research it, I might speak to an advocate and I'd work with the families to make sure we met their needs."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who understood how to promote people's dignity and independence and protect their privacy.
- Staff told us how they would protect people's privacy while providing personal care. A staff member said, "It's making sure people are respected. Things like knocking on the door, talking to people while you're giving personal care and treating people how you would want to be treated, keeping the focus on the person."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans explained in detail how people wished to be supported and cared for. People's likes and dislikes, needs and preferences were all clearly recorded. People and relatives were involved throughout initial assessments and further assessments were reviewed regularly.
- Individual support plans and records demonstrated a person centred culture was promoted throughout the service and all elements of staff practice. This enabled staff to tailor their support to people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider wasn't supporting anyone at the time of inspection with any specific communication needs. However, care plans allowed for a detailed assessments of people's communication needs. This would ensure staff would be provided with clear guidance on how to communicate with people in their preferred way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to access the community and activities. Any risks related to accessing these were robust. Reflection was carried out to assess where things had worked and where staff practice could be adjusted to improve people's experience of community support.

Improving care quality in response to complaints or concerns

- The provider had received no complaints prior to our inspection and relatives told us they had no concerns relating to the support and care provided by staff or the management of the service.
- The provider had a robust policy in place which outlined how they would manage complaints. This included initial responses, timescales and the important of openness and transparency.
- Staff reported the registered manager promoted an open and transparent culture within the service. A staff member said, "In a previous job I got a name for myself because I would raise concerns. There's such a difference here, it's so open, I love it."

End of life care and support

- The provider was not supporting anyone with end of life care at the time of the inspection. We asked about their readiness to provide support to people approaching the end of their life. The provider told us they would seek training and guidance before committing to providing support in this area.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had frequent and robust oversight of standards of care and staff practice. This included checks on the management of medication, daily record keeping and the provision of people's care.
- The providers quality assurance checks were enhanced by the registered manager frequently providing support and reviewing the same records staff used to record information relating to people's support and care.
- The provider had auditing systems in place which at the time of inspection were sufficiently meeting the demands of the service due to the provider only supporting a small number of people. However, further development of audits was needed specifically relating to more formalised scheduling and audits being more detailed. This would ensure oversight was maintained if the service were to grow in the future. We discussed this with the registered manager who demonstrated a good understanding of this and a commitment to maintain a high level of governance moving forwards.

We recommend the provider continue to review auditing systems to ensure they meet the demands of the service.

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

- Evidence gathered from a review of records, feedback from relatives and staff feedback evidenced a person centred culture throughout the service. We found relatives described staff who were inclusive in their approach to supporting people and a provider who included them in planning and managing people's care.
- Staff demonstrated a commitment to their role and told us they were passionate about the support they provided. A staff member said, "I think I like working for Yellow Rose because it's giving that little bit extra. Some carers work with people where they don't have the time and they have to move on to the next call. The way we work gives the client as much time as they need, they're not rushed, it's about them and what they want to do and how they want things to be."

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

- The provider demonstrated a good understanding relating to their duty of candour responsibilities. The provider had implemented a robust duty of candour policy which provided clear guidance for the provider and staff to follow. Additionally, the provider had referenced the duty of candour policy in other relevant

policies such as the complaints policy.

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

- The provider only had limited evidence to share in terms of partnership working; however, the culture of inclusivity they demonstrated with people, families and where possible external professionals provided assurances they would continue to develop this as they extended their service to local authority partners.
- We asked the registered manager how they obtained feedback from people and relatives on how they felt about their care. The registered manager said, "I do telephone reviews and I get feedback from that. also, when I go out to do care, I'm constantly getting feedback and I always record it."
- Records evidenced the registered manager consistently collecting people and relatives feedback.