

Yorkshire Homecare Limited

# Yorkshire Homecare Limited

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Yorkshire Homecare Limited is a domiciliary care service providing personal care to adults with a range of support needs in their own homes. At the time of our inspection there were 6 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Systems and processes were in place to safeguard people from the risk of abuse. Relatives told us people received safe care and there were enough staff to meet people's needs. Medicines were generally managed well. Staff had a good understanding of infection prevention control. The provider ensured staff were recruited safely and received supervision and support to ensure safe care.

The registered manager ensured regular reviews of peoples' needs. Relatives described ways they were involved in the development and updating of care plans and risk assessments. Staff had a robust induction at the start of their employment, further coaching and competency checks ensured they had the skills and knowledge to care for people safely and in a person-centred way. Staff understood how to provide personalised care and ensure people's nutritional needs were met.

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.

The registered manager responded to feedback, ensuring lessons learnt were being used to improve the service. There were systems in place to monitor that people received safe and good quality care. Relatives and staff had good experiences of the service and could contribute to further improvement within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 October 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 October 2021. Breaches of

legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yorkshire Homecare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Yorkshire Homecare Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector, a regulatory officer and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with 3 relatives about their experience of care. We spoke with 3 staff including the registered manager and 2 administrative staff.

We reviewed a range of records. This included 6 people's care records and multiple medication records. A variety of records relating to the governance of the service, including policies and procedures were reviewed.

We looked at 3 staff files in relation to recruitment, supervision data and quality assurance records. We reviewed feedback from professionals involved with the service and records held by the provider about people. We continued to seek clarification from the provider to validate evidence found following the inspection.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care records and individualised risk assessments recorded the risks to people's safety and provided staff with guidance on how to provide care to reduce risk to people's health and safety.
- The risks to people's safety were regularly assessed, their impact monitored, and changes were made to care, and support needs to keep people safe.
- People and relatives told us they felt the care provided was done so safely. One relative told us, "Things have improved so [Relative] is very safe and I would always feel very confident to raise any issues".
- The registered manager routinely used lessons learnt from accidents and incidents to improve the service and there was some evidence lessons learnt were communicated to staff.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were generally managed safely, we recognise the provider was having some technical problems with their newly implemented electronic care recording system, this impacted on some instances of medication administration recording. There were paper systems in place to mitigate problems. However, these needed to be more robust. The registered manager took immediate action to address this.
- Medicine administration records (MAR) were used to ensure an accurate record was being kept. A regular audit of MAR was in place to ensure the support was safe and consistent.
- The provider's electronic care recording system gave clear information to staff about the support people needed with their medicines.

- The provider ensured that anyone requiring help to take their medicines was provided with support from staff who received appropriate training and competency checks to do this safely.

#### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. The registered manager routinely sought advice and guidance from the local authority safeguarding team.
- Staff had received safeguarding training and were able to tell us what would cause them concern and how they would report this.
- The registered manager and staff understood their responsibilities in relation to safeguarding. The registered manager routinely sought advice and guidance from the local authority safeguarding team.

#### Staffing and recruitment

- There were enough staff working within the service to meet people's needs. Staff had a robust induction and regular supervision. People and relatives gave us generally positive feedback about staffing levels and punctuality.
- Staff were recruited in a safe manner, and the appropriate checks were carried out, such as 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.
- Effective systems were in place to organise and monitor calls, making sure visits had been completed.
- The registered manager had taken action to strengthen safe recruitment practices and had taken remedial action where appropriate.

#### Preventing and controlling infection

- People were protected from the risk of infections. Staff received infection control training. Disposable personal protective clothing, including gloves and face masks, were available.
- Staff were able to tell us about measures in place to reduce the risk of the spread of infection.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure suitably qualified, competent, skilled and experienced staff. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Systems and processes were in place to induct and train staff. All staff received a robust induction and a period of shadowing more experienced staff before working alone. The provider carried out observations and spot checks to ensure, skills, knowledge and competency were in place and records confirmed this.
- Staff told us they had the necessary training, skill and experience to care for people effectively. Staff said there was ongoing training to develop their skills and knowledge.
- Relatives told us that staff were well trained and knowledgeable. One relative told us, "The staff seem to know what they're doing, during the odd times that I have popped in and seen them, it always comes across as them doing exactly what is needed and there is no confusion".
- The registered manager ensured staff were supervised and had implemented an appraisal system.

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.

- In general people's capacity to make decisions was assessed and recorded in their care records. However, we highlighted concern where a best interest decision may have been required for one person. The

registered manager took immediate action to resolve this.

- People who had the capacity to consent to their care, did so appropriately.
- Staff received training about the principles of the MCA and the registered manager had introduced quizzes to embed learning about a range of key principles of appropriate care.

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

- People's needs and choices were not always assessed before they started using the service. However, the registered manager had taken action to address this when they came into post.
- People using the service and their representatives were consulted as part of the assessment process. Assessments were used to help develop care plans and were regularly reviewed and updated.
- Care plans were reviewed and updated when there was a change in need. The registered manager had a plan to increase the routine review of care plans.

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

- People who needed support to eat and drink were given this. Care plans included information about people's dietary needs.
- When people required support, this was part of their care plan. Staff recorded when they had given people food and drink and this was monitored to make sure care plans were followed.

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

- People's healthcare needs were monitored and met. Care plans included information about people's healthcare needs and any interventions or support they required. Staff had responded appropriately when people had become unwell, alerting medical professionals. One relative told us, "On one occasion, one of the carers rang [Manager] as [Family member] didn't seem right. The GP was then called and it turns out [Family member] had an infection. It's not just a tick box exercise, they seem to really care."
- The registered manager worked with a range of health and social care professionals to monitor and meet people's needs. They ensure staff followed guidance, had relevant training and information to help make sure people received the right care and support.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to robustly assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Managers and staff understood their roles and responsibilities
- The registered manager demonstrated a good knowledge and understanding quality performance, risks and regulatory requirements. They had taken demonstrable action to address concerns raised at the last inspection since coming into post.
- The registered manager carried out quality review checks which helped to ensure care plans and risk assessment were up to date.
- Most relatives knew who the registered manager was and felt able to raise concerns with them. One relative told us, "I have always been able to express myself with [Registered manager], it works both ways. The agency is open to my views."
- The provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong. There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints.
- There was good evidence the provider was working with the local authority to ensure concerns were managed appropriately.

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

- There was a positive culture which was person-centred. Relatives told us they were happy with the provider and would recommend it to others. Some of their comments included, "I would recommend this agency to others. They are 10/10, I have no qualms." Also, "Everything is perfect. I don't think that any changes are required. We have such a wonderful routine in place, if anything was changed it would spoil it all."
- Staff felt well supported and were happy working there. They told us the registered manager was

approachable and they enjoyed working with people and their families.

- The management team had good knowledge and understanding of the people they were supporting and knew them well. The registered manager had taken action to ensure the service was more person-centred and staff understood this approach. This enabled people to have more positive outcomes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider valued people's diverse needs. Relatives gave us examples how staff ensure person-centred care. One relative told us, "The agency tend to go through me as there is a language barrier. I know that they do try to explain my [First relative's] needs to my [Second relative]."

Continuous learning and improving care.

- The provider engaged with people using the service and others. They carried out regular wellbeing checks, telephone calls and visits for people. They also asked people to complete satisfaction surveys. They collated and analysed all feedback, which was discussed by the management team so improvements could be made to the service.
- Relatives told us the management team and staff, listened to their views and acted on them.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals. Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met.