

New York Care Limited

# New York Care Limited t/a Home Instead 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

New York Care Limited t/a Home Instead Senior Care is a domiciliary care service providing care and support to people with a range of support needs living in their own homes. There were 68 people being supported with personal care at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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:

People continued to receive an extremely caring service from staff who were very motivated to deliver a highly compassionate, high-quality service. Care staff were very sensitive to people's needs and treated them with the upmost dignity and respect. Staff built positive, trusting relationships with the people they cared for and were also very sensitive to the needs of the whole family. There was a very strong focus on staff support and well-being, which helped promote a positive, person-centred culture and motivated the staff team. Staff went above and beyond to meet people's needs and fulfil their wishes.

There were enough staff to provide a consistent, reliable service. Staff assessed and mitigated risks to people's safety and wellbeing. People received their medicines as prescribed.

People received care from staff who were well trained and knowledgeable. Where it was part of people's care package, staff prepared meals and drinks to support people in maintaining a good diet. Staff were proactive in promoting good nutrition and hydration. Staff were attentive to changes in people's health and wellbeing, and worked well with healthcare professionals to ensure people's holistic 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. Staff sought people's consent and were very respectful of people's choices and wishes.

People had a comprehensive care plan with information about their needs and preferences, so staff knew how to support them. Staff were responsive to changes in people's needs and adapted their support accordingly. People received support to access social and leisure opportunities. The provider had been proactive in encouraging people to re-build their confidence in going out in the community again following the COVID-19 pandemic lockdowns.

Staff provided compassionate end of life care. They built positive relationships with specialist services to access advice, practical support and keep up to date with best practice.

People, their relatives and external professionals were very satisfied with the service. There was a clear

emphasis on continual improvement, and the provider had invested in a number of new systems since our last inspection. The provider had a quality assurance system, which included promptly checking and reviewing all care and medicine records. This system was generally robust, but we found some areas which could be more effective. This included identifying and addressing some recording issues in relating to the Mental Capacity Act and medicines.

The provider was very proactive in working with other agencies and stakeholders, for the benefit of people using the service and the wider community. This included participating in research projects and sharing information, resources and best practice.

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:

The last rating for this service was Outstanding (published 3 November 2018).

Why we inspected:

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 good.

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?

Outstanding ☆

The service was exceptionally 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.

# New York Care Limited t/a Home Instead Senior Care

## **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 Care Act 2014.

#### Inspection team

Two inspectors and one Expert by Experience conducted the inspection. 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 home.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the provider a short period of notice of the inspection. This was because we needed to be sure there would be staff available at the office to assist with the inspection and make arrangements for us to telephone people who used the service.

#### 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. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

The provider sent us some documentation before the first site visit. We then visited the location's office twice and spoke with five care staff (known as care givers) over the telephone. An Expert by Experience spoke with eight people who used the service and relatives.

At the office, we spoke with the registered manager, the nominated individual and seven other staff, including schedulers, administrators, an assistant care manager and the operations director. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at records related to people's care and the management of the service. We viewed four people's care plans, daily notes and medicine records, and aspects of five other people's care records. We reviewed four staff recruitment and induction files, training and supervision information, and a range of records used to monitor the quality and safety of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and had a video call with the nominated individual. We received feedback via email from professionals who have contact with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

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

- People received good support to help them live safely at home. Risks to people's safety and wellbeing were assessed and regularly reviewed.
- Staff recorded any accidents and incidents. The registered manager reviewed these incidents to identify any action required to prevent similar incidents occurring again.
- People and their relatives felt very safe with the care staff that visited.

Staffing and recruitment

- There were enough suitably skilled staff to meet people's needs.
- People received a very reliable and consistent service, usually from a regular group of care staff who knew them well. One person told us, "They are always on time and stay for the full hour." A relative said, "They always arrive on time and they will ring me if they are going to be held up. It very rarely happens."
- Appropriate recruitment checks were completed to ensure applicants were suitable to work with people who may be vulnerable.

Using medicines safely

- There were systems in place to make sure people received their medicines as prescribed.
- Staff received medication training and competency checks.
- Since the last inspection, the provider had implemented an electronic care planning and medication system. This enabled the management team to remotely monitor and make sure medicines had been given at the correct time, and any issues could be addressed in a timely way.
- There was inconsistency between information recorded in medication care plans and the electronic app system, for two people. This was in relation to whether medicines were prescribed on an 'as and when required' basis. There was also limited information available to staff about when to use medicines required for use 'as and when required'. The registered manager agreed to address this.

Preventing and controlling infection

- Staff followed appropriate infection prevention and control procedures, in line with relevant national guidance.
- The provider had assessed risks to people and staff and taken appropriate steps to minimise the risks from COVID-19.
- People and relatives confirmed staff wore personal protective equipment (PPE), such as face masks, aprons and gloves. One relative told us, "[Care staff] always make sure they are wearing their PPE before they come in the house and always take it away with them when they leave."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had effective safeguarding systems in place to help keep people safe.
- Staff were trained and knowledgeable about how to report any concerns.
- Safeguarding alerts were raised with the local authority in a timely way. Appropriate action was taken but records about the outcome of some cases was not always readily available, to assist with monitoring that all actions had been completed. The registered manager agreed to address this.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and on-going support and training. They could also access training through an on-line learning platform, which had been introduced since our last inspection.
- Staff were very satisfied with the training and told us, "It definitely gives me the skills I need."
- Staff received regular supervision, support visits and appraisal. Some staff were overdue their supervision meetings, but these were planned.
- People, relatives and external professionals spoke very positively about the skills of staff. One person told us, "I do think they have the right skills to care for my needs. They understand my condition." A social care professional told us care staff understood people's care and support needs very well.

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 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.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to consent to their care and worked with the local authority if any applications were required to authorise restrictions to people's liberty.
- Staff sought people's consent before delivering support and respected people's decisions.
- Staff followed the principles of the MCA, but records in relation to this could be clearer in some cases, including when decisions had been made in people's best interests. The registered manager agreed to address this.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- Staff were very attentive to changes in people's needs and supported them to access any healthcare they needed. Staff worked proactively with health professionals and followed their guidance.
- The vigilance and encouragement of staff had resulted in people agreeing to seek medical attention when needed. This included one person who received a diagnosis of a serious condition they were unaware they

had, and were subsequently able to access treatment for this.

- There was good information about each person's health needs in their care plan.

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

- People's needs were assessed and regularly reviewed, so staff had information about how to support them effectively.
- The nominated individual and registered manager had a good understanding of best practice and promoted this in the delivery of care.

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

- Staff encouraged people to eat well and drink enough to maintain their hydration and a good diet. Staff prepared meals for people, where this was part of their care package.
- Information about people's nutritional needs and preferences was recorded in their care plans, so staff had access to the information they needed.
- Staff were creative in encouraging people's dietary intake. For example, they had created a menu each day for one person, to make the food sound more enticing. They created a 'specials board' and presented the food attractively to make it feel like a café experience.
- The provider was proactive in promoting nutrition and hydration tips and information, via their newsletter for people and their families.

# 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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- People were treated with exceptional kindness and respect. Staff often went above and beyond people's expectations to ensure they got the practical and emotional support they needed to promote their well-being and improve their quality of life.
- People, relatives and external professionals were unanimous in their praise of the staff. One person told us, "The girls who come to me are definitely caring. Nothing is too much trouble. They treat me with real respect; they are more like friends rather than carers." Relatives described staff as, "Absolutely amazing" and "Consistently fantastic". Another commented how staff, "Go above and beyond."
- There was an extremely strong, person-centred culture within the service and people received care from very caring, compassionate and highly motivated staff.
- The consistency and reliability of the service meant staff were able to build positive, trusting relationships with people. People had input in choosing their preferred care staff and care calls were a minimum of an hour long, which meant care was not hurried. Staff were particularly sensitive in identifying when people needed additional emotional support. This included using technology to help people keep in contact with relatives during the pandemic.
- Relatives were particularly complimentary about how staff considered their needs too. This included simple gestures, such as making them a cup of tea too when visiting to provide care for their loved one. Or staff suggesting and supporting with an environmental change for one family, which helped the relative get better sleep on a night, whilst still maintaining the safety of the person in receipt of care. These small changes had made a real difference to people.
- There continued to be a very strong focus on staff support and well-being. This helped ensure staff were motivated to deliver the highest quality care. Staff well-being initiatives included two staff completing a Mental Health First Aid qualification and offering support to other colleagues. The provider promoted staff accessing external sources of bereavement and well-being support during the COVID-19 pandemic. The provider had a holiday home which staff could book for a nominal cost towards utility bills. This gave them opportunity to rest and recuperate.
- Staff completed equality and diversity training and had an excellent understanding of people's diverse needs.

Respecting and promoting people's privacy, dignity and independence

- People received exceptionally sensitive support to maintain their privacy, dignity and independence. Respect for privacy and dignity was at the heart of the service's culture and values, and was embedded in the way staff delivered people's care.

- Staff's in-depth knowledge of best practice and people's individual preferences enabled them to respond to people's wishes and put them at ease. This included examples where people had initially been reluctant to accept care; the patience and sensitive support from staff had resulted in very positive outcomes for people. One person confirmed, "They always make sure that I feel comfortable." A relative told us, "They are very sensitive when it comes to personal care and they always make sure that [my relative] is happy with what they are doing and that they maintain their dignity at all times."
- Staff promoted people's independence very effectively to help them maintain their skills and well-being. Staff were extremely proactive in identifying when aids or simple adaptations may help people maintain their independence. For example, they identified when someone was struggling with a complex remote control, and organised for the purchase of a simpler one with larger buttons. They also organised for occupational therapy assessments where specialist advice or adaptations may be beneficial. This had had a positive impact for people.

Supporting people to express their views and be involved in making decisions about their care

- Staff were highly skilled at helping people to express their views and respecting their wishes, preferences and choices. We received consistently positive feedback that showed care staff were highly responsive to people's requests, and made sure people got the support they wanted.
- The provider worked with other external partners to share information and sources of support. This included producing regular informative newsletters, not only for people and relatives, but also members of the wider public. They worked with the local authority on initiatives for the benefit of older people in the local community, and also funded university research projects, including one about how people find out about and access care.
- People were fully involved in decisions about their care, such as in their regular care review meetings and day to day decisions about the support they wanted. There were many examples to illustrate that the provider responded promptly to feedback, suggestions and requests.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good care organisation and delivery.

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

- Each person had a detailed care plan, with good information about their individual needs and preferences. These were regularly reviewed so staff had access to up to date information about how to support people.
- There was a new electronic care planning system, which enabled staff to access all information they needed via an app on their phone. Care staff also recorded all care and medication on this system, which meant office management staff had instant access to information about the care that had been delivered. Relatives were also able to access this information via a portal, and several said how beneficial they found this. One relative told us, "Despite living a long distance away I can see through the portal each day what is happening with my relative and I can contact the carers to discuss anything."
- Staff were highly responsive to the needs of people they supported and tailored their support accordingly. This included adapting care packages when people's needs changed. For instance, the provider had set up a live-in care service for one person when their needs changed, enabling them to stay living in their own home.
- People and relatives were very satisfied with the responsiveness of the service. They confirmed they could make changes to their care package easily and one relative told us, "The [care staff] definitely understand my relative's needs and make sure that is what they get."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider assessed and recorded information about people's communication needs, in line with the AIS.
- Staff were aware of people's sensory and communication needs and responded accordingly.

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 relationships people had built with staff during their regular visits helped them feel less isolated, particularly during the COVID-19 pandemic. Where it was part of people's care package, staff supported people to access social activities and community facilities.
- When national restrictions had lifted in early summer 2021, the provider recognised some people may feel

apprehensive going out in the community again. They offered a discount on companionship calls during this period, to encourage people to enjoy a trip out and to help build their confidence.

- People were supported to keep in regular contact with friends and relatives.

#### End of life care and support

- The provider had systems in place to ensure people received any support they needed at the end stage of their lives.
- Staff worked alongside healthcare professionals to ensure people were comfortable and pain free.
- The provider had built good relationships with specialist services, such as hospices, to access advice, practical support and keep up to date with best practice.
- The provider had received very positive feedback about the compassionate care people had received.

#### Improving care quality in response to complaints or concerns

- There were systems in place to ensure any complaints were appropriately addressed and responded to.
- People and relatives told us they would feel confident raising any concerns. Where people had raised any issues, they were satisfied with how these had been dealt with. One relative told us, "They apologised and acknowledged it and addressed it. Since then it has been flawless."

# 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 the last inspection this key question was rated as Outstanding. At this inspection this key question 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.

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

- The service had a robust management and administrative structure and staff were clear about their roles.
- In the year before our inspection, there had been a number of management changes, including a restructure to support with developments at the service and to increase the level of practical support to care staff.
- There were good communication systems, and management and office staff met daily to action plan and exchange important information.
- The provider had a quality assurance system and management staff promptly checked and reviewed all care and medication records. The new electronic system, introduced since our last inspection, had increased the volume and timeliness of information available to managers. Action was taken when issues were identified in audits. However, some opportunities had been missed to pick up and address anomalies, for instance in medication and MCA documentation.
- The nominated individual and registered manager understood their regulatory responsibilities and submitted information to CQC about incidents at the service as required. Information about one incident was submitted retrospectively, and we discussed with the provider about making sure quality assurance processes supported with ensuring there were no future delays.
- The nominated individual promoted good practice and innovation with staff. There was a clear focus on continuous improvement within the organisation and a detailed service improvement plan was in place to support this. More time was needed to see the impact of some recent, and planned, initiatives.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The nominated individual and registered manager promoted a very positive, person-centred culture. This resulted in a high-quality service and good outcomes for people.
- The provider routinely sought people's feedback about their care as part of their quality assurance checks.
- Staff were very well supported and had opportunities to make suggestions or raise concerns. The majority of staff told us the management team were very approachable and responsive. Their comments included, "They are friendly, nice and so happy to help you. I have utter praise for them" and, "They're responsive to suggestions."
- There was an Employee Assistance Programme, staff recognition initiatives and long service awards. Care staff felt valued and told us, "They praise you for doing things and thank you. Like you'll get an envelope

through the post, with a thank you note and a voucher to go and get a coffee."

- Staff were very motivated and demonstrated commitment to the people they cared for. One told us how they went on forums in their own time, to research best practice in dementia care.
- People and relatives were very satisfied with the care provided and the service had received many compliments and positive feedback. One person told us, "The office staff and manager are so helpful and I would say that it is well managed." Relatives told us, "I'm very happy with service and I do think that it is well managed and provides a first class service" and, "The consistency and level of care from each individual in the organisation is excellent."

#### Working in partnership with others

- The provider developed good relationships with health and social care professionals, which helped ensure people's holistic needs were met.
- The provider was proactive in sharing good practice with external partners and other providers. A social care professional told us, "[Nominated individual] often supports the sector by sharing information and supporting other providers...I am particularly impressed by the positive communications about the sector [Nominated individual] and his team produce. This has shone a very much needed positive culture and highlights the ambition and pride Home Instead demonstrate."
- The provider had shared resources with local community groups during the pandemic, including donating personal protective equipment. The provider was also very proactive in engaging with community projects, such as an initiative with the local authority, aimed at reducing the barriers some older people face accessing the community.

#### 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 nominated individual and registered manager were aware of requirements in relation to the duty of candour.