Yorkshire Care and Support Services Limited

Yorkshire Care and Support Services

Inspection report

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Date of inspection visit:
09 March 2016

Date of publication:
31 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection of Yorkshire Care and Support took place on 9 March 2016 and was announced. Yorkshire Care and Support was registered with the Care Quality Commission in January 2015. This was the first inspection of the service since their registration.

Yorkshire Care and Support is registered to provide personal care. Care and support is provided to people who live in their own homes within the Wakefield area. On the day of our inspection 75 people were receiving support with personal care.

The registered provider is also the registered manager for the service. 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.

Staff had received training in safeguarding vulnerable people and were aware of what may put people at risk of harm and the action they should take to keep people safe.

Care plans contained risk assessments which recorded the level of risk to staff and people who used the service and the actions that should be taken to reduce the risk of harm to people and staff.

There were thorough recruitment procedures in place with references and disclosure and barring service checks completed on potential employees.

The recording of the administration of people's medicines was not safe. Records did not provide a clear and accurate record of the medicines people were prescribed and the medicines which staff had administered at each individual administration. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff received induction, and ongoing training and support. Training consisted of workbooks practical and face to face training.

We have made a recommendation about mental capacity assessments and documentation in care plans.

People who were assessed as needing support to eat and drink received assistance from staff.

People told us staff were kind and caring. People's care plans included a summary of their life history. Staff were able to clearly explain the steps they took to maintain people's privacy and dignity.

People told us they had a care plan in place and they had been involved in the development of this. Care plans were detailed and people's daily logs recorded the care and support they had received.

People were aware of how to complain and where complaints were received, these were acted on.

During our inspection we found the culture of the organisation to be open and transparent. Staff understood their role and responsibilities and the views and opinions of people who used the service were obtained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe.

Recruitment procedures were thorough.

Records relating to the administration of people's medicines were not clear and accurate.

Is the service effective?

Good

The service was effective.

New staff were supported and all staff received training, including refresher training, as required.

Staff respected people's right to make their own decisions regarding their daily lives.

People received support to eat and drink.

Is the service caring?

Good

The service was caring.
People told us staff were kind and caring.

Staff were knowledgeable about the people they supported.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were reviewed at regular intervals

Care plans were reflective of people's individual needs.

People were aware of how to complain.

Is the service well-led?

Good

The service was well led.

The registered person was involved in the day to day running of the organisation.

A weekly office meeting was held to review the events from the previous week and plan for the week ahead.

There were systems in place to regularly seek feedback from people who used the service.

Yorkshire Care and Support Services

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 was planned to check 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.

This inspection took place on 9 March 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the manager would be available to meet with us. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service including notifications, we also spoke with the local authority contracting team. At the time of the inspection a Provider Information Return (PIR) was not available for this service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we had not asked the provider complete this document.

During our visit we spent time looking at eight people's care plans, we also looked at five records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the registered person and a care co-ordinator. Following the inspection we spoke with five care staff on the telephone. An expert by experience spoke on the telephone with eight people who used the service and ten relatives of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for a person who uses this type of care service. The expert by experience on this occasion had experience in providing care and support to older people.

Requires Improvement

Is the service safe?

Our findings

Each of the staff we spoke with told us they had received training in safeguarding people from the risk of harm and we saw certified evidence of this in the three staff files we reviewed. Each of the staff members we spoke with was able to tell us what may constitute abuse and were clear in their understanding of the need to report these concerns promptly to a member of the office team. The registered person told us they were confident that any concerns staff may have, they would be notified of these promptly and a referral would be made to the local authority safeguarding team. This showed people who used the service were protected from the risk of abuse, because staff were aware of their responsibilities in keeping people safe.

Each of the care plans we looked at contained a generic risk assessment. This addressed a variety of areas, including location of the property, access to people's home, fire and domestic appliances. Where people required moving and handling equipment we saw a risk assessment and care plan was in place. The information recorded in this document detailed the equipment they used and how this was to be fitted. The risk assessment recorded hazards, possible risks and identified the steps that should be taken to reduce these risks. This meant people's care and support was planned and delivered in a way that reduced risks to their safety and welfare.

We asked one staff member what action they would take in the event of a person not responding to them when they arrived at their property. They told us this had happened to them and they had telephoned the office and staff had then contacted the person's family. They also said they would look through the window or letterbox and if the person had a key safe, they would let themselves into the property to look for the person to see if they were safe. This demonstrated this member of staff was aware of their responsibility in keeping people safe.

Each of the staff we spoke with told us they had attended an interview and the registered person had obtained references and applied for a Disclosure and Barring Service (DBS) check. The three staff files we reviewed contained a completed application form, written references from previous employers and evidence of a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people working with vulnerable groups. The registered person told us the recruitment process was thorough and included a literacy and numeracy test. They said they were keen to only employ people who were suitable for the role and they said they would reject potential candidates if they felt they were not suited to the job or if they could not provide the necessary evidence to support their application. This showed the registered person had systems in place to reduce the risk of employing people who may not be suitable for the post.

When we asked people who used the service if they had regular care staff and if the staff turned up on time, the majority of people we spoke with told gave positive feedback. One person who used the service said, "They are on time pretty much and I know who is coming, more or less." Another person said, "I have two regular carers, I've got a new one at the moment as one is on holiday and you can't help that. They are more or less on time and they ring if they are not." A relative told us, "We did have regular carers but one has left to go into the office so we are getting used to some new ones. They are more or less on time and they ring if

they are really late." However, one relative said, "It's pretty good but it's the times that scuttles me, they are supposed to come at 9.00 and its 9.45 or later before they come." Another relative said, "They come before time sometimes, and I like to be up and dressed and the water on before they come. I don't know who is coming."

The registered person showed us how their electronic call monitoring system worked. We saw this system recorded the times staff logged in and out of people's calls. The registered person explained that if a member of staff was 'late' to a call, an email was automatically generated and sent to the 'on call' phone. They explained this enabled them to take appropriate action to deal with the matter. They said the time frame for what was classed as 'late' could be adjusted in the event that a person's call was time critical. They told us about a person who they provided support to who required their medicines to be administered at a specific time each morning, they showed us how the alert had been adjusted to notify senior staff if staff had not logged in within 15 minutes of the specified time frame. This showed the registered person had a system in place to reduce the risk of people receiving late or missed calls.

Two people we spoke with told us staff supported their family member with their medicines. One relative said, "They do the medications and it's done right." Staff we spoke with told us they all completed medicines training and we saw evidence of training in the three staff files we reviewed and on the registered person's training matrix. The risk assessment in people's care plans recorded if they required support from staff to manage their medicines. We reviewed a random selection of completed medicine administration records (MARs) and saw staff initialled the record to indicate the person had been supported with their medicines. None of the MARs we reviewed provided details as to the name, strength, dose, route or frequency of the individual medicines staff were administering.

When we raised this concern with the registered person they told us another document was kept in people's homes which provided these details. When we asked if we could see a completed one, a member of the office staff went to collect one from a person's home. We saw the document provided more details in regard to the individual medicines however, due to frequent changes that had been made to their medicines regime, by their doctor, it was difficult to clearly see which medicines they were currently taking. Where they had been prescribed a short course of medicine, for example, antibiotics, we could not clearly evidence these had been administered as prescribed. This meant appropriate arrangements were not in place in relation to the recording and handling of medicines.

People's medicines were not managed safely. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service effective?

Our findings

People told us staff had the skills to do their job. One relative said, "They seem well trained." Another relative said, "They seem to know what they are doing." Only two people made a negative comment. One person said, "They don't know what they are doing." A relative said, "They don't seem well trained, they use the hoist alright but if it's a new one I have to show them how the sling works because they don't know and they ought to." We spoke with the registered person regarding this comment and we were reassured they would take action to address this concern promptly.

Staff told us they had to go to the office each week to collect their rota, they each said this gave them opportunity to see the office staff and receive any information relevant to the people they were supporting, for example, if someone's needs had changed. An effective handover of information is essential in ensuring staff have all the relevant information they need to support people safely and effectively.

The registered person told us they ran an induction programme for new staff each month. This enabled new employees to complete basic training and then complete a period of between a week and ten days where they shadowed a more experienced staff member. Two of the staff we spoke with told us they had had new staff shadowing them. One said, "We show them (new staff). The best way of learning is to be involved." Another staff member told us when new staff shadowed them they had a form to complete for the registered person which recorded how the new staff member had performed. This showed new staff were supported in their role.

Staff told us they had received training when they commenced employment and regular refreshers in a variety of different subjects, including, moving and handling and infection prevention and control. Staff said the training was a mixture of workbooks, practical and face to face training. When we visited the offices we saw a room which contained a height adjustable bed, a hoist, commode and various slings to be used with the hoist. The registered person told us this equipment was to enable staff to receive practical moving and handling training. One new staff member said they had no previous experience of care work and they felt the volume of training they had received had been overwhelming, however, they also said they felt the training had prepared them for the job. Another two staff members we spoke with also told us they felt the training was of a good quality. Ensuring staff receive thorough training and regular updates mean staff have up to date skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

The registered person told us each staff member received a minimum of four supervisions or spot checks per year. Staff we spoke with confirmed they had received regular supervision and told us they felt supported and confident they could speak openly with the registered person and current office team. We saw evidence in the staff files we reviewed that supervision had been completed on a regular basis. Having regular management supervision ensures staff's performance and development needs are monitored.

The registered person showed us their training matrix. This recorded each staff member, the date individual training had been completed and the date it was due to be refreshed. This also logged the dates staff

received, and were due their supervision. This demonstrated the registered person had a system in place to ensure staff received regular and ongoing training and support.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. 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.

In each of the care plans we reviewed we saw, where the person had capacity to do so, they had signed their consent to the care and support they received from Yorkshire Care and Support staff. We saw from one of the care plans the person did not have capacity to make decisions relating to the care they received. We asked to see evidence that mental capacity assessments had been completed. The registered person showed us the paperwork that had been completed however; we noted the documentation was not adequate to meet the requirements of the Mental Capacity Act (MCA) 2005. We recommend the registered person finds out more about mental capacity assessments and documentation, based on current best practice, in relation to the specialist needs for people who lack capacity

The registered person told us staff received MCA training and this was refreshed every three years. Not all the staff we spoke with could recall completing this training. However, when we spoke with staff they were all able to explain clearly how they enabled and supported people to make decisions and choices about their daily lives. One staff member we spoke with told us, "They may have dementia but they are still a person. They know what they want and how they want it (done)." This demonstrated staff respected people's right to make their own decisions.

People spoke positively about the support they received with eating and drinking. One relative said, "We make the meals and freeze them, so (relative) gets home cooked meals and then heat them up and give them to (person). Sometimes they don't want them; (person) likes egg and bacon sandwiches, so they do them for (person)." A person who used the service told us, "They do my breakfast, they do what I want."

People's care plans recorded where they required support with meals. We saw the entry in one person's care plan instructed staff to cut the person's toast into 'eight square cubes and leave a fork on my plate'. Having this level of detail in people's care plans ensures staff have the information they need to meet people's individual needs and preferences.

Each of the care plans we reviewed recorded the name and contact details for the person's GP. This meant staff had information to enable them to access the person's doctor in the event medical advice was required.

Good

Is the service caring?

Our findings

Everyone we spoke with said the care staff were kind and caring. A person who used the service said, "Oh they are lovely. I couldn't ask for better." Another person who used the service said, "They are marvellous, they are so kind to me. They are so good to me, they look after me." A relative said, "The regular carers are excellent." Another relative said, "They are all very polite, sometimes it's young ladies and sometimes young men, it's very nice."

When we spoke with staff they answered our questions in a friendly but professional manner. They referred to the people they supported in a caring and knowledgeable manner. One member of staff told us how they ensured a person they supported could access a drink, they said, "We make (person) a coffee, we make sure it (cup) is facing the right way so they can get it ok." Another staff member told us how they provided care to a person who was nursed in bed. They explained how they used cushions to support the person to ensure they were comfortable. This showed people were supported and cared for by staff who knew them well.

The registered person told us when they accepted a new person a welcome visit was undertaken to the person's home by a member of the office team, for example the care co-ordinator. They explained this visit enabled them to meet with the person and / or their family and gain the information they needed to develop the care plan around the person's individual needs and preferences.

Some of the care plans we reviewed contained a detailed life history for the person. This included details about their previous employment, their spouse, children, grandchildren, hobbies and interests. Where a life history was not present, we saw a note had been left in the file which indicated the information had been requested from either the person or their family. The registered person told us they felt recording people's life histories was an important part of the care planning process. Having detailed information about a person's life enables staff to have insight into people's interests, likes, dislikes and preferences. Life history can also aid staffs' understanding of individuals' personalities and behaviours.

People's privacy and dignity was respected. One of the care plans we reviewed recorded, 'I would like to be left alone to use the commode'. When we spoke with staff about respecting people's right to privacy and dignity, one member of staff said, "We close doors and curtains, if family are there we ask them to leave the room. I also use towels to cover people up."

Care plans recorded where people wished to be supported to maintain their independence. For example, one plan recorded 'I am very independent'; another noted 'I may want to make my own breakfast'. One of the staff said, "We let them do what they can, we don't take over, we encourage people to do things." The registered person told us, "We want to enable, not disable." Encouraging people to maintain their level of independence can help people maintain a sense of worth and promote wellbeing.

Each of the staff we spoke with was able to describe to us how they supported people to make choices about the clothes they wore and the meals they ate. One staff member said, "I get their clothes out but I offer a choice, let them choose." We asked what they would do if the person chose clothing which would not be

appropriate to the temperature, for example not choosing warm clothing in winter. The staff member told us they would verbally encourage the person to put on a warmer layer of clothing. Offering people choice and control over their daily lives is a key aspect of maintaining a person's dignity and life skills.

Good

Is the service responsive?

Our findings

People told us they were involved in their care plans and the plan was periodically reviewed. A relative said, "We were involved in the care plans and we have a review from time to time, but the office is very good about telling you about things." Another relative said "We were involved in the original care plan and we get a review from time to time but the office is easy to talk to and they do ring up if anything isn't right."

The care co-ordinator told us people's care plans were reviewed annually or in the event someone's needs changed. They said any changes were made in conjunction with the individual and / or their family. One of the staff members we spoke with told us care plans had not been accurate but these were now improving. Another staff member told us if there was a problem with someone's care plan, "If you tell the office, they will change it." This showed care planning took account of people's changing care needs.

Each of the eight care plans we looked at contained a service user care plan. This recorded the care and support the individual needed at each call. We saw this information was person centred and provided adequate detail to enable staff to be able to provide the care and support the person needed. For example, one person's care plan recorded at the night call, staff were to 'turn my fire off and switch on the lamp'. Another care plan recorded 'supervise me downstairs using the stair lift and into the dining room'.

Care records noted people's medical history and where people had a medical device, for example, a urinary catheter, the care plan contained information for staff as to what the device was and how the person using the device should be cared for. This meant staff had access to information to enable them to provide care and support to meet people's individual needs.

We also looked at a random sample of daily logs which were completed by staff. We saw these recorded a description of the care they had provided to the person. Where staff had supported someone with their medicines this was clearly recorded in red. We noted an entry in one of the logs we reviewed, 'lovely chat and laughs'. We checked the daily logs for one person and saw the records made by staff reflected the content of the person's care plan. This showed this person was receiving the care and support they were assessed as needing. However, the relative of one person we spoke with told us, "The paperwork is a damn nuisance it eats into the care time."

Most people and relatives told us they had regular contact with the office staff. A person who used the service said, "The office has been very helpful." Some people we spoke with told us staff from the office would visit them, one person said, "They do come from the office sometimes." Another person told us, "Someone comes out from the office sometimes to check."

A relative we spoke with told us they had made a complaint about the service and they told us they were satisfied with the response from the registered person. We looked at the registered person's complaints log and saw four complaints were logged in the previous twelve months. This included details of the complaint and the outcome. We saw a sample of a file which was kept in service users' homes and this included a copy of the complaints procedure and an envelope pre-addressed with Yorkshire Care and support office address

to enable people to post their complaint directly to the office. This showed people were enabled to raise a concern or complaint with the registered person.

Good

Is the service well-led?

Our findings

We asked people for their overall feedback about the organisation. Some of the people we spoke with remarked that communication could be better while others felt communication was good. One person said, "I came from another service, the carers were good but the organisation was terrible, this is much better." Another person told us, "We are very happy with the service." A relative said, "It's all good, no worries." However, one relative said, "If I had to say anything about them it would be more communication from them would be helpful, more letting me know what's happening, I know they are busy but I think it would help matters."

At the time of our inspection there were two registered managers in post. The registered person was also the registered manager and was involved with the organisation on a regular basis. The second registered manager was an employee however, the registered person told us they had recently resigned from their post and would be leaving the organisation in the coming few days. The service also employed an office manager, three care co-ordinators and approximately 33 care staff. Throughout the time of our visit and when speaking with care staff after the inspection, we found the atmosphere and culture of the organisation to be open and transparent.

The registered person, care co-ordinator and the staff we spoke with understood their roles and responsibilities. The registered person told us this was explained at interview along with the expectations of the organisation. The registered person said this was to ensure staff 'know what we want from them'; they added "I am very proud of the staff and the quality of the care they deliver." They went on to say they wanted to ensure their organisation 'provided the best for people'. Staff told us they felt supported. The care co-ordinator told us, "I don't feel afraid to ask if I need help. We all work together and help each other." One of the staff we spoke with on the telephone said they had recently had a letter from the registered person to inform them about changes at the office, they also said, "Things are moving in the right direction. Things are improving already".

The registered person and the care co-coordinator told us they held a weekly tombola for staff. They explained a raffle ticket was put in staff wage slips each week; this gave all staff the opportunity to win the weekly tombola prize. They also told us they had 'employee of the year' award. They said staff put forward their nominations and then the registered person and the office manager made the final decision on the winner. The registered person told us part of the criteria for the winner was work ethic and staff demonstrating they had gone 'above and beyond'. These gestures can help staff to feel valued and appreciated.

The registered person told us a weekly office meeting was held. This was corroborated when we spoke with the care co-ordinator. We saw minutes of these meetings and saw a variety of matters were discussed, including feedback from staff who had been on call at the weekend, plans for the week ahead and any concerns or complaints raised by people who used the service. Meetings are an important method of monitoring the service, identifying potential problems and coming to an informed view as to the standard of care and support for people have received.

In each of the care plans we reviewed we saw a document which recorded the date a quality audit had been completed. However, none of the audits recorded the findings of the audit, if any issues had been identified and where appropriate, if any action had been taken to address the matter. We discussed this with the registered provider at the time of our inspection and they told us some areas of improvement had already been identified by themselves and senior staff and they were taking steps to address these matters. Following the inspection they emailed us their action plan, we saw this recorded areas where the organisation had identified the need to improve and what action was to be taken to address the issues, we saw this included audits.

People told us they had received a questionnaire to ask for feedback about the quality of the service they received. A person who used the service said, "They send me a questionnaire from the office." A relative said, "We get a questionnaire and I fill that in with (relative)."

The registered person told us a feedback survey was completed annually. We saw the survey summary from 2015. The summary recorded the number of surveys issued and the response rate. The results for each question were displayed in a simple pie chart graph and a sample of quotes and feedback were also recorded on the summary, this included both positive and negative comments. A summary of the findings and action was also recorded. Following the inspection the registered person emailed us a copy of their newsletter, dated July 2015. We saw this detailed the findings from the 2015 feedback survey. The registered person told us the newsletter was supplied to everyone who used their service. They told us the survey for 2016 had recently been issued to staff and the survey for people who used the service was due to be issued in the next few weeks.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not managed safely.