

Yorkshire Rose Community Care Ltd

# Yorkshire Rose Community Care Limited

## Inspection report

1D Church Lane  
Maltby  
Rotherham  
South Yorkshire  
S66 8JB

Tel: 01709296226

Date of inspection visit:  
09 May 2017

Date of publication:  
19 May 2017

## 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

The inspection took place on 9 May 2017, with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was previously inspected in May 2016, when two breaches of legal requirements were identified. The service was given an overall rating of requires improvement. The registered provider sent CQC an action plan which told us how they intended to address the breaches.

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

Yorkshire Rose Community Care Ltd is a domiciliary care service. They are registered to provide personal care to people in their own homes. At the time of our inspection the service was supporting people with a variety of care needs including older people and people living with dementia. Care and support was co-ordinated from the services office which is based in Maltby on the outskirts of Rotherham.

There is a registered manager which oversees services provided from the office. 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.

At the time of our inspection there were 20 people using the service. We spoke on the telephone with four people who used the service and three relatives. We asked people about their experiences of using the agency. People we spoke with told us they were entirely happy with the service provided.

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person told us, "They [staff] are lovely they are more like friends, they can't do enough for you, very willing and kind."

People's needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating their care plans. We found the information contained in the care records we sampled was individualised and identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing circumstances. Where people needed assistance taking their medication this was offered in a timely way by staff that had been trained to carry out this role.

At the last inspection we found the recruitment of staff was not sufficiently robust to ensure staff was

employed with all of the required employment checks. At this inspection we found improvements had been made and all staff had the required documentation before they commenced work with the service.

There was sufficient trained staff employed to ensure people received their care consistently. People told us that they received support from the same care workers.

People were able to raise any concerns they may have had. We saw the service user guide included 'how to make a complaint.' This was written in a suitable format for people who used the service.

People were encouraged to give their views about the quality of the care provided to help drive up standards. However at the last inspection the quality assurance systems had not been effective in identifying areas for improvement. We found improvements had been made to monitor and improve the service.

## 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.

Staff knew how to protect people from harm. Risk assessments ensured people were kept safe whilst maintaining their independence.

There was enough staff who had been recruited safely and who had the skills to provide people with safe care.

People received appropriate support with their medication.

### Is the service effective?

Good ●

The service was effective

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People were supported to access healthcare professionals, such as GPs, and hospital appointments.

### Is the service caring?

Good ●

The service was caring

People told us they were happy with the care and support they received to help them maintain their independence. It was clear from speaking with staff they had a good understanding of people's care and support needs and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. Care records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

**Is the service well-led?**

**Good** ●

The service was well led.

The management of the service was open and effective. Staff received the support and guidance needed to provide good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Quality assurance systems were in place with robust record keeping providing a safe and effective service to people.

# Yorkshire Rose Community Care Limited

## **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 May 2017 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in at the office. The inspection team consisted of an adult social care inspector. We spoke on the telephone with four people who used the service and three relatives. This helped us to understand the views and experiences of people who used the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the information sent to us by the registered manager on the provider information return (PIR). 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.

At the office we spoke with the registered manager, and two directors who also delivered personal care and assisted the registered manager in the running of the service. We also spoke with four care staff who worked with people who used the service in the community.

We looked at documentation relating to four people who used the service, six staff files and the management of the service. This took place in the office. The registered manager told us the care plans were also stored in people's home. These were copies of the files held at the office.

# Is the service safe?

## Our findings

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person said, "They [the staff] are brilliant they make me feel safe and secure." Another person said, "I like the same staff so that I can develop trust. I trust all of the carers that come to me." One relative that we spoke with told us, "The staff are brilliant. They let me know if [family member] is not very well. I feel reassured knowing good staff are looking after her. It's the best move we ever made. We found it easier with mum having her own personal budget." Another relative said, "We [family] find the service excellent, would recommend to anyone."

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to one of the managers. Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, one person we spoke with said, "They [staff] help me to stay safe but understand I want to do as much as possible for myself. I can manage most things for myself but they are there if I need help." Relatives we spoke with told us that the staff made sure they contacted them if they were worried that their family members were not well.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at four people's care files at the agency's office. Records were in place to monitor any specific areas where people were more at risk, such as how to move them safely, and explained what action staff needed to take to protect people. For example, we saw the occupational therapist had devised a comprehensive moving and handling plan and had arranged for new slings [for the hoist] to be delivered.

The registered manager showed us examples of environmental risk assessments which were undertaken prior to the service commencing. For example, risks associated with pets in people's homes were considered to ensure staff were protected. Moving and handling risk assessments were seen on the records held at the office.

The service had a policy on the management of medicines that enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff had received medicines management training. The registered manager told us that staff supported/prompted people to take their medication which was stored in a monitored dosage system (NOMAD). We checked the medication administration records (MAR) belonging to people who used the service. We found staff had signed to confirm they had supported/prompted people with their medication. Lists of the medicines contained in the NOMAD were written on the record so that staff knew what medication was being prescribed for the person they were supporting. People we spoke with told us that they were able to manage their medication without

support. Some relatives we spoke with told us they managed their family member's medication and did not need the support from staff.

Recruitment records showed that an effective recruitment and selection process was in place. We checked six staff recruitment, training and supervision files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), checks of the staff member's identity and checks of their right to work in the UK. All staff had undertaken a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We asked people who used the service if they got their calls/visits when they were supposed to or within an acceptable time frame, and also if they had experienced missed calls. Without exception people told us that they had not experienced missed calls and staff always turned up on time or a few minutes late. One Relative we spoke with said, "The care is excellent, it is very reassuring knowing that staff are here when they are supposed to be. If they are running late they always let me know." People told us that they were supported by the same carers. This meant they were able to build up a good rapport with the staff. One person said, "I like my carer they are more like a friend to me." Another person said, "I have a main carer and then a couple of others to cover days off." A relative we spoke with described the main carer for their family member as a 'third sister'. This demonstrates that the staff built positive relationships with family members.

The registered manager told us that only 15 staff were employed at the service and most of the staff were known to her prior to setting up the agency. She told us that there had been very little staff turnover since their registration with the Care Quality Commission in July 2015. The registered manager told us because the service was small they were able to comfortably meet the demands of the service. She also told us that there were no immediate plans to take on any further packages of care.



## Is the service effective?

### Our findings

People were supported to live their lives in the way that they chose. People told us they liked to maintain their independence. People were supported to have their needs assessed. This ensured their wishes and preferences were respected. A relative who we spoke with told us that they were visited by one of the managers before the care package began. They told us they talked over the care and support their relative would need to stay safe before setting up the package of care. They said, "My [family member] refers to the staff as, 'My girls' they are very fond of him."

Some people we spoke with told us care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. One person told us that staff helped to heat a microwave meal while another preferred to have soup and a sandwich. A relative we spoke with told us how staff ensured their family member had sufficient drinks throughout the day. They said, "Staff makes sure my [family member] has a jug of juice and a flask of hot drinks that they can access in between calls. They know how important it is for my [family member] to stay hydrated."

Care workers that we spoke with at the office told us how they worked with other external agencies such as GPs and district nurses to make sure people who were at risk of poor nutrition or dehydration were being supported appropriately. Daily records were completed which stated what the person had eaten and drunk each day and staff we spoke with described how they would raise issues with healthcare professionals or the person's family if they needed to.

Staff had the skills and competencies to ensure people lived their lives as they wanted. Staff were motivated and demonstrated good knowledge of the people they were supporting. People we spoke with confirmed their care needs were met and they felt staff received the training they needed. One relative we spoke with said, "I could not wish for better staff to care for my [family member]. One person using the service said, "I would give the care I receive as nine out of ten they really know what they are doing."

Records we looked at confirmed staff were trained to a good standard. The registered manager told us that staff could access training through a training organisation which delivered most of the mandatory training. Staff were also registered to complete on-line training through the local council and we saw certificates which confirmed the training completed by staff. Following the last inspection of the service the registered manager had introduced a training matrix which we looked at. This showed that staff had received refresher training as required by the organisation. Staff also had their own individual training record. Staff we spoke with told us that they felt very supported by the managers and they could access training they needed to perform to a high standard. One member of staff told us they were working towards a vocational qualification at level three.

The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced

staff until they were deemed to be competent. The registered manager told us that the timescale to reach the expected standard would be different for individuals.

The registered manager told us staff new to the care would be expected to complete the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The manager told us that regular meetings gave staff an opportunity to talk about the events that had taken place and to discuss any issues which they needed support with. We looked at a number of minutes from meeting which confirmed this.

Some of the staff we spoke with told us that they had worked at the agency from when the service was set up. They said they enjoyed supporting people in their own homes. They received guidance and support from the managers and their peers. Staff told us they worked mainly with the same care workers and found managers were available whenever they needed to contact them.

We looked at formal supervisions which were undertaken at the office. They were completed to an adequate standard. Observations of work practice also took place in people's own homes. We saw copies of these spot checks on the staff files we looked at.

We spoke to the registered manager about gaining consent to care and treatment. She told us that staff had received training in the Mental Capacity Act 2005. However, she said that most people they supported had some capacity to say how they wanted their care delivered in their own homes. Where people received support who had limited capacity they were usually living with a spouse who shared caring responsibilities with the care workers and other relatives. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The staff we spoke with during our inspection had a working knowledge of the Mental Capacity Act 2005 in protecting people and the importance of involving people in making decisions. They told us they had training in enabling people to communicate their wishes.

## Is the service caring?

### Our findings

Staff working with people in their own homes ensured that they empowered them to live how they wanted to. We spoke with people who used the service and they told us the care and support provided was consistently good. People we spoke with were very happy with their care and they felt staff was respectful. One person said, "They [staff] speak to me in a proper manner." Another person said, "They [staff] are very good. If I have a problem they sort it straight away. They always go that extra mile. Making sure I have everything I need before they leave me." One relative we spoke with said, "I would recommend them to anyone who is looking for personalised care." They went on to say, "The manager came and asked us what help we needed and then developed the support based on what we had said."

Staff were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people and how they carried out their care so that they were respectful and maintained the person's dignity. One staff member said, "I know [person's name] so well. I know how they like their tea in a morning and how much milk they like on their cereals. It's the small things that matter when you are caring for people." Another member of staff said, "Some of the people I visit only see me so it's important that I stay for the full length of time and have a chat to them. I give them a cuddle before I go. They like me showing affection."

The registered manager told us that staff worked mainly in small teams which meant that staff and people who used the service could build up relationships. This also ensured consistency when delivering care. The people we spoke with confirmed this arrangement.

People told us they were involved in developing their care plans. The care plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, watching their favourite television programmes and reading magazines.

Managers carried out observations of staff working with people in their own homes. Some were unannounced and focused on the person's experience. They judged how staff maintained people's dignity and respected people's wishes. Staff received feedback which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected.

# Is the service responsive?

## Our findings

We found people who used the service received personalised care and support. They were involved in planning the support they needed. We looked at four care plans for people which were stored in the office. It was clear that the plans were person centred and reviewed as their support needs changed.

People we spoke with told us they knew what was written about them by care workers and staff always discussed how they could support them better. The plans also told us about the important people in their lives and who staff should contact in case of an emergency. People told us they were encouraged by care workers to remain as independent as possible. A relative we spoke with told us they were reassured knowing their family member was well looked after. One relative said, "The staff are very good, they ring me if they are worried about my [family member]." They gave an example when the staff had to get medical attention for the relatives [family member] They said, "They rang me straight away to tell me [family member] was really poorly so they had phoned for an ambulance. I really appreciated their swift action."

People were provided with information about the service; this is called a 'Service User Guide'. The guide informs people of their rights, what they can expect from the service and how to raise concerns. We saw the guide had been updated since the last inspection. Relatives we spoke with told us that the service had recently moved to a new address. They said, "They [the managers] rang us and told us of the move and also gave us their new phone number so we could maintain contact with the managers."

The manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and gave timescales for the service to respond to any concerns raised. We were told that no formal complaints had been received. The manager told us some minor issues were dealt with straight away. We were shown a communication book and a computer record that showed how minor concerns had been dealt with.

People we spoke with did not raise any complaints or concerns about the care and support they received. Relatives we spoke with told us they had no concerns, but would discuss with the staff or manager if they needed to raise any issues. One person we spoke with said, "I have found the service to be very good so I have nothing to complain about." A relative told us that they had asked for the same carer wherever possible for their family member. They said the registered manager had listened to their concern and acted quickly to ensure their request was dealt with to their satisfaction. Another person we spoke with told us that they had filled in a questionnaire and had put a comment about receiving a weekly rota which informed them of the names of their care worker for the following week. They told us the managers had listened to their request and they received weekly staff rotas.

Staff told us if they received any concerns about the services they would share the information with their manager. They told us they had regular contact with their manager both formally at staff meeting and informally when their manager carried out observations of practice in people's homes.

## Is the service well-led?

### Our findings

At the time of our inspection the service had a registered manager who had registered with the Care Quality Commission when the service was registered in 2014. There was a clear management structure in place and staff were aware of their roles and responsibilities. All the staff we spoke with said they felt comfortable to approach any of the members of the management team.

The managers, and support staff we spoke with told us the communication in the team was very good. One staff member said, "We are a good team and all communicate well." The service had a clear set of principles and values. These included choice, involvement, dignity, respect, equality and independence for people. The staff we spoke during our inspection answered our questions in an open and helpful manner. They said the values of the service were clear and they demonstrated an excellent understanding of those values.

Staff told us that they felt part of a team which encouraged involvement in developing an excellent service. Staff confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics such as safeguarding people, staff training and health and safety. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

People consistently told us they could get in touch with the office and that staff were easy to get on with. Most people could recall having face to face meetings when their care package was set up. Conversations with people who used the service gave a favourable impression of the manner and professionalism of the staff and managers.

People we spoke with said they would recommend the agency to other people. All respondents said they knew who to tell if they had a reason to make a complaint and they all responded they felt safe. The manager told us that most of the people who used the service had been recommended by friends and neighbours. People we spoke with said they would not want to change the provider as it was reliable, professional and staff were kind and compassionate. One person we spoke with gave the service nine out of ten as their satisfaction level.

The registered manager had introduced quality monitoring systems, including the use of surveys to assess satisfaction levels. We discussed with the registered manager how the surveys could be developed further. This would help to shape the service for the future.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.