

Yellowstone Healthcare Ltd

# Yellowstone Healthcare Ltd

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service:

- Yellowstone Healthcare Ltd is a domiciliary care agency that was providing personal care to one person at the time of the inspection.
- During this inspection we were unable to provide the service with a rating. This is because the service had not been providing care and support to enough people over a long enough time period for us to review.
- For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### People's experience of using this service:

- The person who used the service was non-verbal therefore feedback on the experience was provided by their relative.
  - Relatives told us their family member was safe at the service. People were safeguarded from the risk of abuse at the service and staff knew how to whistle blow.
  - Risk assessments were in place to protect people from known risks but enable their freedom.
  - Safe recruitment practices were followed to ensure vulnerable people were kept safe.
  - The service did not support anyone with medicines at the time of the inspection. However, the service had trained staff and had policies in place ready for the future.
  - The registered manager and staff had completed appropriate training that was up to date.
  - People received an initial assessment of their needs completed jointly with people and their relatives.
  - Consent to care and treatment was sought before care began.
  - The service did support anyone with meal preparation but encouraged healthy eating and drinking and encouraged people to be independent in this area.
  - People were encouraged to be independent and to make their own choices.
  - Care plans contained people's preferences, likes and dislikes.
  - Relatives and staff gave positive feedback on the management of the service and the service they received.

### Rating at last inspection:

- The service was registered by CQC on 2 October 2017. This is the service's first inspection since registration.

### Why we inspected:

- This was a planned comprehensive inspection based on CQC's scheduling process to check the safety and quality of care people received.

### Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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?**

Details are in our Safe findings below.

**Inspected but not rated**

### **Is the service effective?**

Details are in our Effective findings below.

**Inspected but not rated**

### **Is the service caring?**

Details are in our Caring findings below.

**Inspected but not rated**

### **Is the service responsive?**

Details are in our Responsive findings below.

**Inspected but not rated**

### **Is the service well-led?**

Details are in our Well - Led findings below.

**Inspected but not rated**

# Yellowstone Healthcare Ltd

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was carried out by one inspector.

Service and service type:

- Yellowstone Healthcare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to older adults, younger disabled adults and children.
- The service had a manager registered with the Care Quality Commission. 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 service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.
- The inspection started on 14 March 2019 and finished on the 14 March 2019. We visited the office location on 14 March 2019 to see the registered manager; and to review care records and policies and procedures.

What we did:

- Before the inspection, we asked the provider to complete a 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. Due to technical issues this had not been completed.
- During the inspection we spoke to the registered manager, care coordinator, reviewed one person's care plan and risk assessment, two staff recruitment files, training records, criminal records check, policies and

procedures relating to the management of the service.

- After the inspection we spoke to a member of staff and a relative.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. We were unable to rate the service as there was not sufficient information available to us to fully assess how safe this service was. This was because only one person received a service.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was able to explain how they protected people from the risks of abuse. They were able to tell us the different types of abuse and the actions they would take should they have an allegation reported to them by staff.
- The registered manager said, "If it was neglect, [person who used the service] doesn't want to be washed or change their pad, need to report so we can assess whether [person] could be going through something, could be neglect from carer, family or missed calls. I'd report it to report it to police, inform the social worker work with them."
- The registered manager confirmed they would expect staff to whistle blow if observed poor practice. A member of staff told us they would contact the CQC, police, GP or the local authority if they witnessed malpractice.

Assessing risk, safety monitoring and management

- Relatives told us their family member was safe. A relative said, "[Person] is safe and well looked after."
- People using the service had risk assessments that supported their freedoms and reduced their known risks.
- Records confirmed an environmental risk assessment had been completed to check the safety of the home. This included checking for anything that could cause people to fall. The provider also carried out a moving and handling risk assessment to reduce the risk of falls while walking in the community.
- Staff told us they kept people safe when they entered the community by always holding their hand and checked equipment before it was used. This included always wearing the wheelchair seatbelt and checking the brakes were working.
- The registered manager told us they placed staff near to the people they supported to ensure they arrived on time to provide personal care.

Staffing and recruitment

- Staff at the service were recruited safely. Records confirmed staff were interviewed and had their competency in maths checked as a further assurance of their understanding in the event of handling money or medicines.
- Appropriate checks were performed before people began to work at the service. This included verifying staff identity, qualifications, their references, proof of address and completing a criminal records check.

Using medicines safely

- At present the service did not support anyone with medicines however, staff had been trained in medicines management and received this training annually.

- The registered manager had a medicines policy and systems in process to support people in the safe administration of medicines.

#### Preventing and controlling infection

- The service had an infection control policy and staff had completed training. This guided them on the correct processes to maintain good hygiene practices, correct disposal of personal and protective equipment (PPE) and minimise the risk of infection.
- Staff told us they were provided with sufficient amounts of PPE. This included gloves and aprons.

#### Learning lessons when things go wrong

- The registered manager told us they met with staff after things had gone wrong and discussed the incident during staff meetings and best practice to follow to prevent future occurrence.
- A member of staff said, "Immediately after an incident, what [registered manager] does is investigates and calls the worker to improve to reduce chances of it happening again."

# 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. We were unable to rate the service as there was not sufficient information available to us to fully assess how effective this service was. This was because only one person received a service.

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

- People received an assessment of their needs before the service began to ensure they could be fully supported.
- The registered manager advised they met with people's family to discuss people's interests and care needs.
- At this initial stage a staff member was introduced to people who used the service and the registered manager advised they observed the staff member to see how they bonded with people and the family.

Staff support: induction, training, skills and experience

- Staff received an induction with the service before they started supporting people and shadowed an experience member of staff before working with people. The registered manager advised this helped build staff confidence when working with people in their home.
- A relative told us the staff were 'great' and had the skills knowledge and experience to do a good job.
- Records confirmed staff completed training. This included equality and inclusion, medicines, moving and positioning, Mental Capacity Act 2005, paediatric first aid, baby choking, dementia, person centred care, health and safety, fire safety awareness, infection control, food safety, basic first aid, learning disability awareness, safeguarding adults and children, epilepsy, managing behaviour that challenges and privacy and dignity.
- Staff told us they were well supported in their role and were able to ask for support whenever they needed it from the registered manager or the care coordinator. Records confirmed staff received supervision in line with the provider's policy.
- Staff appraisals were not due, but the registered manager had a system in place in preparation for them to be completed.

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

- At the time of the inspection the service did not prepare any meals for people but they were encouraging people to eat and drink independently during mealtimes.
- Care plans stated the family prepared meals and drinks and to ensure that these were all healthy options.

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

- Contact information for the health professionals involved in people's care were listed in their care plan. These included the GP, speech and language therapist, social services and physiotherapist.
- The service shared information with people's place of education to support joint working. The registered

managed advised they received reports from people's place of education and this helped to provide care that was up to date if needs had changed.

#### 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.

- For those who could not give consent due to their age, parental consent was provided for care to commence with the service. Records confirmed this.
- Staff at the service told us they asked for permission before providing personal care.

## 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. We were unable to rate the service as there was not sufficient information available to us to fully assess how caring this service was. This was because only one person received a service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were unable to speak to us to provide their views, however their relatives were very complimentary of staff and told us they were kind and caring. A relative said, "[Person] is in love with her carers, treats them like a second mum." The same relative said, "[Staff member] is a gem, we are dreading it if we lose her."
- Staff told us being caring was important to them and they had a duty of care to people they supported to always be kind and compassionate.
- Staff had completed training in equality and diversity.
- The registered manager told us people were to be treated with respect and not to discriminate against them.
- The registered manager said, "We do not tolerate discrimination, we are a diverse company and give equal opportunity. We also respect people's sexuality, we are not to be judgmental and people cannot be exempt from receiving personal care if they identify as lesbian, gay, bi-sexual or transgender."

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

- People's care plans contained information on their routines and staff observed people, so they could understand people's likes and dislikes.
- Where people were non-verbal, relatives provided information to help the service understand people's views so that people were always being included in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy and dignity when supporting them with the personal care.
- Staff told us they always covered people while they were washing different parts of their body to maintain their privacy.
- People were encouraged to be independent as much as possible and to continue to do as much as they could for themselves.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs. We were unable to rate the service as there was not sufficient information available to us to fully assess how responsive this service was. This was because only one person received a service.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager told us providing person-centred care was very important to the service. They wanted to ensure people were matched with a carer who understood their individual needs and bonded well with them.
- Care plans were personalised and tailored to the person receiving the care. Information on people's history, preferred name, family involvement, nature of health condition, outcomes people wanted to achieve, preferred activities and risks they faced was included in the plans
- People's care needs was reviewed every six months or sooner if people's needs changed and the registered manager advised they planned to perform an annual review of care when the time came.
- Relatives told us they were involved in preparing the care plan and told us care met the needs of their family member and they had seen improvement. A relative said, "Seen so much difference, [person] is non-verbal and they said "mum" that was wonderful to hear."
- People's communication needs were documented in their care plan. Details on how to identify if someone was happy or sad were clearly stated so that staff could respond to their needs.
- People's care plans were written in line with The Accessible Information Standard' (AIS). The Accessible Information Standard applies to people using the service (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss. Staff were directed to show pictures and objects of reference to support communication with people. Care plans also contained information about what each different gesture meant to further meet people's needs.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure to guide people and their relatives how to raise a concern if they were not happy with the service.
- No formal complaints had been received at the time of the inspection.
- Records showed were a relative had contacted the service to raise an informal complaint. The registered manager had responded to the relative's satisfaction and the matter was dealt with.

End of life care and support

- The service had an end of life policy and the registered manager completed training in end of life care.
- At the time of the inspection no one required end of life care.
- The registered manager advised where appropriate they would ask people and relatives about end of life wishes but if they did not want to answer it would be respected.

## 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. We were unable to rate the service as there was not sufficient information available to us to fully assess how well-led this service was. This was because only one person received a service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives liked the registered manager and told us they were approachable and could be contacted easily.
- Staff were spoke felt supported by the registered manager and spoke positively of them. A member of staff said, "[Registered manager] is a very good manager, very calm and polite, firm and reassuring." Staff enjoyed working at the service and were committed to providing high quality care for people.
- The registered manager operated an open-door policy where staff could come to the office to discuss concerns about their role or extra training they may need.
- The registered manager was aware of their duty of candour and to notify us when things went wrong and to be transparent with people who used the service. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- At the time of the inspection there were no events that needed to be reported to us by law.
- The culture of the service was open and transparent.

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

- The registered manager and staff we spoke to were clear about what was expected of them. The registered manager had a system in place to ensure the service would continue if they were absent for a long duration.
- The registered manager monitored the quality of the service by performing random spot checks to see staff had arrived on time to provide support to people and they were following what was documented in people's care plans.
- The registered manager also audited people's daily log books to ensure the recording of people's care was of good quality and sufficient detail and could be easily understood.
- Feedback from audits was provided in team meetings. Records confirmed office staff met monthly and care staff met quarterly to discuss where they could improve the service. For example, a member of staff said, "The [daily care records] were not detailed and [registered manager] insisted they must be detailed."

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

- Records viewed confirmed people, relatives and staff were asked to provide feedback on the quality of the

service.

- The registered manager completed an analysis of the results to see where they needed to improve. For example, the service identified they needed to seek feedback more frequently from people who used the service. In order to achieve this, they would increase their monitoring calls from the office.

Working in partnership with others

- The registered manager advised they had attended two meetings to support providers of adult social care services to help them understand how to improve as a provider of care themselves.
- The registered manager told us in the future they planned to attend more local authority meetings.