

# Y. S. Services Limited YS Services Limited trading as Embracing Care

#### **Inspection report**

St Georges Centre 49-51 Front Street, Sacriston Durham County Durham DH7 6JS

Tel: 01913718999 Website: www.embracingcareservices.com/ Date of inspection visit: 31 January 2019 04 February 2019 05 February 2019 07 February 2019

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Good

#### Ratings

#### Overall rating for this service

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

About the service: YS Services Limited trading as Embracing Care is a domiciliary care agency. It provides personal care and support to children and adults of all ages living in their own homes or in a 'supported living' setting, so that they can live as independently as possible. At the time of this inspection there were 683 people supported by the service.

People's experience of using this service: People told us they received a good service and felt safe with the support they received from staff. Arrangements were in place to protect people from risks to their safety and welfare, including the risk of avoidable harm and abuse. Effective recruitment procedures were in place and people received care in a timely way. Arrangements were in place to protect people from the risks associated with the management of medicines and the spread of infection.

People's care and support was based on detailed assessments and care plans which were regularly reviewed and updated. Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services.

Staff had developed caring relationships with people they supported. People were supported to take part in decisions about their care and treatment and their views were listened to. Staff respected people's independence, privacy and dignity.

People's care and support considered their abilities, needs and preferences and reflected their physical, emotional and social needs. People were kept aware of the provider's complaints procedures.

Effective management systems were in place to monitor the quality of the care provided and to promote people's safety and welfare.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The rating at the last inspection was Good. The report was published on 5 August 2016.

Why we inspected: This was a planned inspection. It was scheduled based on the rating at the last inspection.

Follow up: We will continue to monitor the service to make sure people receive safe, compassionate, high

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quality care. Further inspections will be planned for future dates in line with our inspection programme.

#### The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Good ●
The service was safe.	
Details are in our Safe findings below.	
Is the service effective?	Good •
The service was effective.	
Details are in our Effective findings below.	
Is the service caring?	Good 🔍
The service was 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.	



# YS Services Limited trading as Embracing 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: The inspection was carried out by one inspector, one assistant inspector and two experts by experience. The experts by experience had personal experience of caring for someone who used this type of care service.

Service and service type: YS Services Limited trading as Embracing Care is a domiciliary care agency.

The service had a manager registered with the Care Quality Commission (CQC). 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: This inspection was announced to ensure the registered manager was available to support the process. Inspection site visit activity started on 31 January 2019 and ended on 7 February 2019.

What we did:

Before the inspection: We reviewed information we had received about the service since the last inspection. The provider had completed 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. This information was used to plan our inspection and was considered when we made judgements in this report.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding officers and social workers. We also contacted the local Healthwatch and no concerns had

been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During the inspection: We spoke with twenty-five people who used the service and ten relatives. We spoke with the registered manager, deputy manager, training manager, service development officer, two service managers, a co-ordinator, a warden and seven care staff.

We reviewed a range of records. This included six people's care records and medication administration records (MARs). We looked at four staff personnel files and we reviewed staff training, recruitment and supervision records. We also looked at records related to the management of the service such as accidents and incidents, complaints and compliments, quality audits, surveys and policies.



#### Is the service safe?

#### Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

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

• The provider had effective safeguarding systems in place and staff had a good

understanding of what to do to make sure people were protected from harm or abuse.

• People who used the service consistently told us they felt safe in the presence of staff and that their needs were met safely. Comments included, "I definitely feel safe because there are two of them to use the hoist. When they go out, they always make sure the door is secure", "The carers keep me safe all the time and give me lots of support when they are here" and "I feel very safe with constant care from the same people." One relative told us, "I feel very safe with the carers, they make us both feel comfortable and give us a feeling of always having someone to turn to."

Staffing and recruitment.

- People and their relatives told us they received care in a timely way.
- The provider operated a safer recruitment process and carried out relevant security and identification checks when they employed new staff.

Assessing risk, safety monitoring and management.

- Staff understood where people required support to reduce the risk of avoidable harm.
- Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The environment and equipment had been assessed for safety.
- The provider had a business continuity plan in place to cover any emergency situations so that people would continue to receive safe and effective care.

Learning lessons when things go wrong.

•The registered manager responded appropriately when accidents and incidents occurred and used incidents as a learning opportunity.

Using medicines safely.

- Medicines were safely received, stored, administered and disposed of when no longer needed.
- People were encouraged to manage their own medicines where they had those skills.
- Staff were knowledgeable about people's medicines. Staff who administered medicines were trained and were required to undertake an annual competence assessment.
- Medicine audits were up to date.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection.

• Staff followed good infection control practices and used personal protective equipment (PPE) to help

prevent the spread of healthcare related infections.

#### Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were thorough and expected outcomes were identified.
- Care and support was reviewed regularly to understand progress and make changes where needed.

• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience.

- Staff were skilled and competent, and carried out their roles effectively.
- Staff had completed a comprehensive induction and training programme.
- Staff had opportunity for regular supervision and appraisal.

• People and relatives were confident the staff knew what they were doing when they were caring and supporting them. People told us, "I feel the carers I get are well trained and know what they are doing and I'm very confident in them looking after me" and "I think the carers have the right ability and training to carry out my care." Relatives said, "I have lots of confidence in the carers doing a professional job with my [family member]" and "I think the carers are well equipped and trained for the work they do and they do a thorough job when they are here."

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

• Where staff needed to support people with their meals this was carried out in a way which ensured the person maintained their independence.

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

• Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

• Staff recognised where other professionals could support people to become more independent and made appropriate referrals.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal

authority. We checked whether the service was working within the principles of the MCA.

• The registered manager had a good understanding of their legal responsibilities about the MCA and staff had received appropriate training.

• Staff ensured people were involved in decisions about their care and they knew what was needed to make sure decisions were taken in people's best interests.

• People confirmed staff sought their consent before providing personal care and there was signed consent in people's care plans.

#### Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

• People and relatives we spoke with were happy with the care provided. Comments included, "They do everything well. They are a good company", "The service is outstanding. Even in the bad weather they manage to get here", "I would recommend the service to anybody", "The office staff are lovely" and "The service from the carers is outstanding."

• People were treated with kindness and were positive about the staff's caring attitude. People's comments included, "Nothing is too much bother for them. They have a chat and a joke and it gives you a boost. It does you the world of good having a laugh while they are getting on with their work" and "The care and attention is brilliant. I have come a long way. I was in an awful state, it is unbelievable what they do for me."

• Staff spent time to get to know people's preference and used this knowledge to care for them in the way they liked. One person told us, "They [staff] are exceptionally caring. When I was feeling low, the carers really bucked me up. I was exceptionally low and even though she was due her dinner break, she went to the shop, got some bits and bobs, and she sat and had her lunch with me." Relatives said, "The carers themselves really do care and are committed to their work. It's really a family orientated atmosphere" and "He is happy with the care. He looks forward to them coming to have a bit of a chat."

• Where people were unable to express their needs and choices, staff understood their way of communicating. People told us, "The service is excellent. They have done that much for me, they have been like a doctor, a psychiatrist and a nurse. It's unbelievable the difference in me now. I couldn't even talk when I came out of hospital" and "I'm very hard of hearing, but carers are very patient with me and repeat everything they say until I understand."

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

• Staff supported people to make decisions about their care; they knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.

• Staff directed people and their relatives to sources of advice, support or advocacy; they provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

• People's right to privacy and confidentiality was respected. People told us, "The staff are caring and they definitely respect me" and "I don't feel embarrassed at all when they are washing me, because they are chatting away. I don't know how I would manage without them. They respect my privacy, they close the blinds and shut the doors."

• Staff treated people with dignity and provided compassionate support in an individualised way. One person told us, "I have a really good relationship. The girls are marvellous, I call them my friends, they are

lovely." One relative said, "One of the carers is just like a son to me now, he is brilliant."

• People were afforded choice and control in their day to day lives. People told us, "They [staff] help me practice things, like washing my own clothes" and "The carers help me to be more independent because I am single and I live on my own."

• People were supported to maintain and develop relationships with those close to them, social networks and the community. One person told us, "I go out in the community, I do volunteer work for the homeless. I do lots on the computers and lots of painting."

• Staff explained how they promoted people's independence. One staff member said, "I get them to do as much as possible for themselves, with as little intervention from others so this develops them as individuals making their own choices and doing things for themselves to give them as much control over their lives. Only when they do need support is when we step in and assist."

#### Is the service responsive?

# Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control. • People's care records were person centred and regularly reviewed.

• Records included important information about the person, such as personal history, contact details for next of kin and healthcare professionals, medicines the person was taking, whether they had any allergies, preferences and any health conditions.

• People were empowered to make choices and have as much control and independence as possible, including in developing care and treatment plans.

• People's individual outcomes were recorded. These described what the person wanted from their care and support. For example, to remain safe, comfortable and independent at home, and for their social and emotional well-being to continue.

• People were given information in a way they could understand and care plans described the level of support they required with their communication needs. One relative said, "I am very pleased that the carers communicate well and this is helping my [family member's] speech. They are always very sociable and respectful."

• People were protected from social isolation. Records described people's interests and the support they needed to access the community, maintain and develop relationships alongside participating in hobbies or activities of their choice. People told us, "I go everywhere with staff. I go shopping to my mams. I go out in the car. I like stuff with pasta, I make it. I make curry, mince and dumplings, all sorts. Staff help me" and "I love them [staff], because they help me with my diet and my life and things I like to do with my life. I go out with them. I go to the Metro Centre, Consett and Morrisons every week."

Improving care quality in response to complaints or concerns.

• People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.

• People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to. The manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

End of life care and support.

• The registered manager explained how people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.

• Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.

#### Is the service well-led?

### Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, personcentred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted highquality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

• People and relatives told us the service was well-led. Comments included, "The service is well managed and the carer's have been very reliable", "The management are very nice and very kind. It's an excellent company with a good, reliable, consistent service" and "The management are very approachable."

• The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities.

- Managers were accountable for their staff and understood the importance of their roles.
- The management team completed a series of quality audits and safety checks and discussed their performance regularly with the provider.
- The management team undertook regular 'spot checks' in the community to monitor the quality of the service delivered by staff.
- Management meetings were held regularly and included discussions about lessons learned.
- The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities.
- The service had policies and procedures in place that considered guidance and best practice from expert and professional bodies and provided staff with clear instructions.

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

• The service had a positive culture that was person-centred, open and inclusive.

• The registered manager and the culture they created effectively supported the delivery of high-quality, person-centred care.

• Staff understood the provider's vision for the service and they told us they worked as a team to deliver high quality care. Comments included, "The service has the well-being of the client and staff at the top of their agenda" and "The management has the client's best interest at heart and they are there to support the staff to deliver the best care for them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

• The service involved people and their relatives in day to day discussions about their care.

• People, relatives and staff had completed a survey of their views and the feedback had been used to continuously improve the service. People's comments included, "Delighted with the service", "I wouldn't know what to do without them" and "Very supportive."

• Feedback from people, relatives and staff highlighted that the manager and senior managers were extremely effective and operated a service that consistently strived to be excellent.

• The service had received compliments about the work they did. For example, one person told us, "I have phoned them to tell the office how good the carers have been to me."

• Staff told us they felt listened to and that the registered manager was approachable.

Comments included, "The management and office staff are very pleasant and supportive" and "The service is well led. I always feel comfortable approaching management and they always make me feel appreciated."

• The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service.

• A culture of continuous learning meant staff objectives focused on driving improvement and providing a high standard of care.

Working in partnership with others.

• The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

• The service worked continually with all partner agencies such as the local authority and NHS to coordinate the care and support people needed. People achieved positive outcomes because the relationships between the organisations were strong and effective. One social care professional told us, "Embracing Care do provide a good service to the people I am involved with and I have a good working relationship with office staff and coordinators."