

Roche Homecare Ltd

Wharfedale View

Inspection report

Chapel Lane
Yeadon
Leeds
West Yorkshire
LS19 7NX

Tel: 01132507791

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16 November 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wharfedale View is an 'extra care' housing service which provides personal care for people within their own flats at the Wharfedale View housing complex. At the time of our inspection 27 people received personal care. Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service supported adults including people living with dementia, physical disabilities, mental health conditions, learning disabilities and autistic people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People's experience of the service and what we found

Right Support: People received their medicines safely although some medicines records could have been more consistently detailed and personalised. We made a recommendation about this. People told us they received good care which met their needs. People were supported by regular staff which enabled them to develop positive relationships with their care staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked in partnership with people, relatives and health and social care professionals to enhance people's quality of life and provide good outcomes for people. People were actively involved in making decisions about their care and staff respected people's preferences.

People received effective support to eat and drink and risks were identified and well managed.

Right Care: People received consistent care from staff who knew them well. People told us staff were kind, caring and promoted their independence. People's needs and preferences were assessed and staff respected people's individual wishes. People and those important to them were involved in planning their care.

Staff understood how to protect people from poor care and abuse. People said they felt safe when staff cared for them. Staff were recruited safely and there were enough staff to meet people's needs.

Risks were assessed and actions taken to maintain people's safety and wellbeing. Care records were personalised and contained detail which supported staff to deliver person-centred care.

Right Culture: Quality assurance and monitoring systems enabled the provider to maintain operational oversight and monitor the quality of care provided. The provider's governance systems for checking records needed to be more robust. We made a recommendation about this.

The registered manager promoted a positive and open culture where the needs and views of people using the service were put first. Staff listened to and responded positively to people's views.

Staff received appropriate training and ongoing support to ensure they provided people with safe care which met the positive values and caring ethos of the service.

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

Rating at last inspection

This service was registered with us on 3 October 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Wharfedale View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector, 2 regulatory officers and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 November 2023 and ended on 16 November 2023. We visited the location's office on 8 November 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we received since the service registered with CQC. We sought feedback from the local authority commissioners and safeguarding teams. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 2 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, care coordinator, operations manager and care staff. We reviewed a range of records. This included 3 peoples care records and medication records. We looked at 3 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies, procedures and audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to receive their medicines safely, however some medicines records needed to be improved. Overall medicines records were well completed and showed people received their medicines as prescribed. We saw one example where records did not consistently show the prescribers' instructions had been followed and some protocols for 'as required' medicines needed more personalisation. We saw no evidence people had been harmed or that this was a widespread concern. The registered manager provided immediate assurance they would review procedures to ensure a more consistent approach.
- Staff had been trained in how to administer medicines safely and had their competency to do so regularly checked. People told us they received safe and personalised support to take their medicines.

We recommend the provider embeds a consistent and personalised approach across all medicines records.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. One relative told us how staff adapted their support each day depending on the changing needs of their family member. They said their relative was, "Very safe...I think [staff] are very good because they take time to understand [their] condition so [they are] definitely kept safe and staff care for [them] well."
- Risks associated with people's health and wellbeing were assessed and care plans were developed which detailed the actions staff should take to provide safe support. Care records were person centred, regularly reviewed and updated if changes occurred.
- Some people had risk assessments for the potential fire risk posed by emollient creams. Two people did not have these assessments but staff were aware of the risk and how it should be managed. The registered manager took immediate action to ensure everyone prescribed emollient creams had an individualised risk assessment in place.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning lessons when things go wrong

- The provider had safeguarding systems in place. Staff had training and a good understanding of what to do to make sure people were protected from harm or abuse. Staff acted promptly when people were at risk. Systems were in place to record and monitor incidents and accidents. The registered manager encouraged an open culture where staff learned from incidents and improvements were made to the quality of care people received.
- People confirmed they felt safe using the service. One person told us, "Staff are lovely, I feel safe here, if I didn't I would say so, I can tell staff if I am not happy and they would listen."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. People received care from a small group of staff who knew them well. This continuity of care enabled staff to build strong relationships with people. One person told us, "I can rely on staff to arrive on time, they have never missed a visit and I know they would never leave me without."
- Staff were recruited safely, with the appropriate background checks being carried out before staff started work.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff received regular training and competency checks to ensure their knowledge and understanding of how to control the spread of infection was in line with current best practice guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- Staff helped people to live well and had good knowledge of people's specific health conditions. Care records contained detailed information about people's health conditions and how this may impact upon care provision. One person's care plan did not fully reflect how their health condition impacted upon them as the day progressed. Following our inspection the registered manager assured us they had completed an evening shift where they supported this person to ensure all the actions staff were taking were fully reflected within their care records.
- Staff worked in partnership with health and social care professionals to ensure people achieved goals and maintained good health. Staff sought advice and reported any health and social care concerns to relevant professionals when required.
- People lived in their own flats and could eat what they wanted. Care records detailed people's likes, dislikes, and preferences regarding food and drinks.
- Detailed oral health plans were in place and staff received training to support the delivery of good oral health.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff received training in key areas such as safeguarding, infection control, medicines management and first aid. Staff regularly had their competency assessed to ensure the training they received was translated into safe practice.
- Overall people told us staff were good at their roles. One person told us, "They know what to do and they know how to help me so I'm happy they have been told how to do things." A relative said staff were well trained, "Because of the way they care for [my relative] and seem to understand how to care for [them]... they are very professional." Another relative told us, "They have never missed a call or left [them] without but consistency could be improved to ensure all staff work to the same standard and pay attention to the little things."
- The registered manager worked across the staff team and monitored the quality of care provided. They showed us how they had implemented additional staff support to drive consistency with staff.

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

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider was working in line with the Mental Capacity Act.
- The registered manager had a good awareness of the Mental Capacity Act and staff received training about mental capacity.
- Care records contained information about people's capacity and how that impacted upon the care provided. At the time of the inspection, there was no one subject to any restrictions.
- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- People told us staff sought their consent and respected their wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Care records contained personalised information about what people could do for themselves as well as where and how they may need support. Staff worked with people to develop and achieve individual aspirations.
- People told us staff were patient, caring, professional and kind. One person using the service told us staff were, "Lovely people...They care about me, are polite and make sure I get everything I need so I really can't complain at all." Another person told us, "They look after me and listen to me, treat me with respect."
- Staff knew people very well and spoke in caring and respectful terms about people they supported. Staff had a thorough understanding of the specific support people needed to promote their independence whilst ensuring risks were reduced. One person told us their relative was, "Exceptionally well cared for – I think the whole attitude [of staff] is excellent I see them quite regularly and they seem genuine, patient and kind and [my relative] is always clean and well dressed. They help her in her time and are very good at caring for [them] the way [they] want".

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

- People were supported to express their views and make decisions about their care. Daily records showed staff regularly involved people in making decisions such as what they wanted to eat and drink, what clothes they wanted to wear and how people chose to spend their time.
- Regular care reviews were held so people could formally input into the care planning process. One relative told us, "There are a few different reviews which we have input in. [Staff] are very communicative and keep me informed".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported as individuals, in line with their needs and preferences. Care records contained lots of personalised detail. People told us they were involved in developing care records and were very happy with the care and support staff provided. One relative told us, "The care plan is very much about [their] needs and how to help [them] and we are involved with all the care plans and reviews".
- People were supported to maintain relationships, follow their interests and engage in activities that were important to them. One person told us how staff helped them to care for their pet bird, which they said made them very happy. The registered manager organised a number of social events to try and encourage people to feel more connected to the local community.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood and supported. Staff were able to provide details of the individualised ways they supported people to communicate. Personalised communication care plans were in place which detailed people's specific needs.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. The provider had systems and processes in place to ensure formal complaints were investigated and responded to.
- People told us staff were responsive to any issues they raised. One person using the service told us, "All is good there is nothing to complain about." A relative told us, "Yes, I'm happy to contact the office – we don't have any concerns and haven't had the whole time they have been looking after [my relative]."

End of life care and support

- No one was receiving end of life care at the time of this inspection. There were processes in place to support good end of life care should anyone need this support in the future.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager carried out regular audits and spot checks to oversee staff performance and to check the quality of care. These were regularly monitored by the provider to ensure improvements were made in a timely and effective way. The provider's governance systems for checking care records needed to be more robust to ensure all areas for improvement were consistently identified and addressed.
- People told us they had regular contact with the provider, were asked their opinions on the service and could easily raise any issues. Where changes to people's needs occurred, the provider ensured commissioners of care were informed.
- The registered manager had created a strong learning culture which helped to drive improvements in the care people received. The registered manager was responsive and open with the inspection process; they told us they would act on our recommendations and demonstrated a willingness to continuously learn and improve to benefit those using the service.

We recommend the provider reviews how they monitor the quality and consistency of care records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a positive and open culture at the service. The registered manager was passionate about the people they cared for and put people's needs and wishes at the heart of everything they did. The staff we spoke with shared this commitment for delivering person centred care.
- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people and improve the quality of care provided. This included working with service commissioners, occupational therapists, social workers and district nursing teams. The registered manager used these positive relationships to access additional support, training and development opportunities for staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. People using the service and their relatives knew the registered manager by their name and shared positive feedback about the management of the service. One person using the service told us,

"They lead well". A relative told us, "I know them quite well and have complete confidence in them".

- At the time of our inspection staff provided personal care to 1 person with a learning disability. The provider had not applied to the CQC to add the service user band to include people with a learning disability and autistic people to their registration. The registered manager assured us they would apply to request this change as an immediate priority.
- Statutory notifications are reports of certain changes, events and incidents the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC of such incidents as required.
- The provider understood their responsibilities under the duty of candour. We did not identify any duty of candour incidents. However, the provider had appropriate arrangements if such an event occurred. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.