

Ebor Home Care Ltd

York Branch

Inspection report

Unit 4, Derwent Walk
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York
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Tel: 01904593759

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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

York Branch is a domiciliary care agency providing personal care and support to people in their own home. The service mostly provides support to older people. At the time of our inspection there was 40 people using the service.

Not everyone who used the service received personal care. 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.

People's experience of using this service and what we found

People felt safe and received person centred care from trained staff who knew them well. People told us staff respected their right to privacy and felt they were able to live independently due to the support staff provided. People were protected from the risk of harm and had individual risk assessments and care plans in place. The registered manager and provider carried out checks to monitor, review and improve the safety and quality of the service.

Staff told us they felt supported in their role and felt that the registered manager was approachable to discuss any concerns. Staff worked in partnership with other health and social professionals to ensure people received the support they required. Staff received training and an induction to ensure they could meet people's needs safely.

There were enough staff to support people safely. Staff ensured people were protected from the risk of infection by following infection control guidance.

People were supported to visit health and social care professionals to ensure health conditions they lived with were managed.

People and their relatives told us staff were caring and compassionate. People were encouraged to share their views on the care provided.

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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 10 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the provider registered the service.

Follow up

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

This was an 'inspection using remote technology.' This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

York Branch

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 29 June 2022 and ended on 6 July 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with the CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke to three people who use the service and three staff, including the registered manager. We reviewed three people's care and support plans, risk assessments and medicines records. We looked at three staff recruitment records, staff training records and a range of audits and quality checks carried out by the registered manager and provider.

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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Systems and processes were in place to safeguard people from the risk of harm or abuse. Staff received training in safeguarding and understood how to report and record concerns.
- Safeguarding incidents were reviewed by the registered manager to help identify and address any themes or trends.
- People had individual and personalised risk assessments, including their home environment to ensure staff could support them safely. Risk assessments were reviewed and updated when people's care or support needs changed.

Staffing and recruitment

- There was enough trained staff to safely meet people's care and support needs.
- The provider followed a robust recruitment process to ensure they only employed suitable people. All staff received safety checks prior to employment including a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they received care from a regular team of staff. One person told us, "We've had the same small team of carers since we started, and they always introduce anyone new."

Using medicines safely

- Medicines were managed safely. People received their prescribed medication on time from trained staff.
- Staff received training and assessment of their competency for administering medicines.
- People had individual medication risk assessments, including people who administer their own medicines.

Learning lessons when things go wrong

- Accidents and incidents were investigated in a timely manner to reduce the risk of reoccurrence. Records were updated to reflect any changes.
- Any changes to practice was shared with staff teams to aid learning and reduce risks to people.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

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

- Systems were in place to assess and determine people's needs and preferences. Care plans had a task list for carers which clearly set these out and encouraged carers to give people choice in the support they gave and promote independence.
- The management team completed in depth assessments of people's needs prior to care starting. One person told us, "They asked lots of questions and seemed very thorough."
- People's support was regularly reviewed to ensure they reflect people's care and support needs. The registered manager also told us people's care plans are updated as and when changes happen.

Staff support: induction, training, skills and experience

- Staff completed an induction before delivering care and support to people
- Staff told us they felt supported by the registered manager and provider. One person told us, "I can go to them with anything; if I need or want any more training or if I'm just not sure about something."
- The registered manager carried out spot checks and competency assessments of staff skills and knowledge as part of their ongoing performance reviews.

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

- People were supported to eat and drink enough to maintain a balanced diet. Where people received support with eating and drinking, this was clearly recorded in their care plans.
- Staff supported people to make choices over their preferred meals and drinks.
- People's dietary needs were assessed and monitored. For example, a person who lived with diabetes was fully supported to ensure their choice of food did not have a negative impact on their health.

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

- People's health needs were managed effectively.
- Staff referred to healthcare professionals to ensure people received timely support and treatment.

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 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.

- Staff worked in-line with the MCA. They ensured people's rights were respected, consent was gained, and people were supported to live their lives independently.

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

- People were supported by caring and compassionate staff and their personal choices respected.
- People and their relatives told us staff were kind, caring and respectful. One relative told us, "[Person's Name] can refuse a lot of help, they [carers] are so patient and tolerant."
- Care plans detailed people's personal lifestyle choices and had been fully assessed. For example, care plans demonstrated significant life events and cultural or religious interests important to them had been documented. This ensured staff had accurate information in order to support people to live fulfilled lives.
- Staff received awareness training in equality and diversity, and this was supported by a detailed policy.

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

- People were encouraged and supported to express their views. The registered manager described how they regularly visited people receiving care to give them the opportunity to give feedback about their care.
- People were involved in making decisions about their care. One person told us, "They listen to [Person's Name] and they communicate with us as a family too."
- Care reviews with people and their relatives took place regularly or as and when needs changed. This ensured people were supported to voice their views on the care they receive and any changes they wanted to make.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence.
- People and their relatives told us they remained independent due to the support provided by staff.
- People's privacy and dignity was fully respected. Staff described the importance of gaining consent before delivering care and support.

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; End of life care and support

- People received personalised care and support tailored to their needs and preferences. People and their relatives told us they had been fully involved in planning their care needs. One person told us, "Staff always ask me what I want, and they check to see if I am happy with everything."
- Care plans included information on how people wanted their care provided, their personal life history and any specific information related to their care. This ensured people received care tailored to their individual needs.
- People's end of life care needs had been fully assessed with full involvement from the person and their relatives. People were referred to specialist nurses when expert advice was needed as people approached the end of their lives.
- People's 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) and 'Recommended Summary Plan for Emergency Care and Treatment' (ReSPECT) information was available in their homes for staff where people had disclosed this information to the service.

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.

- Communication needs had been fully assessed during the initial assessment. This ensured staff could communicate effectively with people prior to offering care and support.
- Care plans clearly documented how people communicated and any support they may need.

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 to engage in activities that were meaningful to them.
- People and their relatives told us staff supported them to partake in social activities to avoid social isolation.
- Staff supported people to maintain and build relationships with their relatives and other people within their local community.

Improving care quality in response to complaints or concerns

- People felt comfortable to raise complaints with staff and were supported when issues arose.
- A complaints policy was in place and we found complaints and concerns had been documented and responded to in line with this policy.

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.

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

- The service was person centred, open and inclusive. People and staff felt confident and supported by the management team.
- People and their needs were at the heart of the service. For example, one person told us, "Staff go above and beyond. Nothing is too much trouble. They go out of their way to help."
- Care plans detailed how to achieve positive outcomes for people and directed staff to deliver care in line with people's needs and wishes.
- The management team and staff worked with health and social care professionals to ensure people received the care and support they needed. For example, people were referred to district nurses without delay to ensure their health needs were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was involved in all aspects of service delivery. This included assessing people's needs, developing care plans, mentoring staff and delivering care and support to people who use the service.
- Staff told us they were confident in their roles and responsibilities.
- Governance systems were in place and ensured any issues were highlighted and acted upon. Regular audits were completed to ensure the quality and safety of care provided was effective.
- Care records were audited regularly by the manager to identify any shortfalls in care delivery.
- The provider and registered manager were aware of their responsibilities for sharing information of concern to external agencies including local safeguarding teams and CQC.

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; Continuous learning and improving care

- The provider and registered manager were aware of their responsibilities to be open and transparent when things went wrong.
- Lessons were learnt following incidents in order to drive improvements within the service.

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

- People using the service were encouraged to speak up about the care they receive. Regular reviews were completed in order to gain people's feedback and implement any changes needed.
- Staff received regular supervisions in order to give feedback and were encouraged to share their views and suggest improvements.
- Quality assurance visits were carried out with people and their relatives in order to gain their views.