

Yorkshire Rose Community Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

Yorkshire Rose Community Care Limited provides care and support for people living in their own homes. 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. At the time of our inspection the service was supporting 27 people with their personal care and support needs.

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

People told us they were very happy with the support they received. One person said, "They are wonderful, I am very happy." Relatives were also extremely happy with the service provided to their family member. Their comments included, "When we started using the service we were thrilled to bits and we've never looked back. They are consistent, I have no concerns, they are excellent," and "We were recommended to this service by others. The staff are a good bunch, we have regular care workers that we know and trust."

People's medicines were overall, managed safely. However, we identified some potential risks with the management of medicines. Action was taken at the time of our inspection to ensure medicines were managed safely.

Prior to staff being recruited, the management team carried out checks to check out their suitability for the role. This included, satisfactory references and background checks with the Disclosure and Barring Service (DBS). However, not all gaps in employment had been checked. We discussed this with the management team who rectified this on the day of the inspection.

There were enough staff to meet people's needs and staff received continuous support and supervision from their line manager. Staff used gloves and aprons when these were needed to protect people from the risk of infection. People were protected from abuse and there were risk assessments in place which showed specific areas of risk, and the measures put in place to minimise those risks.

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.

People who used the service spoke very positively of the caring approach from care workers. Care workers were familiar with people's preferences and needs. Care workers were committed to promoting people's privacy, dignity and independence and supporting them to make choices.

Audits and checks were used to drive improvements to the service people received. People and their relatives were asked for their views about the care and support the service offered. Staff felt well supported and listened to. There was a positive, open and supportive culture at 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:

The last rating for this service was good (published 19 May 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Yorkshire Rose Community Care Limited

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 Care Act 2014.

Inspection team

The inspection team consisted of 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.

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

This inspection was announced. 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 in the office to support the inspection. Inspection activity started on 14 October 2019 and ended on 15 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We obtained the views of professionals who may have visited the service, such as service commissioners and Healthwatch (Rotherham). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We visited five people who used the service and spoke with four relatives about their experience of the care provided. We also spoke with 11 members of staff including the registered provider, the registered manager, a director and eight care workers. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- We looked at how people's medicines were managed and found overall medicines were managed safely and people received their medicines as prescribed. However, it was not always clear what support staff were providing to people.
- Staff told us they "prompted" some people to take their medicines and in some cases, this meant taking their medicines from the monitored dosage packs and giving them to the person. This meant staff were taking responsibility for the person taking their medicine and should have therefore signed medication administration records to confirm this, which was not always done.
- For other people who were self-administering, staff were signing medication administration records to confirm administration when they could not be assured the person had taken their medicine.
- We discussed this with the management team. They immediately undertook a review of all people to identify what support was needed and ensure this was clearly recorded in each person's care plan and risk assessments.
- Staff had all been trained in medicine administration however, due to these findings the management team immediately booked further training for all staff for November 2019.

Staffing and recruitment

- Safe recruitment procedures were mostly in place to ensure only staff suitable to work in the caring profession were employed. However, not all gaps in employment had been checked. We discussed this with the registered manager who rectified this on the day.
- Satisfactory references and background checks with the Disclosure and Barring Service (DBS) were obtained before staff were employed by the service.
- Care workers told us the staffing arrangements for allocating work was organised well. They said they worked in small teams to provide the care and continuity people needed.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they felt very safe in the care of the staff. Relatives told us they had "piece of mind," that their family member was being looked after safely.
- Staff confirmed they had received training about safeguarding people from abuse. Staff were able to tell us what their responsibilities were in relation to reporting any safeguarding concerns to the safeguarding authority.

Assessing risk, safety monitoring and management

- Potential risks posed to people had been assessed with guidance in place for staff to follow to reduce the risk. For example, potential risks with the person's mobility or their nutrition and hydration. Staff knew people well and spoke confidently about how they reduced potential risks.
- Falls incident procedures were seen in people's care files, in case of an accident or incident. The managers and staff said currently no one was at risk of falls and there had been no recent incidents.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment (PPE) such as gloves and aprons were provided for them.
- People and relatives told us PPE was used by staff appropriately and when needed.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- Staff members were aware to call the office to report any issues if there was an accident or incident.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, 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

- Records showed people had their needs assessed before they began to use the service. This ensured the service was able to effectively meet the needs of people they were planning to provide support to.
- People who used the service, their relatives and other professionals were involved in the assessments to ensure they fully reflected people's needs.

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their roles effectively. People and their relatives all agreed staff were skilled and competent in their role. One person said, "They are all very good, they know what they are doing."
- One staff member told us, "Since I started with Yorkshire Rose I have received all my training through the HB Compliance (e-learning). The managers have asked me if I would like to do some additional training which I am, as there is a wide range of training to achieve. I also want to complete a higher care qualification as I'm very passionate about my career."
- The management team and staff confirmed there was a programme of staff supervision and appraisal. Staff told us, "We have managers working with us and they make sure appraisals and supervisions are up to date," and "The manager lets me know when she needs to meet with me for my supervision and appraisals, which are every three months. Anything I need to see her about or talk about I know I can phone to meet her in the office or talk to her over the phone if it can't wait."

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

- People told us staff prepared simple meals for them as needed and encouraged people to drink enough to maintain their health and wellbeing.
- Where people were at risk of poor nutrition, food and fluid charts were completed at each visit. Staff told us any concerns were immediately raised with the managers and other healthcare professionals.
- Care workers told us they always asked people if they wanted a drink left with them at the end of their visit.

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

- People had access to healthcare professionals to help them live a healthier life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.
- Care workers told us if people became unwell during their visit they would call either a GP or an

ambulance and would stay with the person until help arrived.

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 when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found care workers followed the principles of the MCA and people's consent was sought in advance of care being provided.
- Care workers told us they would always obtain a person's consent before carrying out any care and they understood some decisions may need to be taken in a person's best interests. One care worker said, "We must always respect people's choices, ask them if it is okay for us to assist them and do things as they wish."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, 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 told us they had regular care staff, that they knew well and were very kind and caring.
- One person said, "I get on well with all the staff, I like them all." Another person said, "[Name of regular care worker] is wonderful, although I have no worries about any of the carers."
- The provider had policies in place in relation to protected characteristics under the Equality Act 2010. Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this.

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

- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- People told us they were consulted with, listened to and made decisions about their support. People's relatives told us they and their family members were involved in decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Care workers spoke with pride and compassion of the care they provided and gave examples of how they ensured people's privacy and dignity were respected. They told us they made sure people were comfortable with any care interventions, ensured they kept people covered, during personal care and gave people time alone if it was safe to do so.
- People and their relatives told us they or their family members were cared for well and their privacy and dignity was always respected by care workers. One person told us, "At first I was embarrassed [when receiving personal care] but the staff made me feel better about this."
- People were encouraged to maintain as much independence as possible. People that required support with their personal care had care plans which contained information about the aspects of their care they were able to do for themselves. Staff told us they let people take the lead and do as much for themselves as possible. One person told us, "There's nothing I would change, they [staff] always promote my independence which is very important to me."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, 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

- People's likes, dislikes and what was important to them were recorded in care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- There was also a pen picture with details of people's life history and background. Care workers said they found this information useful as it helped them to get to know people as individuals.
- Records showed people's care was reviewed regularly and when their needs changed. Daily notes made at the point of care delivery, showed care was given as assessed and planned.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- During people's initial referral and assessment any communication needs were identified.
- Documents were available in different formats to meet people's needs such as, large print.
- Staff acted to improve people's quality of life. For example, a person had struggled to communicate their needs to staff and with friends and family. Staff had introduced a chalk board to aid communication with staff, relatives and visitors to their home.

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

- Some people using the service had staff spend time with them whilst their relative took some time out.
- Staff told us they used this time to try and engage the person with activities they enjoyed. Some people enjoyed looking at family photographs, helping with small domestic tasks or having their hair set or nails manicured.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with complaints.
- People and relatives spoken with told us they had no complaints, worries or concerns about the service. One relative told us, "The managers are very quick to sort out problems, so they don't turn into complaints."
- We saw managers had information and recorded evidence of when low level concerns were brought to their attention and this also showed how these were resolved.

End of life care and support

- The registered manager informed us they were not currently providing care for people at the end of life. If this changed they would support people whilst working alongside other healthcare professionals to meet people's needs and wishes.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, 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

- We found there was a positive culture of openness, and support within the service.
- Care workers spoke highly of the management team and told us how much they enjoyed their job. Care workers described the management team as approachable and helpful. One said, "I always feel like I can speak to management comfortably and confidentially about anything I wish to air."

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

- Managers told us their ethos was to always be open and transparent with everyone involved with the service.
- Feedback from people and their relatives confirmed they were informed and told about any concerns or issues in line with their duty of candour responsibility.

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

- The management team understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- People, relatives and staff were all very positive about the way the service was managed.
- The registered manager had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as, the death of a person.

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

- People and relatives told us managers visited them and listened to them. They said they had ample opportunities to give their opinions and feedback about the service they received.
- People and their relatives were given several opportunities throughout the year to complete a feedback form. We saw evidence of what action had been taken in response to people's comments. For example, one person had requested a rota be sent to them, so they knew which care worker was visiting on each visit, this had been actioned.
- Everyone surveyed had scored the service as either excellent or good. With most people not wanting any changes made to their current service.

- Staff were also asked to give their feedback through surveys and staff meetings. Staff spoken with said they felt listened to and involved with making improvements to the service.

Continuous learning and improving care

- We looked at several different records that showed the quality and safety of the service was monitored to drive improvements.
- Several audits were completed by the management. These included audits on medication, care records, accidents, incidents, complaints and staff related issues such as recruitment.
- We saw reports were completed and in the main, any actions identified were addressed. However, the medicine audit had not found the discrepancies we found at this inspection. The management team immediately reviewed the system in place to review medicine records so that it would be effective.

Working in partnership with others

- The management team were committed to working with external healthcare professionals to ensure people received the best possible care. Working relationships had been developed with the local GP's, district nurses, occupational therapists and dietitians.