

Sheltering Arms of Yorkshire Ltd

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Inspection report

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12 January 2023

13 January 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sheltering Arms of Yorkshire Ltd is a domiciliary care agency providing personal care to people 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 there were 10 people receiving personal care from the service.

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

People were placed at the heart of the service and benefitted from a management and staff team who were committed to ensuring they received a service which was exceptionally responsive and promoted their self-esteem and wellbeing. Without exception, all feedback received about the support provided to people was extremely positive.

Staff had built strong relationships with people and knew them exceptionally well. The provider, registered manager and staff went above and beyond to learn about people and their lives and used the information gathered to enable people to have positive outcomes. Staff focused on people's strengths and promoted independence, so people had a fulfilling and meaningful everyday life of their choosing.

People were supported by a small number of regular staff members who knew them well, promoted their independence, choice and control.

The provider and registered manager had a visible presence within the service and people knew who they were and how to contact them if they wished to raise concerns or discuss their care. The provider also completed people's care visits, this gave them the opportunity to speak directly with people and to get to know them.

Staff knew how to safeguard people from the risk of abuse and people were protected from the spread of infection. Medicines were managed safely, with regular audits of people's medication taking place.

The provider had suitable systems to ensure new staff were recruited safely. Staff completed a range of training and people told us they felt staff knew what they were doing and supported them well.

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.

There were governance systems in place which were regularly reviewed. Quality assurance processes such as audits and spot checks, were used to drive improvements. There was a complaints procedure in place, which people were aware of. Feedback was sought from people with regular visits, reviews and feedback

questionnaires.

Staff felt supported by the registered manager and provider and were happy in their role.

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 18 October 2021 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?

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?

Outstanding ☆

The service was exceptionally 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.

Sheltering Arms of Yorkshire Ltd

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 1 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 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 Care Quality Commission 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. The registered manager was not present during this inspection and we were supported by the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave short notice of the inspection for the nominated individual to provide us with the documentation we needed to look at. Inspection activity started on 11 January and ended on 18 January 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of a monitoring activity that took place on 11 May 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service, 2 relatives and a health and social care professional. We also spoke with 4 members of staff and the nominated individual.

We reviewed a range of records. This included 3 people's care records and various medication records. We looked at 3 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.

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

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

- People were protected from the risk of abuse.
- Everyone we spoke with told us they felt safe when staff visited them. One person said, "I'm very safe."
- Staff received training in safeguarding and felt confident and able to report any concerns.
- The provider had an 'out of hours' telephone service to support staff, people and their relatives outside the office hours or in the event of an emergency. One staff member told us, "We can contact management at any time."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- People's needs and associated risks had been assessed, monitored and were regularly reviewed. A relative told us, "They [staff] are doing everything they can. The carers have all risks covered."
- People were involved in the assessment of their risks and care needs prior to being offered a care package from the service. One person told us, "I did my care plan with the registered manager. It's all about me and how they can help me."
- Accidents and incidents were managed appropriately. The provider had systems in place to review and analyse these to ensure lessons were learnt and shared with the staff team.
- The service had a clear infection prevention control policy to guide staff.
- Staff told us that they had access to personal protective equipment to help keep them and the people they supported safe.

Staffing and recruitment

- Staff were safely recruited.
- People received support from staff who arrived on time and stayed the agreed period. One person said, "They stay the full time, sometimes longer if they are doing something extra that I have asked. They do everything that I ask."
- Feedback about consistency of staff was positive. One person told us, "I have four regular carers and I know in advance which one is coming."
- Staff told us there were enough staff to meet people's needs. They said their rotas were well planned and they usually supported the same people.

Using medicines safely

- Medicines were managed safely.
- The provider had systems to support the management of people's medicines. Staff received appropriate

medicine training and their competency was regularly checked.

- Assessments had been completed to determine the level of support people required. This was clearly detailed in people's care plans to guide staff.

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.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff obtained consent before carrying out any care tasks, and care records showed people's ability to consent to their care was taken into account when their care was being planned.

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

- People received a full assessment of their needs before any care package commenced. These assessments covered a range of areas including their preferences and choices.
- Staff had access to people's care plans and risk assessments, so they could understand how to meet people's needs.
- People's protected characteristics such as their age, gender, and religion, were recorded to ensure the service met their individual lifestyle choices effectively.
- People and relatives confirmed they had been involved in their assessments and care planning.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs safely. People told us staff had the skills to carry out their roles effectively. One person told us, "They seem well trained. They listen to me and we have a nice rapport." Another said, "I think they are well trained, they also follow and check my care plan."
- The provider had a pro-active approach to supporting all staff and arranged on-going support, development and training to enable them to meet the needs of people. One member of staff told us, "I am doing my [qualification]. [Name of registered manager and provider] encouraged me to do this. I didn't have the confidence at first, but they spoke to me and encouraged me and support me to do it. I don't have a

laptop so [provider] picks me up every month and drives me to the office to do my work."

- Supervisions and competency assessments were used to monitor staff's performance and focus on their wellbeing.

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

- People were supported to eat and drink enough to remain well, in accordance with their care plans.
- Care plans contained information of people's food preferences and specific instructions around their diet requirements. This meant staff had the guidance they needed to meet people's dietary needs.
- People were supported to maintain their independence with meal preparation. Staff encouraged people to be independent and achieve their goals. For example, one person was supported with their mobility, which enabled them to get into the kitchen to prepare their own meals with support.

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

- Most people had the support of families with their healthcare needs, but when required, staff members supported in this area. The provider gave us examples of working in partnership with occupational therapists, physiotherapists and district nurses to ensure people's changing healthcare needs were met safely.

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 staff that were kind, caring and respectful.
- People were extremely happy with the care provided and praised the staff that visited them. Comments included; "Every one of them is caring and kind", "I would describe them as compassionate, caring and kind. They have empathy" and "They are very kind and caring, you can't fault them."
- Staff demonstrated a caring attitude and good values such as treating people as individuals and respecting them. Comments included, "We have made some serious bonds with people" and "Everyone cares and has people's best interest at heart. We love people to bits."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in making decisions about their care, and encouraged to make choices for themselves. One person told us, "They do talk to me about my care plan which is great. This was done with the hospital, staff, and me."
- Staff promoted people's wellbeing and recovery by supporting them to re-learn the skills they needed for independent daily living. Staff understood and recognised when people needed assistance.

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff went the extra mile to ensure people received care and support that was exceptionally personalised to build self-esteem and improve wellbeing.
- Staff were extremely passionate about making people feel valued and loved. One person's relative had written a poem about the way the care provided to their loved one had made the person feel. Part of this poem said, "Each and every morning after you arrived, then they waited for the next call with anticipation and pride."
- The provider had worked proactively to combat people's loneliness. For example, where people had been identified as being lonely, staff had facilitated relationships to address this. One person used to work with children when they were younger. The provider had considered their personal history and how valuable this role made them feel. The provider helped build relationships with staff members families. The person commented, "I love them visiting. It makes me remember the time when I used to drive children to school as a part time job." Another person who lived alone told us that the provider had helped develop extended relationships which had improved their well-being. The person commented, "These visits make me feel wanted and loved. It makes me happy."
- Staff had gone the extra mile to find out what people had done in their past and tried to ensure people could continue to remember things that were important to them. For example, one person used to be a teacher before they retired, staff had spent time researching the person's pupils they used to teach during their work life. Their relative commented, "Thank you for the extra time and effort you and your staff put in researching the pupils mum taught and her colleagues she worked with during her long career in teaching. I feel it helped stimulate her memory and she enjoyed looking back over the years and surprised us all how much she could remember."
- Staff supported people to maintain their family relationships. For example, one person's relatives who were planning to visit them were provided with access to accommodation to stay in by the provider, as they could not source any themselves. The person's relative told us, "They [staff] do beyond what is expected. We all had a brilliant time and [Name] loved it."
- The provider was proactive at ensuring people at risk of social isolation were provided with opportunities to meet other people. For example, staff organised omelette making competitions with people, and organised for people to attend celebratory events in the community together, which included potting plants at a local garden centre to take home.
- People were encouraged to take a valued and positive part in supporting and improving their local communities. For example, staff supported people to raise money for a local lifeboat station in memory of a person who previously used the service. The funds raised provided uniforms for the lifeboat staff. The

lifeboat station commented, "[Name of person] was a dedicated fundraiser, mostly for the Royal National Lifeboat Institution and would have loved this sentiment which demonstrates how you [the service] are prepared to go above and beyond for your clients."

- The provider had established strong links with the local community which had benefitted the people who used the service and its staff. For example, the service worked with a local shop during the warm weather to offer anyone who required cool drinks and ice lollies the opportunity to go and be provided with these free of charge.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service promoted a strong person-centred culture and was committed to making a positive difference to people's lives. The providers and staff were extremely passionate about providing person centred care in line with people's preferences and wishes.
- Feedback from people, relatives and health professionals was overwhelmingly complementary about the responsiveness of the service, and its staff. Comments included, "They [staff] are there 24/7. I don't know what I would do without them. They are diamonds" and "[Name] used to be down in their mood. Now they have really perked up and are back on their feet. They [staff] have even got [Name] birdwatching again."
- People were supported to be the main creators of their care plans, and staff encouraged them to fully personalise these. Staff used innovative approaches to enable people to build their plans of care to include what was important to them. Staff engaged in a 'dice game' with people where questions were asked and answered about people's lives including their interests, favourite holidays, special memories, where people grew up and their families. One person told us, "I did my care plan with [Names of staff], it's all about me and how they can help me. It's so comforting to know someone was bothered about me and listening. I have a lot of birds that visit my garden, one is a Sparrow hawk and they put in my care plan which birds that I see out of my window."
- The provider's exceptionally responsive, person-centred care had a positive impact on people's well-being and increased their skills and independence. One person, who was not going out before, now enjoyed outings to the local café which the provider had facilitated. We saw feedback from the community café staff that said, "So nice to see [Name] out and about, chatting to their friends and enjoying themselves." They had also been supported by staff to become re-involved with preparing their own meals and they were now achieving this with staff support.
- Another person who had suffered ill health and was cared for in bed, was struggling with the tasks of daily living and their mental health, and it was noted they had lost interest in life. With the responsive support and encouragement of staff, they were beginning to rediscover interests, which was greatly benefiting their physical health and well-being. Their relative told us, "They are doing everything, especially in relation to helping [Name] with standing. This is an outstanding company."
- Feedback from a health and social care professional involved with the person told us, "The impact they [staff] have had on [Name] is outstanding. They have not only met all their physical need but also emotional and physiological needs too. Their attitude is now very positive. They are now not only up out of bed but assisting in the kitchen and have been out in the garden. I am astonished at the change in them."

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 had met this standard. Communication plans in care records included details about how to

support people to best communicate.

Improving care quality in response to complaints or concerns

- People knew how to express any complaints or concerns and told us they would feel comfortable letting staff know if they were unhappy. Relatives also knew how to raise complaints.
- People and their relatives could access information on how to make a complaint. It was clear who to complain to and what action would be taken by the provider in response.
- The provider had a clear policy and procedure on managing complaints. There were no complaints since the registration of this service.

End of life care and support

- At the time of inspection no-one was in receipt of end of life care.

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.

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

- The management team and staff were clear about their responsibilities and the high standards expected, which were discussed during staff supervision, observation and regular communication.
- Staff had confidence the management team would take appropriate action if they raised any concerns, which they felt comfortable to do. A member of staff told us, "I have every faith in them."
- The provider ensured people's quality of care, experiences, and care records had been checked and audited regularly. This helped ensure people received consistent high-quality care.
- Where any issues had been identified, the provider ensured these had been addressed and lessons learned had been considered.
- Spot checks of staffs' practice had been completed by management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives praised the leadership and quality of the service with comments such as, "[Names] are brilliant managers, they would definitely sort any problems. I'd recommend them anytime of the day I really would. They are brilliant to me" and "Oh believe me I would recommend them. They are wonderful."
- The provider and management team were committed to achieving positive outcomes for the people they supported. Staff praised the values and aims of the management team and were proud to work for the agency. One member of staff told us, "The bosses are the best bosses I have ever worked for. We are giving people the best care we can. It's a good place to work. I absolutely love it."
- Staff felt the management team consulted with them and involved them in the running of the service. Staff felt appreciated and valued. Comments included; "They [management] are the best people I have ever worked for. They treat us like human beings. Like family."
- The provider communicated important information to staff using different systems, such as face to face discussions and electronic messaging.
- People told us they had been consulted with and their views sought. Records we reviewed evidenced regular consultations with people who used the service and their relatives.
- The provider worked in partnership with other agencies and supported people to access community based activities and services.

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 recognised their responsibility to be open and honest with people and their relatives if things went wrong.