

Yorkshire Homecare Limited

# Yorkshire Homecare Limited

## Inspection report

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28 June 2021  
19 August 2021  
31 August 2021

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Yorkshire Homecare Limited is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes. At the time of this inspection the service was supporting 20 people.

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.

This inspection took place between 28 June 2021 and 31 August 2021. This inspection was announced.

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

Governance systems were not always in place to assess, monitor and improve the quality and safety of the service provided. We also found shortfalls in a number of areas relating to record keeping and audits in the service.

Medicines were not always managed safely because staff had not received competency assessments and not everyone had completed their medicines training. Staff did not always record when medicines had been administered. Guidance for staff in the form of protocols was not always in place to instruct staff on how to administer medicines.

Staffing levels were sufficient however, people and their relatives told us their visits were often late or not at the allocated times. Most recruitment checks were completed to ensure people were safe to work with people using the service. However, one staff member had started working prior to their DBS being obtained. Staff training and supervisions had not always been completed in line with the providers policy.

Safeguarding and incidents had been investigated and were being managed effectively. However, we found one incident where the actions taken had not been updated in the person's risk assessment. All other risk assessments were completed, reviewed and changed with people's care needs.

People using the service told us they felt safe and staff followed the provider's safeguarding policy for reporting and acting on concerns. Staff felt confident to raise concerns if needed.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People using the service said staff were caring, helpful and respected their wishes. Staff ensured they always offered choice and encouraged people to remain independent when their health allowed.

Complaints were managed with actions taken to address the concerns and people felt their concerns would be responded to. There had been minimal complaints received by the service since they opened.

People living in the home, their relatives and staff spoke positively about the current management of the service.

#### Why we inspected

The service was registered with us on 2 January 2019 and this is the first inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yorkshire Homecare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

<b>Is the service safe?</b> The service was not always safe.	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was not always effective.	<b>Requires Improvement</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not always well led.	<b>Requires Improvement</b> ●

# Yorkshire Homecare 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 was made up of two inspectors.

#### Service and service type

Yorkshire Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who was planning to register with the Care Quality Commission to become the registered manager. The registered manager 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

We gave the service 48 hours' notice so we could be sure the service was free from COVID-19 infections. Inspection activity started on 29 June 2021 and ended on 31 August 2021. We visited the office on 19 August 2021.

#### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this

into account in making our judgements in this report.

We sought feedback from the local authority, clinical commissioning group and Healthwatch. 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 this information to plan our inspection.

#### During the inspection

We spoke with three people and one relative about their experience of the care provided. We spoke with the manager and three staff members. We looked at three people's care records and 10 medicine records. We looked at two staff files for recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and quality assurance reports.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing feedback about the service and quality assurance records.



# 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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Medicine competency checks had not been completed to check medication practices by staff were safe. Not all staff were up to date with their medication training and the manager had set a deadline for all staff to complete this.
- Medicine audits were not effective to prevent errors. For example, audits highlighted missed signatures on medication administration records (MARs). However, actions taken were not recorded and we found repeated incidents of missed signatures on MARs.
- Protocols were not in place when people were prescribed 'as required' medicines to guide staff on when medicines should be administered. We looked at one MAR which showed no times recorded for when a person had been administered paracetamol.
- Although medicines were not always managed safely, we were assured by people we spoke with that medicines were administered correctly and medicines were not missed. One person told us they had recently fallen and required cream to alleviate their pain. They told us carers put this on daily or when needed and that it helped ease their pain.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Some people using the service or family members whom they lived with had tested positive for COVID-19. We did not see evidence of risk assessments in place for staff members to protect against the infection and there were no plans in place to limit the number of staff providing care to people who were infectious.
- One accident had been recorded in the service however, the actions recorded had not been completed. For example, the person who fell required a lifeline to be worn at all times although, this had not been put on the person's risk assessment. Following our feedback to the manager this was immediately updated.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people's safety and wellbeing had been identified and assessed. Guidance around managing people's risks was documented in their care records for staff to follow.

### Staffing and recruitment

- There were enough staff employed to support people using the service however, people and their relatives

told us visits were not always on time. One person said, "They never kept to the times they were supposed to. They should have come at 8pm but they would come between 7pm and 11pm at night to put me to bed. They never let me know they were going to be late coming."

- The provider had recruitment checks in place to ensure staff were suitable to work in the service. However, we looked at one file which showed a staff member had started work prior to their DBS being completed. We discussed this with the manager who assured us this was an oversight and no care was provided at the visit. The manager said all staff shadowed other visits prior to starting and required all information before beginning their independent visits.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe when staff came into their homes. One person said, "I have no concerns about the staff. I find the carers very good and helpful."

- There were systems in place to help keep people safe and the provider had clear safeguarding policies and procedures.

- Staff knew how to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding and knew who to report concerns to and felt confident these would be fully investigated. One staff member said, "It's to protect any person against harm and make sure they don't come to any harm. This could be financial, neglect or sexual, violence. If I had a safeguarding concern I would contact my manager and report this."

Preventing and controlling infection

- Staff told us they were provided with protective equipment to use when carrying out personal care in people's homes to prevent cross infection. People we spoke with said staff wore their PPE when attending their homes. We were assured that the provider was accessing testing for people using the service and staff. We were assured that the provider's infection prevention and control policy was up to date and audits were carried out.



# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always have the relevant skills and knowledge to care for the people using the service as their training was not always up to date. For example, staff had not completed end of life training and some people using the service were receiving end of life care.
- Supervisions, appraisals and spot checks were not always completed for example, one staff member had only received one supervision after working in the service for over four months. The manager told us their policy required staff to have five supervisions per year and an annual appraisal. There was no matrix in place to determine who had received supervisions.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager confirmed no person using the service lacked capacity and therefore, no capacity assessments or best interest decisions had been completed.
- Staff had an understanding of the MCA and told us they always provided people with choices. One staff member said, "MCA is legislation to consider. It is related to people who have a mental illness or people with dementia and how to safeguard them and to act on behalf in their interests."

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

- Staff offered people choices of what they wished to eat and drink. One staff member said, "All carers will ask people what they would like and give options."
- Choking risk assessments had been completed for those people on specialist diets such as soft foods and provided guidance for staff on how to prevent incidents such as giving small mouthfuls of food when supporting people.
- People told us they had access to health professionals when needed.

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

- The care and support people needed was captured as part of the assessment process. People had care plans which recorded the help they needed from staff. People we spoke with said staff knew them well.

# 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 and their relatives said staff were caring. Comments included, "The carers were really nice, they couldn't do enough for me. If there was anything, I needed they did it for me" and "I find the carers very good and helpful."
- People were treated well by the staff who supported them. One person said their relative had fallen at home and when the carer attended, they stayed with the person for hours to ensure their safety.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was protected.
- People's wishes had been respected. One person said, "I feel comfortable with the staff washing me. I was quite happy with how they were and what they did for me."
- Staff encouraged people to remain as independent as possible. One person had been receiving support following an injury and due to the ongoing support from the service became independent quicker than expected and no longer required the service.

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

- Most people and relatives we spoke with told us they had been involved in making decisions about their care and support needs. One person told us they were visited by the service after a hospital admission to ensure their needs were being met.
- Care plans recorded details of people's likes and dislikes and details of any protected characteristics so that these could be supported.

# 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

- Staff were knowledgeable about people's specific needs and knew how to care for people. Care plans were completed to ensure staff knew how to best meet people's needs.
- People told us they had copies of their care plans at home and the manager carried out regular calls to determine if people's care was still relevant or if any changes needed to be made.
- People were encouraged to have full control of their lives and their preferences met. One person who received support from staff said, "I would tell them (staff) what I wanted, and they would make the food for me."

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

- Where appropriate people who used the service were supported by staff to undertake activities and maintain their social relationships to promote their wellbeing.

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.

- People's communication needs were assessed and recorded in care plans. Care plans provided staff with guidance on the most effective ways to support people to communicate. However, we did find one care plan which did not include relevant information about a person's communication needs and we have addressed this in the well led domain.

Improving care quality in response to complaints or concerns

- People we spoke with told us they knew how to complain. One person said, "I have had no complaints, I'm quite happy but I have contact numbers if I need to complain."
- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The management team investigated and responded to complaints appropriately.

End of life care and support

- End of life care plans had been completed however, these were generic and not person centred. The manager told us these would be updated immediately.

- Staff had not been trained in end of life care. This has been addressed in the effective domain. The manager said they had sourced training for staff and would ensure this is completed.

# 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 Requires improvement. This meant the service management and leadership was inconsistent around the management of records and risk. Leaders and the culture they created did not always support the delivery of person centred care.

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

- At the time of our inspection there was no registered manager. There was a manager who told us they planned to start the registration process with CQC.
- There were no contingency plans in place to ensure the service could remain functional if the manager was unavailable. During our inspection the manager had contracted COVID-19 however, they were not off work and instead worked from home. The manager told us the Nominated Individual (NI) was out of the country and there was no other management in place to run the service.
- We found records were not always accurate. There was no oversight of staff visiting times as we found several examples of staff only staying on site for 1 minute or for several hours. The manager said they spoke with staff about these issues, however these conversations were not recorded. Care plans did not always record relevant information, for example, one person was deaf however, this had not been recorded in the plan.
- There were inconsistencies with the governance systems. Computer systems used to monitor staff visits were not always effective in identifying errors in the service. For example, we found one call which had been missed due to a computer failure however, it meant a person with skin damage was left in their chair for several hours. We were assured that no further harm came to the person and this was referred to the local safeguarding team.
- Audits were carried out however, there was no oversight of actions taken in the service. For example, when missed signatures were found on MAR charts, supervision records with staff had not been recorded.

This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were clear in their responsibilities to act on concerns raised and provided effective responses to complaints.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they felt well supported by the staff team.
- People had provided positive feedback about the service and the outcomes it had achieved with people.

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

- Most people and their relatives said they knew how to communicate with the service when needed, however, one person said they had found it difficult to speak with the office and had made several attempts without success.
- Staff said they were able to raise concerns with the management team when required.
- Reviews were carried out with people to ensure their needs were being met.

Working in partnership with others

- The service worked alongside other health professionals to support people's care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a failure to ensure proper and safe management of medicines. Risk assessments were not always completed to prevent against COVID-19.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was failure to follow systems in place to assess, monitor and improve the quality and safety of the service provided. There was a failure to maintain accurate and complete records.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not taken appropriate steps to ensure all staff received appropriate on-going or periodic supervision and an appraisal to make sure competence was maintained. Staff had not completed all of their training.</p>