

Yardley Great Trust

Home Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 27 July 2016 and was announced. The provider had been given 48 hours' notice of the visit to the office so that we could be sure someone would be available to meet with us. At our last inspection in November 2013 we found that the provider was compliant with all the areas we looked at.

Home Care Services is registered to provide personal care to adults who live in their own homes. On the day of our inspection they were providing care to 45 people. There was a registered manager at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's needs had been assessed before they started to receive support from the service and people had been involved in developing and updating their care plans. We found the information contained in the care records was individualised and clearly identified people's needs and preferences. We found people received a service that was based on their personal needs and wishes. Changes in people's needs were identified and responded to. Risks people might experience with their care or environment was being managed, but we found that some improvements to the management of medicines needed to be made.

We found the service employed enough staff to meet the needs of the people being supported. The support provided was from a consistent group of staff who had been safely recruited. People who used the service had no concerns about how the service was staffed.

Staff had been provided with induction training and regular refresher training to update their knowledge and skills. Staff had a clear understanding of the procedures in place to safeguard people from abuse. Staff were well supported and received regular supervision.

People and staff knew how to make a complaint and felt confident that it would be dealt with well.

The provider had not established adequate quality monitor processes to identify if the service was meeting people's needs or how it could be improved. Audits had not always led to improvements in the quality of the service. Information was not reviewed for trends and to identify learning opportunities.

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.
People could not be sure they had received their prescribed medicines safely.
Relatives and people told us they felt they were safe and well cared for.
People had risk assessments that were up to date and detailed.

Requires Improvement ●

Is the service effective?

This service was effective.
People were supported in line with the Mental Capacity Act 2005.
People were involved in making decisions about their care because staff and managers involved them.
People had good access to healthcare services.□

Good ●

Is the service caring?

This service was caring.
We saw and relatives told us that staff were kind and treated people with dignity and respect.
Staff sought people's views about their care and took these into account when planning their care and support.□

Good ●

Is the service responsive?

This service was responsive.
People's opinions and choices mattered to the service and they were involved in planning their care.
If needed people could access the provider's formal complaints system.□

Good ●

Is the service well-led?

This service was not always well-led.
There were no robust systems in place to monitor and improve the quality of the service.
Staff said the manager provided them with the appropriate leadership and support.
Staff were well motivated and enjoyed working at the service.

Requires Improvement ●

Home Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 July 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be there to meet us. The inspection team comprised of one inspector.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit. We also looked at information provided by the commissioners of the service.

Before the inspection the provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of this process people who use the service were sent a questionnaire and we looked at their replies. We took this into account when we made the judgements in this report.

During our inspection we spoke with two people who used the service, two relatives and one care professional. We also spoke with three members of staff, a senior carer and the registered manager. We looked at various records including the care records of two people and the recruitment records of two staff, complaints and safeguarding information.

Is the service safe?

Our findings

We noted that in addition to supporting people who needed help to take regular medication sometimes people were supported to take medication on an 'as required' basis. We saw that when this medication had been given it was appropriately recorded. However the registered manager had not ensured that staff had sufficient instructions about when it was safe to give the 'as required' medication. This meant that some people could have been given too much or too little medication that might have caused them harm. The registered manager told us they carried out audits of Medicine Administration Records (MAR) to ensure that people received their medicines as prescribed. They told us these checks happened when the paperwork came into the office every 4 to 8 weeks. There was no evidence that these audits had taken place available to us on the day of our inspection and no evidence was provided immediately after the visit to the provider's office. There was no evidence of any actions taken as a result of any errors that may have occurred.

People we spoke with told us they felt safe using the service. One person told us, "[The care] is good, the staff know what they are doing," and "I feel rather safe and comfortable with them actually." They told us they knew the staff who came to provide their care and felt that staff would take appropriate action if they were at risk of harm. Relatives we spoke with confirmed that the service was safe, one relative said, "She seems really safe." The staff we spoke with demonstrated a good knowledge of the signs of abuse, and had received up to date training in matters around safeguarding people. Information we received before the inspection in the Provider Information Return (PIR) told us that people felt they were cared for safely.

People had risk assessments and care plans in place to ensure they received appropriate care which helped to protect them from the risk of harm. These were updated regularly and were detailed, which gave staff the information they needed to carry out their role well. We saw that the registered manager had a process for recording and managing accidents and incidents appropriately. We noted that the provider had a clear whistle blowing policy for staff to use if needed, and staff told us they were aware of it.

There were sufficient numbers of adequately trained staff to provide care and support. People told us that staff did not rush when they supported them with their personal care. People told us that staff usually visited them on time, and there was a system in place to notify people if staff were going to be late.

We spoke with staff about their recruitment and they told us that all checks had been completed before they were employed. The staff recruitment records we looked at showed that recruitment checks were in place to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks were carried out for all the staff, and updated regularly. The registered manager also requested references about character and the suitability of prospective staff to work with the people who used the service. This ensured only suitable people with the right skills were employed by this service. We found that staff recruitment practices were safe. The provider was aware of their responsibilities if a member of staff was not performing well. This ensured that the provider could make sure that all staff did their job to a good standard.

People told us and records showed that people were supported to administer their medicines independently where possible. One relative told us that there had never been a problem with medication.

Staff said they supported people to have their medicines from monitored dosage systems (blister packs) to minimise the risk of errors. The blister packs were delivered to people's homes directly from the community pharmacy. Records showed and staff told us that they had received up to date training in administering medication. The registered manager ensured that staff were regularly observed while supporting people and this included when they assisted them with medication.

Is the service effective?

Our findings

People's comments demonstrated that people felt staff were competent in their roles and provided good care and support. One person said, "The staff are really lovely, very helpful and pleasant." A relative told us, "I can't fault them they are like part of the family now."

Records we looked at showed that staff had a comprehensive induction into the service. This included shadowing more experienced staff and being introduced to the people before caring for them. We found staff had received training to meet the needs of the people they supported. This included completing core training in topics such as the safeguarding, first aid and infection control. A staff member told us, "We have lots of training." Another member of staff told us, "I have regular supervisions and lots of tremendous training." We saw records that showed staff had supervision and all the staff we spoke with confirmed this.

Staff felt that communication was good and that they were supported by the management. One staff member said, "The managers are brilliant, they really support me." Another staff member said, "We are well supported as staff." We saw that an electronic system of communication was being used between the office and staff who worked in the community. This did not contain any personal information but gave immediate updates about any concerns, and any changes to people's care needs. We saw that these comments were recorded centrally at the providers' office and appropriate action was taken in a timely manner.

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. 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 were being met.

We found the registered manager understood their responsibilities in relation to the MCA, and was acting in accordance with the principles of it. All the people we spoke with said that staff would seek their consent to provide care. We found that all the people, except one, who used the service, had full capacity to make their own decisions and that they had signed their care plans we looked at. The one person who had been assessed as lacking capacity by an external professional had appropriate safeguards in place. Staff supported people to make their own choices. One person told us, "They [the staff] are excellent, they always ask me what I want, and if there's anything else I want doing," and, "They ask me how I like things done." Staff comments included, "The company is all about choice and gaining consent." People were regularly asked for their views of the service and we saw that when necessary action was taken to ensure people were supported in line with their expressed wishes. We found that the people controlled their own care and how it was delivered.

People and relatives we spoke with were happy about how they were supported with food and drink. One person said, "They do the food how I like it, it looks nice." We noted that staff were involved with food preparation in people's own homes. We also saw staff had completed basic food hygiene and nutrition training as part of their training. Staff were able to describe the actions they would take should someone not be eating or drinking sufficiently. These actions supported people to have sufficient food and drink of their choice. Staff were knowledgeable about people's nutritional requirements, and care plans contained detailed information about people's health conditions which could be affected by their diet. We saw nutritional risk assessments in place where needed, and noted that in some cases fluid charts were being kept to ensure that a person had sufficient liquid to drink throughout the day.

People and their relatives managed their own appointments with health professionals. The registered manager told us that when needed staff supported people with this too. We saw evidence that staff regularly contacted doctors, therapists and social workers on people's behalf or when they felt they were becoming unwell or required their care needs to be reviewed. Staff we spoke with described how they would appropriately support someone if they felt they needed medical attention in the case of an emergency. We saw that people were supported to maintain their health and the level of support needed was reviewed regularly.

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and were happy to be supported by the service. One person said, "Staff are very kind and considerate." A staff member told us she would be happy for her mother to be cared for by the service. An external professional said that people being cared for by the provider "Really loved the staff. They think they are impeccable." Relatives we spoke with were equally complimentary, comments included, "The staff are very caring, very understanding and kind, they go the extra mile." and "The carers are all fantastic." and "[My relative] is really well looked after and she is happy with how they [the staff] look after her."

People who used the service told us they were supported by regular staff and this had enabled them to develop positive relationships with them. A relative said, "They try and keep to the same carers, I've got their mobile numbers, it's really good." Staff we spoke with could explain people's specific needs and how they liked to be supported. It was clear that staff knew the needs and wishes of the people they supported well. A relative told us, "They are like family now." One relative said that occasionally staff had time to give extra help to people with their personal appearance before going out; this included painting finger nails and arranging people's hair if they requested it. People said they were supported by staff that showed them kindness and gave us examples such as staff bringing them fish and chips or spending extra time with them.

The provider had a process to support people to be involved in developing and reviewing their care plans and expressing how they wanted their care to be delivered. Records showed that people were consulted about their care and how they wanted to be supported. There was evidence that people regularly met with senior staff to ensure they were happy with their care plans. People told us they felt involved in how their care was provided.

The service promoted people's privacy and dignity. One person said, "They [the staff] are not rude, they are very respectful." Staff told us how they would ensure that all personal care was conducted with as much privacy and respect as possible. When discussing people the service supported, we noted that staff were very clear about confidentiality and always spoke respectfully and kindly about the people they supported. Staff also said that they would make sure the person retained as much independence as possible. One staff member told us, "We do a lot about independent living; people help themselves as much as they can, and we encourage that."

Is the service responsive?

Our findings

People and relatives told us that staff knew them well and they were listened to. One person said, "They ask me how I like things done and tell me what's happening, the manager asks me if I want any changes." A relative told us, I can phone if there's a problem, they sort it out really quickly."

The registered manager told us, and records showed that initial assessments had taken place to identify people's individual support needs. This made sure that the provider knew they could provide the correct support to people. Care records we saw were person-centred and contained information about people's personal preferences and daily routines. Each person had care plans to tell staff about their needs and how any risks should be managed. Care plans recorded people's likes and dislikes, what was important to them and how they wanted staff to support them. We noted that there was also a shorter quick reference care plan that was used to alert staff to vital areas of care and support and to identify any important changes. For example one person had refused their medication in tablet form had been supported by the service to have it changed to a liquid form which they preferred and were now happily taking their prescribed medicines. We saw that care plans had been regularly reviewed.

The registered manager told us the service ensured that only a small number of regular staff went to people's homes to provide care where possible. Staff were introduced to people before they started using the service and if needed, other known staff from the providers care home could provide support to people in their own homes. One relative told us, "They try and keep the same carers going in. I know who is going to be there." This meant that people had a continuity of care from staff they knew and felt comfortable with.

The registered manager told us that where possible staff were matched to people on the grounds of each persons' started preference. For example some people wanted female only staff, and in the past the provider had been able to recruit staff with specific language and cultural skills to support people as they wished in the community.

People told us they knew how to complain and that they felt confident to raise any matter of concern. One person said, "The manager is very nice, I could complain to her if I needed to." All the relatives we spoke with told us they would speak to the manager if they had any concerns. Relatives comments included, "We can complain, I'm sure we would be listened to." and "They are a really good service, any slight thing and they phone straight away, it's really good communication."

We saw that the provider had a complaints process and that the registered manager had responded to any concerns raised in a timely manner. We noted however that at a recent meeting of people who used the service, some complaints had not been dealt with consistently. The provider took immediate action after our inspection to address this issue. We found that the complaints process was not scrutinised to identify if complaints were being handled consistently in line with good practice.

We saw information given to people when they began to use the service that included details about how to complain and what would happen. All the staff we spoke with had a good understanding of how to support people and others if they wished to complain. The provider had a system for responding to complaints so

that corrective action could be taken, and we saw that a complaint had been responded to appropriately.

Is the service well-led?

Our findings

We found that the processes in place for monitoring and improving the quality of the service were not fully effective. The provider did not have robust systems to audit, monitor and improve the quality of the service within a timely manner. There was an ineffective system to ensure that people had received their medicines safely as the charts that recorded the medications were not checked at in a timely manner, and some people may have received too much or too little 'as required' medication.

No audit or checks of the use of 'as required' medication had taken place. We noted that the provider had conducted a survey to capture people's views about the quality of the service. We saw that the survey had been analysed, but there was no system in place to take action from the comments made by people to ensure prompt improvements to the quality of the service. There was no robust system to ensure feedback from people was used to improve the quality of care people received.

There were no effective systems in place to monitor if staff supported people for the right duration of time allocated to them. The information returned to us before the inspection told us that a third of people did not have their care worker stay for the agreed length of time. We found evidence that some staff left calls before they should. One member of staff said, "Sometimes I shave off a few minutes to make up time, lots of us do." We saw from a survey people had completed in September 2015. Half of the people who responded to the question 'Does your worker stay for the full duration?' said that this did not always happen. The registered manager told us that no action had been taken in light of these findings. The registered manager told us that staff were expected to book in any travelling time they needed and not cut their calls short. We found that this did not always happen, and there was no system in place to ensure it did.

All the people and relatives we spoke with were happy to be supported by the service and pleased with how it was managed. Comments included, "They are a really good service." and "I can always trust them, they are always there." and "The manager is good, she manages the girls [the staff] perfectly."

People told us they were encouraged to express their views about the service and felt involved in directing how their care was developed. People said they were happy to express their views about the service to the staff that supported them.

Staff told us and records confirmed that leadership was consistent. Many staff had worked at the service for several years and said they were happy with how they were supported by the registered manager. Staff commented, "The organisation is really good." and "The managers' really care about the people; they are looked after really well." and "The Trust really cares." Care staff told us that they could always contact a senior member of staff for guidance when necessary including at nights and weekends.

There was a common vision for the service which was shared by all the staff we spoke with. Staff told us they were committed to providing a good service and developing caring relationships with the people they supported. Staff said they were supported to express their views about the service and felt valued when they did so. One member of staff said, "Things get dealt with really quickly, very fast."

The registered manager was well liked by everyone we spoke with, and seen as approachable and caring. They were aware of their responsibilities to the commission. They told us and records showed that there had been no incidents, accidents or safeguarding alerts notified to us since the last inspection. The registered manager told us they had kept up to date with new developments, requirements and regulations in the care sector by accessing the internet and attending relevant training.