

Yorkshire Senior Care Limited

Yorkshire Senior Care t/a Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected the service on 21 and 22 September 2015. The visit was announced. Our last inspection took place on 06 August 2013 and there were no identified breaches of legal requirements.

Yorkshire Senior Care t/a Home Instead Senior Care, provides care and support to people in their own home.

The office is based in Wetherby and they provide support to people in the Wetherby and North Leeds area of Yorkshire. At the time of our inspection the service supported 32 people.

At the time of this inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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 2008 and associated Regulations about how the service is run.

People's care and support needs were assessed and care and support plans identified how care should be delivered. People and relatives we spoke with told us they were very happy with the service they received and staff were kind and caring, treated them with dignity and respected their choices. People told us they would recommend the service and said the staff did more than just their job; they had time to talk with them and would do little extra jobs, if asked. People received assistance with meals and healthcare when required. We found there were appropriate arrangements for the safe handling of medicines.

People who used the service told us they felt safe with the staff and the care they were provided with. We found

there were appropriate systems in place to protect people from risk of harm. There were policies and procedures in place in relation to the Mental Capacity Act 2005.

We found people were cared for, or supported by, appropriately trained staff. Robust recruitment procedures were in place. Staff received support to help them understand how to deliver appropriate care. People who used the service said their visit times suited their wishes and staff always stayed the agreed length of time.

People who used the service, relatives and staff all told us the management of the service was very good. They said the registered manager was hands on, approachable and responsive. We found there were appropriate systems in place for the management of complaints and effective systems to monitor and improve the quality of the service provided.

Summary of findings

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 safe.

Staff knew how to recognise and respond to abuse correctly. Individual risks had been assessed.

There were enough skilled and experienced staff to support people and meet their needs. We saw the recruitment process for staff was robust.

We found there were appropriate arrangements for the safe handling of medicines.

Good



Is the service effective?

The service was effective in meeting people's needs.

Staff training provided equipped staff with the knowledge and skills to support people safely. Dates had been identified for staff to attend supervision meetings.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

People's nutritional and healthcare needs were met.

Good



Is the service caring?

The service was caring.

People were very happy with the care and support provided to them. They spoke positively about the way in which staff helped them. People told us they would recommend the service and said the staff did more than just their job; they had time to talk with them.

Staff were kind and friendly and had developed good relationships with people.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive to people's needs.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative.

A programme of community activity was available to people.

People were given information on how to make a complaint.

Good



Is the service well-led?

The service was well led.

People who used the service, relatives and staff spoke very positively about how the service was run and about the registered manager. They all said the registered manager was committed to providing the best service they could offer; was approachable and provided good leadership.

There were effective systems in place to monitor and improve the quality of the service provided.

Good



Yorkshire Senior Care t/a Home Instead Senior Care

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 21 and 22 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The inspection team consisted of one adult social care inspector and an expert-by-experience who had experience of people who used a domiciliary care service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 32 people receiving personal care from Yorkshire Senior Care t/a Home Instead Senior Care. We spoke with, on the telephone, 11 people who used the service, five relative, eight staff and the registered manager. We visited the provider's office and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at five people's care and support plans.

Before the inspection, the provider completed 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. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority 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.

Is the service safe?

Our findings

People told us they felt safe. Staff we spoke with had a good understanding of safeguarding and were able to confidently describe what they would do should they suspect abuse was occurring. Staff had received training in safeguarding adults and we saw safeguarding and whistleblowing policies were available.

Staff said they were able to raise any concerns with the registered manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse going unnoticed were minimised.

We saw before a service was offered the registered manager completed an assessment which included looking at the person's home environment in order to identify any potential hazards to the individual or staff member. These included internal and external areas of the home.

We looked at care and support plans and found risk assessments identified hazards that people might face. These included mobility, personal care and any nutritional risks. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service.

There were sufficient numbers of staff available to keep people safe. We spoke with the registered manager who told us staffing levels were determined by the number of people and their care and support needs. They also said they used a 'matching' process which matched a staff member to the person who used the service with their knowledge, skills, personality and availability. This holistic approach ensured the staff member was able to meet the needs of the person. The registered manager recorded details of the times people required their visits and which staff were allocated to go to the visit. They also said people's visits lasted a minimum of one hour and no travel time was included in this hour. Staff we spoke with told us they had been allocated enough time to complete each call. People we spoke with said staff had the time for a chat, which was clearly very much appreciated by

everyone. One person said, "They come mainly to bath or shower me. They take me shopping and have a chat with me." Another person said, "She has time to have a chat with us and a cup of coffee."

People we spoke with confirmed they had regular and reliable staff and knew the times of their visits and were kept informed of any changes. People commented it was like a friend coming into their home.

People who used the service told us they had telephone numbers for the service so they could ring during office hours and in the evening and weekends should they have a query. The registered manager told us the telephone number was a 24 hour on call number for the service.

The service operated a robust recruitment and selection process. The registered manager was active in the recruitment of staff and made sure they would be the 'right' person to join the team and work within the ethos of the service. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The staff files we looked at included an application form, interview notes and references. One staff member told us, "I attended an informal chat and then a more formal interview."

We looked at the systems in place for managing medicines and found there were appropriate arrangements for the safe handling of medicines.

People who used the service told us they felt well supported with their medicines. The service completed a medication care plan to establish the support people needed with their medication. The service had a clear medication policy which stated what tasks staff members could and could not undertake in relation to administering medicines.

We reviewed the medication administration records and found these were completed correctly and were audited by the service once a month. We noted from the PIR there had been two reported errors with medication in the last twelve months.

The majority of people's medicines were provided pre-dispensed from the local pharmacist, which minimise

Is the service safe?

the risk of errors being made. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely.

Is the service effective?

Our findings

Staff we spoke with said they had regular supervision and an annual appraisal which gave them an opportunity to discuss their roles and options for development. We looked at supervision records which confirmed staff had received supervision on a regular basis. However, we saw some staff had not received supervision in line with the staff manual which stated 'supervision will be held on a three monthly basis'. The registered manager told us supervisions had got a little behind recently due to the care manager leaving but they were fully aware of this and had put a supervision matrix in place to help get staff supervisions back on schedule. We saw the supervision matrix which showed up and coming dates for staff supervision to take place as per policy.

Staff we spoke with told us they were well supported by other staff members, the office staff and the registered manager. They said they received training that equipped them to carry out their work effectively. Staff told us they had completed several training courses in 2014 and 2015, which included moving and handling. We saw staff also completed specific training which helped support people. These included dementia awareness, end of life care and Parkinson's disease.

The registered manager told us the provider was currently looking at how the 'Care Certificate' could be incorporated into the training programme and were adding two elements into the induction training to address the care certificate. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life.

The service had an induction programme that was completed by all new members of staff on commencement of their employment. We were told by staff this included training, policies and procedure for the organisation and shadowing of other staff members. This ensured staff had the skills and knowledge to effectively meet people's needs.

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. The registered manager told us everyone who received a service had capacity to make decisions about their care and support. Members of staff and the

management team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent. Staff had access to policies and procedures. People told us they were supported to make their own decisions. People had signed documents within their care and support plan and these included the care plan itself, consent to care, service agreement and medication agreement. These showed the person agreed with the care package and the support provided. We also saw service reviews and quality assessments were signed by people who used the service.

People, where appropriate, were assisted to maintain their nutritional and fluid intake. Staff told us they would prepare meals for people and this would be from ready meals or food items already purchased. The registered manager told us they did grocery shopping (either with or without the person) and did meal planning, particularly for people with dementia. We work in conjunction with the Community Matron to assess clients dietary intake and have food and fluid record charts as appropriate. The also said they worked in conjunction with the community matron to assess the person's dietary intake and had food and fluid records as appropriate. Staff told us before they left their visit they made sure people had access to food and drink. Staff we spoke with were aware of people's specific dietary requirements. We saw information in people's care and support plans about their meals. This meant people's individual dietary needs and preferences were being planned for and met.

People we spoke with told us, "They come twice a day. They give me my meals. They cook some and bring some in", "They come in four times a day and they look after me. They make my meals for me", "They make my food and do all my meals for me", "They come and make meals for me, breakfast, lunch and tea" and "They get me some dinner and sometimes do the washing up."

We found people who used the service or their relatives dealt with healthcare appointments, although staff told us they did sometimes arrange GP, dental or optician's appointments for people when needed. Staff members told us if people became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived. Following our inspection the registered manager told us staff would also inform the office to ensure other calls were covered.

Is the service caring?

Our findings

People told us they were happy with the service they received and were very positive about the service. They said they received care from the same team of staff. People and their relatives told us they were very happy with all of the staff and got on well with them. Some people told us they were very lucky to have the staff they had and felt they were very helpful and friendly and most important of all they knew what they were doing. Comments included, “The carers are very good, some are better than others. The good ones are very good. The service is very good”, “I’m happy with the service. The two ladies I have are very, very good. The carers are very kind and considerate. I am pleased to see them. I’m very fortunate with the ladies that come. I don’t think that I would change anything”, “The carers are very kind and caring. They are all very good. The service is excellent, very good, I wouldn’t change anything to make it better”, “The girl that comes to me is very good and very helpful. She always comes on time. She’s a lovely girl. She does what I want her to do. I can’t fault them at all. I’m highly delighted with them”, “They are very caring and very nice” and “For what I need they are perfect.”

Relatives told us, “We are very pleased with the service we are getting; most definitely”, “The proprietor came out at a moment’s notice. I would recommend the service. They say service is personal and that’s what it is. The proprietor comes out herself to help me out on a Sunday. On the occasions I need them they come”, “They do anything she wants” and “They more or less come on time, sometimes early. The service is brilliant, no problems at all.”

We found the registered manager and staff to be motivated and enthusiastic about making a difference to people’s lives. One staff member said, “I like the way the service works, it is very client based. I treat the people I go to like my grandparents.” Another staff member told us, “It is a client and staff focused service.” One staff member said, “Care is second to none and I have time to do care properly. The time can be extended if we feel we need to.” Another said member said, “People are well looked after.” One staff member said, “We have time to talk with people.”

Staff rotas were organised so people who used the service had a regular and named care worker. People confirmed they knew the care workers booked to visit them and new care workers were always introduced to them by the registered manager or an experienced staff member before

they started to work with them. One person said, “I get the same carer all the time. She’s fine. I have her for three hours a week.” Another person said, “I get different carers every day and I know them all. It’s like friends coming in, I love them all.” Relative’s comments included, “They try to keep to the same people and all the time they succeed. They send mature, competent women. We have used another service and it was nowhere near as good as this one”, “We have two different carers, they are the same all the time. When they are on holiday we get the manager instead” and “We have the same carer all the time. She comes regularly and is always on time.”

People we spoke with and relatives were very complimentary about how staff and the registered manager responded to their needs. We were given examples of where people had received an out of hour’s response when they needed it.

People told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. One person told us, “There is a care plan in the house which is kept up to date.” Other comments included, “They look after me, of course, they help me with my personal care”, “I have them five mornings a week for an hour. They help me have a shower and get dressed. They tidy up for me”; “She comes in twice a week. She does my back in the shower and she’s changed the bed completely for me today” and “They come for an hour every day.”

The registered manager told us they and office staff also delivered care and this gave them the opportunity to speak with people and assess if the care and support plan was up to date. Formal care reviews were held with the person and/or their relative six monthly or sooner if needed. One person told us, “I’m perfectly happy with the service I get.” Another person said, “[Name of registered manager] comes and gives us a thorough inspection. She comes and asks us what we think of the service. I thought she was very pleasant and very thorough.” One person said, “[Name of registered manager] pops in occasionally and rings me too.”

If people were new to the service the registered manager would contact them after the first, second and sixth week to check they were happy with the service and if any changes were needed. The registered manager told us this ensured people were getting the service they expected.

Is the service caring?

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People told us care workers ensured their privacy was protected when they provided personal care.

Staff told us they always treated people with dignity and respect. They had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. Staff gave examples of how they maintained people's dignity.

Is the service responsive?

Our findings

Before people started using the service, the registered manager visited them to assess their needs and discussed how the service could meet their care needs, wishes and expectations. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care. The registered manager told us, “We tailor make calls depending on individual needs.” We found care and support plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided. Care and support plans contained details of people’s routines, background information, next of kin details, risk assessments and information about people’s health and support needs.

Staff told us care and support plans were kept up to date and contained all the information they needed to provide the right care and support for people. The registered manager told us a copy of the care and support plan was kept in the person’s own home and a copy was kept in the office.

The registered manager and staff spoke about the importance of people maintaining links with their communities. We saw the registered manager had developed links with local community groups to reduce the risk of social isolation. We saw there were several resource guides available which detailed different community activities. We also saw a bi-monthly newsletter from one community group which advertised events and activities

such as chairrobics, poetry group, knitting group and memory cafes. The newsletter also offered information and advice on a range of topics, for example, disability information and advice line. The registered manager also told us they had previously arranged a summer tea party and Christmas party at a local warden controlled apartment building for people to attend.

Staff we spoke with told us people’s complaints were taken seriously and they would report any complaints to the manager. The registered manager told us People were given details about how to complain in the client journal. They said people’s complaints were fully investigated and resolved where possible to their satisfaction. People we spoke with said they knew what to do if they were unsatisfied about anything. One person said, “I wasn’t very happy with my first girl. I complained about her, but now I’ve got a different girl now.” Another person said, “I’ve never had to complain about the service. They’ve been very good, actually.” One person told us, “I would ring up the office if I had a complaint, but I have never had to do so.” Another person told us, “[Name of registered manager] is fine. I only need to pick up the phone if there is a problem. She’s been twice this week filling in for people who are on holiday.”

We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints would be recorded together with the action taken to resolve them and the outcome. This showed people’s concerns were listened to, taken seriously and responded to promptly.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed. The registered manager said, “We want to do the best we can.”

People who used the service and relatives were very positive about the management of the service and complimentary about the service they were getting and many said they would recommend the service to others. Very few people thought the service could be improved in any way. One person said, “The service is very good and I would recommend it.” Another person said, “I would recommend the service to others. I wouldn’t change anything. I am completely happy with the service.” Comments from relatives included, “I couldn’t recommend them highly enough”, “I don’t think that I would change anything. I would definitely recommend the service”, “It’s a very good service and I would very much recommend it to others” and “We are both very pleased with the service.”

Staff spoke positively about the management arrangements and said they were very approachable and supportive. They told us they would recommend the service to anyone who wanted care and support in their own home. One staff member said, “I enjoy working for them.” Another staff member said, “I am really enjoying it. If I have any issues I just ring the office. I am supported to do the job.” One staff member told us, “We work well as a team and I am very happy in my job.” Another staff member told us, “It is a good company and well run. It is nice to work for a company that looks after its staff as well as the clients.” Other comments included, “It is wonderful. It is enjoyable and I love it”, “I am glad I went to work for the company and I really enjoy it”, “The manager would not ask anyone to do anything she would not do herself.”

The service had effective systems to manage staff rotas, match staff skills with people’s needs and identify what capacity they had to take on new care packages. Following our inspection the registered manager told us they identified which staff member would best meet the person’s needs and then would look at people’s schedules and build a care package from there. This meant the registered manager only took on new work if they knew they had right staff available to meet people’s needs.

The registered manager provided strong leadership and led by example. They had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had adopted the same ethos and enthusiasm and this was evidenced by what people told us about the way staff cared for them. Staff told us they received regular support and advice from the registered manager and office staff via phone calls, face to face individually and at team meetings.

The registered manager told us the service had been voted joint first in the Yorkshire and Humber region and joint first nationally in the top 10 recommended agencies from a homecare website. This was a result of independent feedback from people who used the service and family members. Following our inspection the registered manager told us they recognised when staff consistently went the extra mile and nominated them for care awards. This had resulted in a regional finalist in the Great British Care Awards 2014 and a regional finalist in Home Instead Senior Care staff of the Year 2012 and 2014.

The registered manager undertook unannounced spot checks of staff working to review the quality of the service provided. The registered manager audited the daily records when they were returned to the office to check the quality of the entries and if they reflected the care and support plan. They told us they had a new call monitoring system which included reoccurring schedules and monitoring of call times and length of stay. The registered manager told us they were in process of looking at producing management information reports from the call monitoring system to help develop and improve the service people received.

An independent survey was carried out in 2015 which included a staff and client survey. This included questions about communication, quality of service, training and development and what improvement could be made. We saw comments were positive for both of the surveys. The registered manager sent out satisfaction surveys to people who used the service to complete annually. We saw the surveys that had been returned showed agreed or strongly agreed responses to a range of questions about staff and services they received. The compliment cards and messages we looked at also reflected a positive response

Is the service well-led?

about the service. For example, “Thank you for all your care and thoughtfulness that you give my mother” and “I would like to thank you from the bottom of my heart for all your care, kindness and support you gave to my mum.”

Any accidents and incidents were monitored by the management team and the provider to ensure any trends were identified and acted upon. The registered manager told us that no accident or incident had been reported.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their

families told us the registered manager was very approachable and visited them regularly to ask about their views of the service and to review the care and support provided. One relative told us, “[Name of registered manager] rings me on occasions to make sure things are ok.”

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service. We saw the meeting minutes for July 2015 and discussion included staffing, vacancies, social events, supervisions, appraisals and the call monitoring system.