

Yeshua Healthcare Ltd

Yeshua Healthcare

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 ●

Summary of findings

Overall summary

About the service

Yeshua Healthcare is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 13 people using the service.

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.

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

People were happy using the service. Relatives said staff provided kind and caring support to people and involved them in decisions about their care.

Medicines were safely managed. Risks to people were assessed and steps taken to reduce them. People were safeguarded from abuse. Staffing levels were monitored and the provider had safe recruitment processes. Effective infection prevention and control systems were in place.

Staff were supported with training, supervision and appraisal. People's needs were assessed and reviewed on an ongoing basis. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People received care that responded to their needs and choices. Some staff said the handover of information could be more effective, which the registered manager said they would review. The provider had a clear complaints process in place.

Effective governance systems were used to monitor and improve standards. Feedback was sought and acted on. Staff worked in effective partnership with others to ensure people received the care they wanted.

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 9 December 2021 and this is the first inspection.

Why we inspected

We inspected this service to give it a rating.

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?

Good ●

The service was 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.

Yeshua Healthcare

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 Health and Social Care Act 2008.

Inspection team

An inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 February 2023 and ended on 9 February 2023. We visited the location's office on 7 February 2023.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 6 relatives about their experience of the care provided. We reviewed a range of records. This included 4 people's care records and 4 medicine administration records, with accompanying documentation. We spoke with 6 members of staff, including the registered manager (who was also the nominated individual) and support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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.

Using medicines safely

- Medicines were managed safely. One person told us, "They ask if I am okay and ready to take my medication."
- Medicine administration records (MARs) were used to record the administration of medicines. In most cases MARs had been filled in without errors or unexplained gaps, but on some we saw inconsistent information on whether medicines had been given. We spoke with the registered manager who said immediate action would be taken to investigate and address recording errors.
- Staff received training in medicines management. Competency assessments were carried out to ensure they had the skills needed to manage medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. A relative we spoke with said, "I do feel [named person] is safe when they (staff) are with her."
- Staff received safeguarding training and had access to the provider's safeguarding policy. Staff we spoke with said they would not hesitate to raise any concerns they had and knew the procedure for doing so.

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

- Risks to people were assessed and steps were taken to reduce the chances of them occurring. Care plans contained guidance for staff on how to keep people safe. A relative told us, "I do feel she is safe with them (staff). They watch her and don't rush her."
- People and relatives said the service helped to improve people's care outcomes, for example by reducing the number of falls they had suffered.
- Systems were in place to investigate accidents and incidents to see if lessons could be learnt to help keep people safe.

Staffing and recruitment

- There were enough staff to provide safe support. People and relatives said they were usually supported by staff who they knew. One person told us, "I have two regular ladies come in, and the odd new one if someone is off sick."
- The registered manager carefully planned rotas to build in travel time between calls and reduce the risk of staff attending late. One person said, "(Staff are) always on time. I can't fault them."
- Staff were safely recruited. The provider's recruitment process minimised the risk of unsuitable staff being employed. This included completing Disclosure and Barring Service checks and obtaining references.

Preventing and controlling infection

- Staff received training in infection prevention and control (IPC) and applied these principles when supporting people.
- The provider was using personal protective equipment effectively and safely. National guidance was followed in relation to IPC measures.

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.

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

- The provider worked effectively with external professionals, people and relatives to assess and plan people's support. One person told us, "The care plan was done with my social worker, myself, [named relative] and the manager."

Staff support: induction, training, skills and experience

- Newly recruited staff completed induction training before they could support people on their own. This included shadowing more experienced staff and completing training.
- Staff received ongoing training to give them the skills and experience needed to carry out their roles. One member of staff said, "The training is good and up to date."
- Supervisions and appraisals were used to support staff and ensure they were providing effective support. Meetings were used as an opportunity to discuss policies and procedures and to deal with any issues staff wished to raise.

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

- Some people using the service received support with eating and drinking. Where this was the case support was delivered in line with their assessed needs and preferences.

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

- Staff worked effectively with other agencies to ensure people received the care they wanted and needed. Care records contained advice and guidance from external professionals, which staff acted on.

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 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 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.

- People's consent to their care was sought and recorded, and they were supported to make decisions for themselves.

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 said staff were caring and kind. Comments included, "They put you at ease. The first thing they do is smile", "They are very good" and, "We chat, they (staff) make you laugh."
- Relatives told us people were well treated and supported. One relative told us, "They're (staff) very kind. They speak to her nicely, always very calm and reassuring."
- People were respected as individuals. Care plans contained information on people and the lives they wanted to lead.

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

- People and relatives were supported to express their views to ensure people's voices were heard. People confirmed they were given choices over how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. One person told us, "(There is) dignity and respect always." A relative we spoke with said, "I do like that they address [named person] rather than me."
- Staff supported people to do as much as possible for themselves and maintain their independence. A relative described how staff supported one person, adding, "They encourage her to do the rest herself which she has always done."

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

- People received personalised care based on their needs and choices. People were involved in care planning to ensure it responded to their choices. A relative told us, "The manager sat with [named person] and the family to work out a care plan."
- Staff were knowledgeable about people's support needs and said care plans contained all the information they needed. However, some staff said they were not always given information on new people they supported. We spoke with the registered manager, who said this process would be reviewed.
- People and relatives said the service was responsive when they wanted to make changes to their care. A relative we spoke with said, "We can ring if we need to change anything."

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.

- People's communication needs were met. Staff were able to communicate effectively with people. One relative told us, "They're very nice with [named person]. They speak slowly so she understands."

Improving care quality in response to complaints or concerns

- Systems were in place to address and learn from complaints and concerns. People and relatives were aware of how to raise issues with the service. A relative told us, "We know we can ring [registered manager] with any concerns, worries or changes."

End of life care and support

- At the time of our inspection nobody was receiving end of life care, but systems were in place to provide this should it be needed.

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.

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

- People and relatives spoke positively about the service, which they said helped to achieve good outcomes for people. One person told us, "I have no complaints, only compliments."
- Staff praised the culture, values and leadership of the service. Comments from staff included, "[The registered manager] is good, it is like a family organisation" and, "The important thing for [the registered manager] is that we treat people well and do our very best for them, we all understand that."
- People, relatives and staff were engaged in giving feedback on the service. Questionnaires were used to obtain people's views and to ask if the service could be improved. Feedback received was acted on.

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 service had open and transparent communication with people and their relatives, including when things went wrong. This included the registered manager apologising and explaining what had happened and the actions that would be taken.

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

- A range of quality assurance audits were used to monitor and improve standards at the service. Action was taken where issues were identified.
- Staff were clear about and committed to their roles, and were supported by the provider in this. One member of staff said, "The management has always been supportive in all aspects."

Continuous learning and improving care; Working in partnership with others

- The provider worked in effective partnership with others to ensure people received the care they wanted and needed. This included external professionals involved in people's care.
- The service was committed to the ongoing development and improvement of the service, and shared this vision with staff. One member of staff told us, "[The registered manager] is good and wants to do something good."