

Yorkshire Rose Community Care Ltd

# Yorkshire Rose Community Care Limited

## 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

The inspection took place on 26 and 27 May 2016 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. This was the first comprehensive inspection of the service which was registered with the Care Quality Commission in July 2015.

Yorkshire Rose Community Care Ltd is a domiciliary care service. They are registered to provide personal care to people in their own homes. At the time of our inspection the service was supporting people with a variety of care needs including older people and people living with dementia. Care and support was co-ordinated from the services office which is based in Bramley on the outskirts of Rotherham.

There was a registered manager who managed services provided from the office. 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 2008 and associated Regulations about how the service is run.

At the time of our inspection there were 22 people using the service. We spoke on the telephone with four people who used the service and five relatives. We asked people about their experiences of using the agency. People we spoke with told us they were entirely happy with the service provided.

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person told us, "The staff are brilliant. They pop in to make sure I am safe; nothing is too much trouble for them."

People's needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating their care plans. We found the information contained in the care records we sampled was individualised and identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing circumstances. Where people needed assistance taking their medication, this was administered in a timely way by staff who had been trained to carry out this role.

The recruitment of staff was not sufficiently robust to ensure staff were employed with all of the required employment checks. You can see what action we told the provider to take at the back of the full version of the report.

There were sufficient trained staff employed to ensure people received their care consistently. People told

us that they received support from mostly the same care workers.

People were able to raise any concerns they may have had. We saw the service user guide included 'how to make a complaint.' This was written in a suitable format for people who used the service. However some of the details were incorrect and required updating.

People were encouraged to give their views about the quality of the care provided to help drive up standards. However, the quality assurance systems in place had not been effective in identifying areas for improvement. Investigations in relation to accidents and incidents were not fully recorded. Analysis of complaints, safeguarding's were not effective so there was a missed opportunity to learn from these events and improve the service for people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not safe

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

The recruitment of staff was not sufficiently robust.

People were supported to take their medication safely. However, the recording of medication required improvement to make it safer.

### Is the service effective?

**Good** 

The service was effective

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People were supported to access healthcare professionals, such as GPs, and hospital appointments.

### Is the service caring?

**Good** 

The service was caring

People told us they were happy with the care and support they received to help them maintain their independence. It was clear from speaking with staff they had a good understanding of people's care and support needs and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. Care records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

### Is the service well-led?

Requires Improvement ●

The service was not well led.

There was no evidence that a system or process was being operated to effectively ensure the monitoring and improvement of the service.

Staff were clear about their roles and responsibilities, and they felt supported by managers at the service.

Policies and procedures required some improvements to make them more effective.

# Yorkshire Rose Community Care Limited

## **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 26 and 27 May 2016 and was announced. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector. We spoke on the telephone with four people who used the service and five relatives. This helped us to understand the views and experiences of people who used the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the information sent to us by the registered manager on the 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.

At the office we spoke with the registered manager, and two directors who also delivered personal care and assisted the registered manager in the running of the service. We also spoke with three care staff who worked with people who used the service in the community.

We looked at documentation relating to four people who used the service, four staff files and the management of the service. This took place in the office. The registered manager told us the care plans were also stored in people's home. These were copies of the files held at the office.

# Is the service safe?

## Our findings

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person said, "The staff know me very well, they always ask me if they can do anything else before they leave." Another person said, "I like the same staff so that I can develop trust. I trust all of the carers that come to me." One relative that we spoke with told us, "The staff are brilliant. They let me know if [family member] is not very well. I feel reassured knowing good staff are looking after her."

We found that the recruitment of staff was not robust or thorough. We found application forms did not contain information about their employment history. This meant the registered manager could not check any unexplained gaps in employment. This is essential when employing new staff to ensure only suitable people were employed to work with vulnerable adults by the service. The registered manager was not able to demonstrate how this was carried out. We also found the application forms did not contain information about referees. None of the files we looked at contained references. We spoke with the registered manager about this and she confirmed references for all staff working at the service had not been obtained. We checked the recruitment policy and found references was not one of the checks listed as essential to obtain prior to a person commencing employment. This is essential when employing new staff to ensure only suitable people were employed to work with vulnerable adults by the service. The registered manager told us that they would take immediate action to obtain suitable references for all staff. We have asked that the registered manager to send us weekly updates until all staff have submitted references. Extra supervision of staff until this is completed should also be undertaken.

This was a breach of regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We saw all the files we looked at contained a DBS check.

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to one of the managers. Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, one person we spoke with said, "They [staff] help me to stay safe but understand I want to do as much as possible for myself." Relatives we spoke with told us that the staff did their best to ensure their family member had the right equipment to help keep them safe. For example hoists and turntables.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at four people's care files at the agency's office. Records were in place to monitor any specific areas where people were more at risk, such as how to move them safely, and explained what action staff needed to take to protect people. One of the managers told us they were updating one of the plans as the person's needs had changed.

The registered manager showed us examples of environmental risk assessments which were undertaken prior to the service commencing. For example, risks associated with pets in people's homes were considered to ensure staff were protected. Moving and handling risk assessments were seen on the records we looked at which were held at the office.

The service had a policy on the management of medicines that enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff had recently received medicines management training. The registered manager told us that staff supported/prompted people to take their medication which was stored in a monitored dosage system (NOMAD). We checked the medication administration records (MAR) belonging to four people. We found staff had signed to confirm they had supported/prompted people with their medication. However, there were no lists of the medicines contained in the NOMAD. Therefore staff could not tell if the medication was correct as prescribed. We spoke with the registered manager about this and she instructed other managers to ensure the details were added to the MAR charts.

We spoke with people about the support they received to take their medication. One person said, "I take my own medication, I know what the tablets are for and I do not need any support with them." Another person said, "They (staff) just prompt me to take my medication but I can do it myself." A relative we spoke with told us the staff always acted professionally when supporting their family member with their medication.

We asked people who used the service if they got their calls/visits when they were supposed to or within an acceptable time frame, and also if they had experienced missed calls. Without exception people told us that they had not experienced missed calls and staff always turned up on time or a few minutes late. One Relative we spoke with said, "The care is excellent, it is very reassuring knowing that staff are here when they are supposed to be. If they are running late they always let me know." People told us that they were mostly supported by the same carers. This meant they were able to build up a good rapport with the staff. One person said, "I like my carer they are more like a friend to me." Another person said, "My carer used to be my personal assistant (PA) but now they work for Yorkshire Rose so I know who they are when they visit. They go the extra mile for me."

The registered manager told us that only 18 staff were employed at the service and most of the staff were known to her prior to setting up the agency. She told us that there had been very little staff turnover since their registration with the Care Quality Commission in July 2015. The registered manager told us because the service was small they were able to comfortably meet the demands of the service. She also told us that there were no immediate plans to take on any further packages of care.

# Is the service effective?

## Our findings

People were supported to live their lives in the way that they chose. One person we spoke with told us that they liked their independence and wanted to remain in their own home for as long as they could. People were supported to have their needs assessed. This ensured their wishes and preferences were respected. A relative who we spoke with told us that they were visited by the manager before the care package began. They told us they talked over the care and support their relative would need to stay safe before setting up the package of care.

Some people we spoke with told us care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food, people were happy with how this took place. One person told us that staff helped to heat a microwave meal while another preferred to have soup and a sandwich. A relative we spoke with told us how staff ensured their family member had sufficient drinks throughout the day. They said, "Staff make sure my [family member] has a jug of juice and a flask of hot drinks that they can access in between calls. They know how important it is for my [family member] to stay hydrated."

Care workers that we spoke with at the office told us how they worked with other external agencies such as GPs and district nurses to make sure people who were at risk of poor nutrition or dehydration were being supported appropriately. Daily records were completed which stated what the person had eaten and drunk each day and staff we spoke with described how they would raise issues with healthcare professionals or the person's family if they needed to.

Staff had the skills and competencies to ensure people lived their lives as they wanted. Staff were motivated and demonstrated good knowledge of the people they were supporting. People we spoke with confirmed their care needs were met and they felt staff received the training they needed. One relative we spoke with said, "Staff help my family member to retain their independence. They are efficient, courteous and kind. It's an excellent service."

Records we looked at confirmed staff were trained to a good standard. The registered manager told us that staff could access training through a training organisation which delivered most of the mandatory training. Staff were also registered to complete on-line training through the local council and we saw certificates which confirmed the training completed by staff. The registered manager currently had no method of recording when refresher training was needed for staff. However she told us she was going to set up a training plan which would act as a reminder for managers of the service when refresher training was needed for the work force.

The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent. The registered manager told us that the timescale to reach the expected standard would be different for individuals.

The registered manager told us all new staff employed would be expected to complete the 'Care Certificate.' The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. The registered manager told us that staff could access training.

The manager told us that regular meetings gave staff an opportunity to talk about the events that had taken place and to discuss any issues which they needed support with. We looked at a number of minutes from meeting which confirmed this.

Staff we spoke with told us that they had worked at the agency from when the service was set up. They said they enjoyed supporting people in their own homes. They received guidance and support from the managers and their peers. Staff told us they worked mainly with the same care workers and found managers were available whenever they needed to contact them. One staff member told us they had worked for another agency but found the managers at Yorkshire Rose Community Care Limited more supportive.

We looked at formal supervisions which were undertaken at the office. They were completed to an adequate standard. Observations of work practice also took place in people's own homes. We saw copies of these spot checks on the staff files we looked at.

We spoke to the registered manager about gaining consent to care and treatment. She told us that staff had received training in the Mental Capacity Act 2005. However, she said that most people they supported had some capacity to say how they wanted their care delivered in their own homes. Where people received support who had limited capacity they were usually living with a spouse who shared caring responsibilities with the care workers and other relatives. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The staff we spoke with during our inspection had a working knowledge of the Mental Capacity Act 2005 in protecting people and the importance of involving people in making decisions. They told us they had training in enabling people to communicate their wishes.

## Is the service caring?

### Our findings

Staff working with people in their own homes ensured that they empowered them to live how they wanted to. We spoke with people who used the service and they told us the care and support provided was consistently good. People we spoke with were generally happy with their care and they felt staff were respectful. One person said, "Staff are very respectful and treat me as I want to be treated." Other comments included, "Yes definitely respect my relative and ask their views and they give them options and treat them very well," and "They [staff] are wonderful, excellent. I would not want to change the carers." One relative we spoke with said, "I would recommend them to anyone who is looking for personalised care." They went on to say, "The manager came and asked us what help we needed and then developed the support based on what we had said."

Staff were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people and how they carried out their care so that they were respectful and maintained the person's dignity. One staff member said, "I know [person's name] so well. I know how they like their tea in a morning and how much milk they like on their cereals. It's the small things that matter when you are caring for people."

The registered manager told us that staff worked mainly in small teams which meant that staff and people who used the service could build up relationships. This also ensured consistency when delivering care. The people we spoke with confirmed this arrangement. One person we spoke with was able to tell us the names of all of the care workers that delivered their care. They spoke very fondly about one care worker who they had known since they were a small child.

People told us they were involved in developing their care plans. The care plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, watching their favourite television programmes and reading magazines.

Managers carried out observations of staff working with people in their own homes. Some were unannounced and focused on the person's experience. They judged how staff maintained people's dignity and respected people's wishes. Staff received feedback which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected.

## Is the service responsive?

### Our findings

We found people who used the service received personalised care and support. They were involved in planning the support they needed. We looked at four care plans for people which were stored in the office. It was clear that the plans were person centred and reviewed as their support needs changed.

People we spoke with told us they knew what was written about them by care workers and staff always discussed how they could support them better. The plans also told us about the important people in their lives and who staff should contact in case of an emergency. People told us they were encouraged by care workers to remain as independent as possible. A relative we spoke with told us that staff had supported their family to remain in their own home. They said, "Without staff my [family member] would have needed residential care."

People were provided with information about the service; this is called a 'Service User Guide'. The guide informs people of their rights, what they can expect from the service and how to raise concerns. We spoke to the registered manager about keeping information within the 'Service User Guide' up to date. For example, how to raise a complaint should state the address of the local council's complaints department.

The manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and gave timescales for the service to respond to any concerns raised. We were told that no formal complaints had been received. The manager told us some minor issues were dealt with straight away. However, she was unable to show documentation to support how minor concerns were dealt with. This made it difficult to assess if lessons were learnt to prevent reoccurrence of similar issues.

People we spoke with did not raise any complaints or concerns about the care and support they received. Relatives we spoke with told us they had no concerns but would discuss with the staff or manager if they needed to raise any issues. One person we spoke with said, "I have found the service to be very good so I have nothing to complain about." A relative told us that they had asked for the same carer wherever possible for their family member. They said the registered manager had listened to their concern and acted quickly to ensure their request was dealt with to their satisfaction.

Staff told us if they received any concerns about the services they would share the information with their manager. They told us they had regular contact with their manager both formally at staff meeting and informally when their manager carried out observations of practice in people's homes.

## Is the service well-led?

### Our findings

People consistently told us they could get in touch with the office and that staff were easy to get on with. Most people could recall having face to face meeting when their care package was set up. Conversations with people who used the service gave a favourable impression of the manner and professionalism of the staff and managers.

People we spoke with said they would recommend the agency to other people. All respondents said they knew who to tell if they had a reason to make a complaint and they all responded they felt safe. The manager told us that most of the people who used the service had been recommended by friends and neighbours. People we spoke with said they would not want to change the provider as it was reliable, professional and staffs were kind and compassionate.

The service had a clear set of principles and values. These included choice, involvement, dignity, respect, equality and independence for people. The staff we spoke during our inspection answered our questions in an open and helpful manner. They said the values of the service were clear and they demonstrated an excellent understanding of those values.

Staff told us that they felt part of a team which encouraged involvement in developing an excellent service. They told us that they attended staff meetings and training sessions which gave them opportunity to raise any concerns and share knowledge.

The registered manager could not demonstrate how they monitored and evaluated the service. There were no systems to show how they audited things like accidents and incidents or how they resolved minor concerns. For example, accidents forms were completed where required and then filed on the persons personal file. There was no record to show what action they had taken to reduce the risk of reoccurrence of such accidents.

The registered manager showed us some surveys that had been returned which asked people their views. The questions did not cover all aspects of the service and could be developed further. However, the registered manager told us that they had not acted on any information returned on the surveys so they could not show how they had listened to what people told them about the service.

We found policies and procedures and the statement of purpose required updating to reflect best practice. For example recruitment procedures omitted essential checks which should be undertaken prior to employees commencing work at the service. Complaints procedures needed to state that people could contact the local council's complaints department if they were not satisfied with responses from the provider.

The registered manager told us that staff could only support/prompt people to take their medication if the medicines were in a monitored dosage system. However we saw the policy stated that people could be supported/prompted to take medications that were in bottles if the label was clear and concise. We also

saw that a list of the person's medication was not contained in the care plan. This meant there was no way of auditing if people were receiving their medication as prescribed.

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

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems to regularly assess and monitor the quality of service that people receive. The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have robust recruitment and selection procedures to ensure only suitable people were employed to care and support people in their own homes</p>