

Your Care (UK) Ltd

Your Care (UK)

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 04 and 25 February 2016 and we gave the provider 48 hours' notice to ensure there would be a member of the management team in the office. The last inspection was carried out on 02 February 2014, when all areas reviewed were meeting requirements.

Your Care is a domiciliary care agency based in Bolton. At the time of our inspection the agency was supporting 38, mainly older Asian people in the Bolton areas. The vast majority of these were receiving personal care support from the service

At the time of the inspection there was no registered manager in place. 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. An acting manager was in place during the first day of the inspection and a new manager had been recruited and had started in their post on the second day of the inspection.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to the provider not setting up systems to assess, monitor and improve the quality and safety of the services or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

We found that some care records in an individual's home had been completed prior to visits being made. We brought this matter to the attention of the provider who dealt with the staff member responsible immediately. Spot checks carried out at all households confirmed that this was an isolated incident and not the usual practice of the service.

The service had an effective recruitment system in place, which helped ensure staff were suitable to work with vulnerable people. There were sufficient staff to ensure people's needs were met and rotas demonstrated that staff were given travelling time between visits to ensure they spent the required amount of time with people they were supporting.

Appropriate risk assessments were in place within care plans and accidents and incidents were recorded and reported as required.

Staff had undertaken training in safeguarding vulnerable adults and were confident they could recognise and report any concerns in this area. Staff had undertaken training in administering medicines, but there was presently no one who used the service who required more than prompts for their medicines.

We saw evidence that staff had undertaken a thorough induction programme prior to commencing work.

There was an on-going programme of training staff.

Supervision sessions were undertaken regularly and these were recorded appropriately.

Care plans included a range of health and personal information and copies were kept in the office and in people's houses.

Staff had an awareness of Mental Capacity Act (2005) (MCA) but their level of understanding was inconsistent. The new manager booked all staff on MCA training to address this.

People who used the service, their families and professionals involved with the service all told us staff were kind and caring. We observed good, relaxed and friendly interactions between staff and people they supported.

People told us they had been involved with their care planning and in reviews. However, the recording of their involvement was not consistent.

Information was produced in English and Asian languages to help make it accessible to the people who used the service and their families.

Staff were aware of the need for confidentiality and there was an appropriate policy in place regarding this.

People who used the service and their families, with whom we spoke told us the service was flexible and responsive to their needs and requirements.

Complaints and concerns were responded to appropriately and immediately but no overall monitoring of complaints was undertaken to look for any recurring patterns or trends and address these.

Care plans had some personal information but needed to be more person-centred. The new manager agreed to address this within her on-going improvement plan.

At the time of the inspection there was no registered manager in place.

Safeguarding concerns, complaints and accidents and incidents were recorded and responded to individually but there was no overall monitoring of these issues to identify and address any patterns or trends.

There was no system in place to monitor staff attendance and timeliness at visits. This meant that visits could be missed or staff could turn up late or leave early and the management may be unaware of this.

People we spoke with told us they were always able to ring the office and access a member of the management team. They felt their concerns were dealt with in a timely manner.

Staff meetings were held regularly and provided a forum for staff to raise any concerns or issues.

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 consistently safe.

We found that some care records in an individual's home had been completed prior to visits being made. This practice was immediately dealt with by the provider.

The service had an effective recruitment system in place and there were sufficient staff to ensure people's needs were met.

Appropriate risk assessments were in place within care plans and accidents and incidents were recorded and reported as required.

Staff had undertaken training in safeguarding vulnerable adults and were confident in this area. Staff prompted medicines when required.

Is the service effective?

Good 

The service was effective.

We saw that staff had undertaken a thorough induction programme prior to commencing work. There was an on-going programme of training staff.

Supervision sessions were undertaken regularly.

Care plans included a range of health and personal information and copies were kept in the office and in people's houses.

Staff had an awareness of Mental Capacity Act (2005) (MCA) but their level of understanding was inconsistent. The new manager booked all staff on MCA training to address this.

Is the service caring?

Good 

The service was caring.

People who used the service, their families and professionals involved with the service all told us staff were kind and caring. We observed good, relaxed and friendly interactions between staff and people they supported.

People told us they had been involved with their care planning and in reviews. However, the recording of their involvement was not consistent.

Information was produced in English and Asian languages to help make it accessible to the people who used the service and their families.

Staff were aware of the need for confidentiality.

Is the service responsive?

The service was not consistently responsive.

People who used the service and their families with whom we spoke told us the service was flexible and responsive to their needs and requirements.

Complaints and concerns were responded to appropriately and immediately but no overall monitoring of complaints was undertaken.

Care plans had some personal information but needed to be more person-centred.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

At the time of the inspection there was no registered manager in place.

Safeguarding concerns, complaints and accidents and incidents were recorded and responded to individually but there was no overall monitoring of these issues to identify and address any patterns or trends.

There was no system in place to monitor staff attendance and timeliness at visits.

People we spoke with told us they were always able to ring the office and access a member of the management team.

Staff meetings were held regularly.

Requires Improvement ●

Your Care (UK)

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.

The inspection took place on 04 February 2016. The provider was given 48 hours' notice because we needed to be sure that a member of the management team was present. The inspection was carried out by an adult social care inspector from the Care Quality Commission.

Prior to the inspection we reviewed information we held about the service. We reviewed statutory notifications and contacted five health and social care professionals and local commissioning team and the safeguarding team. We also reviewed previous inspection reports and other information we held about the service.

As part of the inspection, we visited the local office and looked at records including nine care plans (four at the office and five in people's houses), four staff personnel files, staff rotas, policies and procedures and audits. We spoke with four members of staff and visited five houses to speak with people who used the service and their families.

Is the service safe?

Our findings

On a visit to one of the families in receipt of the service we saw that the four visits throughout the day had been recorded in advance at the first visit. The records outlined care that had yet to be given and stated that the person was well on arrival and departure at each visit, even though these visits had yet to be undertaken. This was unacceptable and unsafe practice, but evidence of this was only found in one of the households we visited.

We immediately brought this to the attention of the management team. They addressed this within 24 hours, disciplining the member of staff responsible and another staff member who was aware of the practice, via verbal and written warnings. The staff members responsible apologised and agreed that this would not occur in the future. The management team also supervised every other staff member, advising them that any occurrence of this unacceptable practice in the future would result in the instant dismissal of the staff member responsible, without warning.

On our second visit day we were shown the warning letters issued to the staff members and evidence of spot checks at every household, which had been undertaken immediately after our first visit, to reassure us that this was an isolated incident. We discussed the serious nature of the poor practice and the provider gave us assurance us that they would reiterate their zero tolerance of any such practice occurring in the future with all staff, at regular team meetings and supervisions.

We saw that the service had an appropriate recruitment policy in place and we looked at four staff personnel files and saw that staff had been recruited safely. The files included a job application, interview questions, candidate assessment form, proof of identity, two references, offer letter, contract of employment and agreements signed by the employee around safe working practices and confidentiality. Each file included a disclosure and barring service (DBS) check, which helped the service to ensure that people they employed were suitable to work with vulnerable people.

We looked at four care plans in the office and another five in the houses we visited. We saw that they included risk assessments for areas such as behaviour, physical environment, equipment, activities and manual handling. These were complete and up to date.

We looked at staff rotas and saw that time in between visits was accounted for. This helped ensure staff were able to get to each visit on time. We spoke with people who used the service and their families. One family member told us the service had occasionally missed a visit and they had rung the office when this occurred. This enabled the care coordinator to arrange for another carer to visit them, which they told us was done very quickly.

Policies were in place regarding health and safety, safe working practices, accident and incident reporting, disclosure of abuse and bad practice and medication. We saw incident reports which identified any incidents that had occurred and the action taken to address this.

We spoke with four staff members about safeguarding vulnerable adults. They had all undertaken training in this area and demonstrated a good understanding of the issues. All staff spoken with felt they would be confident to report any concerns and that these would be followed up appropriately by the management team.

We saw from staff records that medicines training had been undertaken by staff during induction and had been renewed and updated as required. Medication authorisation forms had been signed where appropriate by people who used the service, or their families. These were kept within their care files. However, at present there were no individuals who used the service who required medicines to be administered by staff. In some cases family administered medicines, others only required prompting by care staff to take their medicines.

Is the service effective?

Our findings

We asked people who used the service, and their families, about the care and support they received. One person told us, "The carers are a godsend. The consistency of carers is excellent". Another said their care package was reviewed regularly. A professional we spoke with told us, "I have found the agency able to communicate well and have made appropriate referrals. The current co-ordinator presents with a good working knowledge of how to implement the support plans and care staff are trained on how to use any aids and adaptations that have been provided".

We saw within the staff files we looked at that all staff had undertaken a social care induction programme (SCIP). This included training in medicines level 1, safeguarding vulnerable adults, food hygiene safety, moving and handling, hoist and safe use of equipment, health and safety, fire safety, infection control, emergency first aid. The acting manager told us that they intended to adopt the new Care Certificate training for all new staff in the future. This is a 12 week programme with a workbook for the staff member to complete which is then checked by their supervisor. It incorporates mandatory training, direct observations of practice to ensure competency and introduction to policies and procedures.

The service had an appropriate staff development and training policy and procedure. New employee information packs, which were given to all staff, referred to always looking at people's care plans, offered guidance to safe working practices and to dealing with and recording incidents and accidents, safeguarding concerns and emergencies. There was also an employee handbook which included a code of conduct for staff and reference to policies and procedures.

We looked at four staff files and spoke with four members of staff. They told us they had undertaken further training including dementia awareness, medicines administration and National Vocational Qualification (NVQ) or Qualifications and Credit Framework (QCF) courses. We saw the training matrix which evidenced that regular refresher courses of mandatory training were undertaken by all staff and extra training continued to be accessed by staff members on an on-going basis.

Staff told us they had supervision meetings approximately three or four times per year. We saw supervision notes that evidenced this.

We looked at four care files in the office and five care plans in people's houses. We saw they included a range of health and personal information. There were initial assessments, emergency contact details and next of kin information, support plans, risk assessments, authorisation forms for medicines administration, reviews and reference to other agencies involved in people's care. Initial assessments and support plans were regularly reviewed and changes recorded within the care files.

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. There was no reference to people's capacity within the care files. Although capacity needs to be assessed on a decision and time specific basis, some reference to people's decision making abilities within the care files would be helpful as a guide to staff.

On speaking with the four staff members they told us they had received some MCA training within their induction, but had not received further specific training in MCA via the service. Some had undertaken this training in previous jobs or as part of an NVQ or QCF course. We found that three of the four staff we spoke with demonstrated an understanding of capacity issues and how to assist people with decision making when required. We spoke with the provider about the need to for knowledge and understanding of MCA to be consistent amongst their staff. On the second visit day the new manager showed us evidence that all staff had been booked on the local authority MCA training course to address this.

Is the service caring?

Our findings

We visited five households where people were in receipt of the service and spoke with people who used the service and their families. One person said, "They look after me very well and always ask if I want anything". Another person told us, "The carers go the extra mile. Your Care have been excellent".

One professional we spoke with told us, "I deal very closely with the service and am impressed with the service they offer. I have met a number of the carers and people who use the service speak very highly of them. Communication is good and they get in touch whenever they need advice or assistance". Another commented, "I find the agency very approachable and easy to deal with".

People told us the staff were kind and caring and we observed good, friendly interactions between staff, people who used the service and their relatives in the households we visited. We saw that support was delivered in a relaxed and unhurried manner and people told us they trusted the carers to deliver the support effectively.

All the people we spoke with were aware of their care plans and said they had been involved in decisions about support offered. However, the evidence within the nine care plans we looked at was inconsistent with regard to people who used the service and their families' involvement in decisions about support and reviews of care.

The service produced information for people who used the service in the form of a service user guide. The guide outlined the service's aims and objectives, services on offer, assessments, introduction to carers, terms and conditions and skills of carers. The information was produced in a number of Asian languages as well as English to accommodate the majority of the people who used the service.

There was an appropriate policy regarding confidentiality. Staff we spoke with understood the need for confidentiality within their work. We also saw a policy regarding non-discriminatory practice and staff demonstrated a good awareness of working within the principles of equality and diversity.

Is the service responsive?

Our findings

People told us that the service was responsive and fit in around their family needs, wishes and commitments. One person said that the service was very flexible when they needed to change visits to suit the needs of the person receiving the care or the family. A health professional we spoke with told us, "The service is very bespoke, and they [the service] ensure consistency with carers".

We asked people if they had cause to complain or raise concerns. One person told us, "I have no complaints about the service. Everything is alright". A second person said, "No complaints, no problems", and a third commented, "No problems with the service, I have no complaints". One person said they had occasionally had to ring the office if a carer had not turned up. They said that the problem was always resolved very quickly and another carer would be sent out immediately.

The service had an appropriate complaints policy in place. There was also information about how to raise a concern or complaint within the service user guide given to prospective users of the service and their families. We saw that there were some complaints around carers arriving at a person's home late or leaving early. These concerns had been addressed immediately via an apology and speaking with staff about why this had occurred. We did not see a complaints log which would allow the service to analyse complaints and concerns and identify any recurring patterns or themes.

We looked at four care plans in the office and saw they included some personal information, such as people's likes and dislikes and activities of daily living. There was information about what some people liked to eat and drink where meals were prepared by the carers. We found that some files had more personal details than others and all care plans did not evidence that the care being delivered was person-centred and tailored to the individual. We spoke with the new manager about making care plans more person-centred on our second visit day. She agreed to address making care plans more individualised as part of her on-going improvement plan for the service.

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager in place. 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. An acting manager was in place during the inspection and a new manager had been recruited and had started in post on the second day of the inspection.

Although complaints, accidents and incidents and safeguarding issues were followed up individually there was no overall log for these matters. This meant that there was no way to analyse and audit for patterns and trends which may inform management on how to minimise the risk of reoccurrence. We spoke with the provider and the new manager of the service about this. The new manager planned to implement new systems to ensure that meaningful audits were carried out with regard to all these issues.

Spot checks and evaluations were carried out regularly on staff at the homes of people who used the service, according to staff members and management we spoke with. People who used the service and their families also confirmed that these checks took place. However, we could find no recordings of these spot checks at our first visit. We discussed this with the provider and on our second visit regular spot checks had been undertaken and recorded appropriately. The new manager agreed that she would continue to document these checks.

There was no system in place for staff to clock in and out of visits with the office, so it was difficult to track whether staff had turned up as they should. Although relatives told us they could ring the office if staff did not turn up and a replacement carer would be sent out, family members may not always be around to contact the office. We spoke with the provider and the care coordinator about the need for a reliable system to ensure visits were made and that they were made on time. On our second visit day the new manager and the provider told us they had discussed this matter and planned to implement a system to monitor visits in the very near future.

We found that the provider had not implemented systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

This was a breach of Regulation 17 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people who used the service and their relatives at five households we visited. One person said, "You can ring [the office] any time in an emergency and the out of hours cover are very helpful". Another person told us, "They are very helpful in the office. They sort out any problems very quickly".

Staff told us they had felt supported, even in the absence of a registered manager, by the care coordinator and the provider. One staff member said, "Brilliant, I can't fault them. You can come and ask them anything and everything is sorted". Another commented, "[The management] are really supportive and understanding. They don't pressure you". A third told us, "I have no problems approaching the management, they are very supportive".

We saw that staff meetings were held regularly. Issues discussed included files, systems, staff issues and recruitment. Meetings offered a forum for staff to raise any concerns or discuss issues with the management and they told us they were able to add any items they wanted to discuss to the agenda. Supervisions took place on a regular basis and discussions held were recorded appropriately.

We saw evidence that annual questionnaires were sent out to people who used the service and their relatives. The last ones were positive about people's experiences. Further questionnaires were due to be sent out in the very near future.

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 had not implemented systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity); or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. This was a breach of Regulation 17 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>