

Yellow Rose Healthcare Limited

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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

About the service

Yellow Rose is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 16 people using the service.

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

At the time of the inspection, the service had taken on a large number of care packages in a short space of time. Due to the lack of management support in place for the registered manager, there were risks that the registered manager would not be able to maintain the service safely. They were planning to recruit care managers to support them in running the service. 10 service users did not have care plans in place, due to the demands on the time of the registered manager.

There were sufficient numbers of care staff to meet people's needs. Recruitment was ongoing in order to support future expansion of the service. The registered manager told us they were registered with the home office to enable them to recruit staff from overseas. There were systems in place to recruit new staff safely.

Staff told us they were well supported and received good training and support. Training included key topics such as medicines management and safeguarding. 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 told us staff were kind and caring and provided good support which met their needs. People's independence was recognised and promoted.

People knew how to make a complaint if they had one and knew how to contact the registered manager if they had any concerns. People were recognised as individuals with their own particular needs and preferences.

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 14 April 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified a breach of regulation in relation to keeping people safe.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Yellow Rose Healthcare Limited

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

The inspection was carried out by an inspector and an Expert by Experience. 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 a short period notice of the so that we could be sure the registered manager was available to support the inspection.

What we did before the inspection

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 information gathered as part of monitoring activity that took place on 15 December 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We reviewed care records for two people using the service and looked at other records relating to the running of the service such as staff recruitment records and medicine administration record charts. We spoke with 3 people using the service and 16 relatives. We received emails from 5 members of staff about their experience of working for the agency.

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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We saw care plans and risk assessments for two people, and these did describe details of some of the risks involved in people's care, such as environmental risks and risks associated with equipment in the home. However, the registered manager told us that due to constraints on their time, they had not yet been able to draw up care plans and risks assessments for 10 people who had joined the service in the 2-3 weeks prior to the inspection. This meant that people did not have clear and up to date information about how they should be supported safely. There was information available from the local authority but this was not based on the assessment carried out by the registered manager.
- Staff were sent a rota two weeks in advance to inform them of who they would be supporting and at what times. At the time of inspection, the registered manager told us they were planning to introduce an electronic system for staff to log in and out of calls. This would allow calls to be monitored and for action to be taken if a staff member did not attend a call as expected. We saw the registered manager had this system in place but told us they would start using it in the next few weeks. There was a risk that until such time as the system was fully established, that missed calls could potentially be missed and left unactioned.

This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. Comments included, "I have confidence in them and feel safe. They are very supportive with regard to my care", and "Mum is 83 years old, and 2 care workers help her 3 times a day. They come together. They use the hoist safely."
- There was no ongoing safeguarding concerns at the time of our inspection. The registered manager told us the procedures they would follow if they had concerns or needed to report a safeguarding issue to the local authority.
- Staff were trained in safeguarding and knew how to report concerns.
- There was a standard form used to record any financial transactions that staff were involved in when supporting people with their shopping. This helped reduce the risk of financial abuse.

Staffing and recruitment

- The registered manager told us there were sufficient staff at the time of inspection to meet people's needs. They had a staff agency as well as the domiciliary care agency and could use staff across the two businesses

if necessary to cover unexpected absence.

- There were systems in place to recruit staff safely. This included carrying out a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We saw that references had been sought for new staff and photo ID was checked.
- The registered manager told us they were able to recruit staff from overseas on the government license scheme. Through conversation, it was clear they had considered this carefully and were fully aware of the issues they might encounter recruiting staff in this way.

Using medicines safely

- Staff told us they received training in medicines, and they recorded administration of medicines on a chart in people's homes. Comments included, "We do record when we give medication and when the service user refuses as well".
- Comments from people and service users included, "She supports me with my medicines, and records everything every day".
- The registered manager told us they planned to audit medicines on a quarterly basis, though this system was not yet established due to most people being very new to the service.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) to use when delivering personal care.

Learning lessons when things go wrong

- People told us they were happy with the service but knew how to report and raise concerns if they had them.

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

- People's needs were thoroughly assessed at the outset of their care package and this included person centred details such as their hobbies, interests and people that were important to them.
- The registered manager told us it was important to carry out a thorough assessment at this stage in order to fully understand the person's needs.

Staff support: induction, training, skills and experience

- Staff told us they were satisfied with their training and support. Comments included, "Yes we do receive good training from Yellow Rose Healthcare, and our managers are very supportive", and "Yellow Rose offers good training and support to all staff".
- The registered manager told us there was some training completed online and other topics such as moving and handling were completed face to face with an external company.
- The registered manager was potentially going to recruit staff from overseas and was aware that these staff would possibly need extra support. They told us they would support these staff in finding accommodation and look at providing training to help them understand cultural differences between various countries.

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

- Not everyone required support with eating and drinking, though where they did, there were details recorded in their care records. One person commented, "The care worker helps to prepare breakfast, gives me my meals and my regular drinks."

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

- The service had recently begun taking packages of care from the local council. They were having fortnightly meetings with the council as a means of support and to monitor the care being delivered.
- Staff worked with other professionals involved in people's care, such as GPs and nurses to ensure people's health needs were met.

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

- There was information included in people's care documentation about their capacity to make decisions.
- It was clear from discussion with the registered manager they understood the importance of listening to people and respecting their decisions.

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 and their relatives told us staff delivered good care. Comments included, "The carer has been brilliant and absolutely wonderful", "I have the same lady every day. She is very confident, compassionate, friendly, and supportive" and "They are brilliant. They allocated 2 carers and the same carers are helping her. They do everything for mum and fill the chart in all the time."
- The registered manager was clearly aware and had given thought to cultural differences between staff from overseas and people being supported. They told us they were considering what training and support new staff might require to help them understand differences in culture.

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

- People and their relatives were involved in the care planning process so that their views, needs and wishes could be incorporated into their plans of care.
- The registered manager had plans to carry out regular surveys with people they supported, though this hadn't been established at the time of inspection given that many of the people they supported were new to the service.

Respecting and promoting people's privacy, dignity and independence

- It was clear in people's support plans where they liked to be independent and the areas where they wanted staff to support them.

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- As reported in the safe section, not everyone had care documents in place based on assessment carried out by the service. This aspect of the service required improvement in order that care plans were put in place promptly following assessment. However, we reviewed two care plans for people using the service and these were person centred in nature, giving details about what was important to the person and what aspects of care they were able to manage independently.
- The person's views were made very clear in their care plan so that staff would have good guidance on how best to meet the person's needs.

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 detailed in their care plan, including their preferred means of communication.
- Any sensory needs in relation to communication were made clear.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Not everyone received support from the service in relation to their social needs and interests, however information about people's interest and hobbies were documented in their care plans. For one person, we read that contact with their church was important to them.
- For many people, their packages of care were in the early stages of being established, however it was clear people were beginning to build positive relationships with staff and they valued their support.

Improving care quality in response to complaints or concerns

- People told us they had no complaints but had contact details should they wish to raise them. Comments included, "We haven't any problems at the moment and yes we have got their phone numbers", "To be honest the agency is very good and no complaints" and "No complaints and we are really very happy with the service".
- At the commencement of their care packages, people were given information about the agency and this included details of how to make a formal complaint.

End of life care and support

- There was nobody at the time of our inspection receiving end of life care, however the registered manager was aware of the organisations that would be able to support them if required.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a registered manager in place, however they had little management support in place to support them in running the service. They told us they had a senior carer in place and a relative with clinical knowledge who supported them in the role of a 'care manager'. The relative did not live locally and had other commitments which meant they were limited in the hours of support they could give.
- The registered manager was completing assessments of people new to the service, as well as being responsible for all other aspects of running the service, such as answering phone calls, supporting staff and liaising with commissioners. We found a breach of regulation 12 in relation to a lack of care records for 10 people.
- The registered manager told us they had previously recruited a care manager, but the person had chosen not to take up the post. Further interviews were planned to recruit care managers. However, there was risk that until such time when additional senior support being established, the management structure was not robust enough to sustain the service safely.
- The registered manager showed us template audits which they intended to use on a quarterly basis to help them monitor the service and identify areas for improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person centred culture within the service and people were happy with the care they received. Comments included, "Excellent agency, most of the time the lady comes and she is very good. She knows what she is doing", and "So far everything is going well. The previous company was not so good and they are much better."

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

- There had been no incidents, which were reportable under the duty of candour legislation. However, the registered manager was aware of their legal responsibility to notify CQC of certain incidents and events, in line with legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they had contact details for the registered manager if they needed to get hold of them.

Comments included, "I know the manager and have her number. It is a very good service", "We have got the folder with all the contacts and I put this in my phone. So if we have any problem we know whom to contact", and "I don't know the manager but have their phone number. It is a really good service."

- The registered manager told us they had a rota system in place including the care manager, senior carers and administrator so that staff and people could always contact someone when required.
- The registered manager told us that as the service becomes more established, they were planning on carrying out surveys on a quarterly basis to gather people's views and use these to monitor and improve the service.
- The registered manager and care manager visited people in their own homes to both check on whether they were satisfied with the service and to check on the performance of staff.

Working in partnership with others

- The registered manager worked with other agencies as necessary to support the running of the service. This included commissioners and healthcare professionals involved in people's care.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Support plans and risk assessments were not put in place promptly following assessment for 10 people using the service.</p> <p>This was a breach of regulation 12 of the Health and Social Care Act (regulated activities) regulations 2014.</p>