Your Care Services Brain Injury Specialists Limited

Your Care Services

Inspection report

Mill Wharf
7 Mill Street
Birmingham
West Midlands
B6 4BS
Tel: 0121 3590297
Website: Yourcareservices.org.uk

Date of inspection visit: 11 and 13 November 2015
Date of publication: 13/01/2016

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?	**Requires improvement**

Overall summary

This inspection took place on 11 and 13 November 2015. We gave the provider 48 hours' notice of our inspection to ensure members of the management team would be available at the office, and to ensure they could make arrangements for us to meet with and speak to staff.

We last inspected this service in December 2013. At that time the provider was meeting all of the regulations we looked at.

Your Care Services was providing support to 26 people living in their own home. People required support from the service because they had either complex physical health needs or were living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and the relatives of people using this service told us they felt their relatives were safe. Staff understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and recruitment checks on staff to ensure their suitability to work with people who used the service. There were enough suitably trained care staff to deliver care and support to people.

The staff employed had the training and support they required to work safely. Training for staff about the specific needs people experienced had also been provided.

Most people had regular care staff who usually arrived on time and stayed the agreed length of time. Two relatives told us they had experienced call times that were too early or late but that in the weeks leading up to our inspection this had improved.

Senior staff had visited each of the people using the service at their home. They had met with them and their family to determine what care and support the person required, and how they would like this care to be provided. This information had then been developed into a care plan, and shared with staff that were supporting the person. This ensured all staff were aware of the person's needs and wishes.

The managers understood the principles of the Mental Capacity Act (MCA), and staff told us how they respected people's decisions and gained people's consent before they provided personal care.

People who required support had enough to eat and drink during the day and were assisted to arrange health appointments if required. Staff we spoke with were able to describe a range of activities they undertook each day which ensured people stayed healthy and how they observed people's skin for signs of sore areas for example when they were supporting them with personal care.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. Staff we met spoke enthusiastically about the people they were supporting, and were able to explain people's needs, their preferences and were aware of important people in the person's life.

The provider sought feedback from people using the service and their relatives in respect of the quality of care provided and had arrangements in place to deal with any concerns or complaints. The registered provider had developed a complaints procedure. People said they knew how to raise complaints and knew who to contact if they had any concerns. All of the staff we spoke with were confident they could raise any concerns with the managers, knowing they would be listened to and acted upon.

There were some processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through communication with people and staff, spot checks on staff and a programme of other checks and audits although these were not always effective in identifying how the service could be improved.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care staff understood the risks relating to people's care.

There was a thorough recruitment process and enough staff to provide the support people required.

Appropriate systems were in place for the management and administration of medicines.

Good

Is the service effective?
The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People who required support had enough to eat and drink during the day and had access to healthcare services.

Good

Is the service caring?
The service was caring.

Staff showed compassion and kindness to the people they were supporting.

Efforts had been made to ensure the support given met the needs and expectations of the people using the service and their families.

People and most of the relatives we spoke with were positive about the care given by the staff supporting them.

Good

Is the service responsive?
The service was responsive.

People received support from staff that understood their individual needs. People's care needs were assessed and care staff were kept up to date about changes in people's care.

People knew how to make a complaint if needed. Relatives felt able to give feedback and both formal and informal systems were in place to ensure people's feedback was sought and acted upon.

Good

Is the service well-led?
Some aspects of the service were not well-led.

Requires improvement

Summary of findings

There were some processes to monitor the quality of the service provided and understand the experiences of people who used the service. Systems in place were not always effective in identifying and actioning improvements needed.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

Your Care Services

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 11 and 13 November 2015 and was announced. The inspection team comprised of one inspector.

Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received by the date we requested it. We also received information from two social care professionals who commissioned services. These are people who contract care and support services paid for by the local authority. They did not raise any concerns with us.

Before the office visit we sent surveys to people who used the service to obtain their views of the service they received. We also sent surveys to staff. Surveys were returned from three people, one relative and four staff.

During our inspection we spoke with two people who used the agency and with the relatives of six other people. We also spoke with one continuing health care nurse who was involved in the care of some people who received care from the agency.

During our visit to the agency's office we spoke with the registered manager, the director, seven care staff, the training officer, one care co-ordinator and two operational support assistants. We looked at part of the care records for three people, the medicine management processes and records maintained by the provider about staffing, training and the quality of the service.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe and at ease with their care staff. When asked if they felt safe, comments included, "I do feel safe with all the care staff." One relative told us, "I feel my relative is safe and I trust the staff." Another relative told us, "[Person's name] is in safe hands. In the beginning I was worried but everything has been fine."

Staff understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this to the managers. The registered manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. This was confirmed by the staff we spoke with. One member of staff told us, "We are here for the safety of the client and here to protect them." Another staff told us, "If someone does something wrong we have to tell. I have 100% confidence the manager would do something." Staff told us and we saw that there were whistleblowing guidelines for staff in case they witnessed or suspected that colleagues were placing people at risk.

The provider had conducted risk assessments of people before they joined the service and as their conditions changed. Staff knew about individual risks to people's health and wellbeing and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, detailed assessments had been completed about the support and equipment people needed if using a hoist to help people to move. Staff said they knew how to assist people to move safely as they had regular training which included how to use a hoist. Guidance was also available for staff on how to respond in an emergency, such as a fire occurring. The guidance was individual and reflected the person's specific conditions.

We looked at the systems to manage emergencies and accidents. The provider had an out of hour's on-call system when the office was closed. Staff told us that a senior staff was always available to contact when they needed urgent advice. The registered manager told us that they had recently started a pilot scheme of opening the office at weekends. They said this would be reviewed to see if it was warranted on a more permanent basis. We asked staff about the action they would take in the event of an emergency situation arising. All the staff were aware of the medical emergencies that could arise for the person they were supporting, and were able to describe the action they would take. This knowledge would ensure the person got the appropriate medical support as quickly as possible.

There were sufficient staff to allocate to the calls people required. Staff told us that they always worked alongside another member of staff when supporting people who had been assessed as needing two staff. However two people told us that in previous months there had been some rare occasions when only one staff attended their care call. Whilst most people made positive comments about staff arrival times two people had some negative experiences but said in recent weeks this had improved Staff told us if there was an unexplained delay, for example traffic hold ups, they may arrive later than expected. Staff said they asked the office to let people know they were running late. Some people we spoke with told us this didn't always happen. Staff told us they had travel time factored into their schedules and this meant that they spent the full length of time with people and were not rushed. The registered manager told us that where usual staff travel arrangements failed then the provider paid for care staff to have the use of a taxi to ensure the person received their care call. This was confirmed by staff we spoke with.

Staff told us they had not started working in people's homes until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. The recruitment files of five members of staff showed that checks had been made prior to staff being offered a position within the organisation. This helped to ensure that only people suitable to work within adult social care were recruited.

We looked at how medicines were managed by the service. Some people we spoke with administered their own medicines or their family was responsible for giving their medicines. Where staff supported people to manage their medicines it was recorded in their care plan the type of support they needed and what the medication was for.

People and the majority of relatives told us that they felt confident staff supported people to take medication safely. One relative told us they had raised a concern about medication practice and we saw this had been investigated by the provider and responded to.

Good

Is the service safe?

All of the staff we spoke with confirmed they had been given training in medication and records confirmed this. Whilst the provider did not complete a formal assessment to check that staff were competent to administer medication we saw that observation of staff administering medication formed part of the spot checks completed by the provider. One staff told us, “I was watched [giving medication] during my shadow shifts to make sure I was safe.”

Good

Is the service effective?

Our findings

The majority of people and relatives of people who used the service told us they were happy with the care provided and that it met their needs. People we spoke with said that they were supported in line with their care plans. One person using the agency described the service they received as "Excellent. Brilliant. They get here on time, spend the right amount of time here." Another person told us, "I would recommend them to other people. The staff are well trained and the time keeping is good."

The majority of relatives of people who used the service said that staff knew the care people needed to maintain their welfare and had no concerns about how the care was delivered. One relative told us, "Carers [staff] know my mum's needs and routine. The majority of the time it is a small group of staff and they are on time. There are occasional changes and usually they let us know."

Most people had regular staff who usually arrived on time and stayed the agreed length of time. Two relatives told us they had experienced call times that were too early or late but that in the weeks leading up to our inspection this had improved. However they told us that they were not confident the improvement would be maintained.

We asked recently employed staff if they had been given an induction prior to starting work. They confirmed they had and that this included training and working alongside a more experienced staff before they worked on their own. The provider told us the induction training for new staff included the Care Certificate standards. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment**.** One staff told us, "The training is good, the trainer took their time and it was not rushed."

Discussions with staff and training records confirmed there was a programme for regular refresher training for staff to keep their skills up to date. The provider also encouraged staff to attain a vocational qualification in care. In some instances staff were completing complex health procedures that if undertaken incorrectly could have a serious, negative impact on the person's health and wellbeing. Systems were in place to make sure staff received training in these specific health procedures and were assessed as competent to complete the procedure. This training and assessment was either completed by the provider's training officer or external health care professionals before people were discharged from hospital depending on the complexity of the procedure.

Staff told us their knowledge and learning was monitored through a system of supervision meetings and unannounced 'observation checks' on their practice. Staff said they had regular meetings with their line manager that provided an opportunity for them to discuss personal development and training requirements.

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. The registered manager demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA). Staff told us how they respected people's decisions and gained people's consent before they provided personal care. One staff told us, "I always speak to people before I do something. I have to listen to the person about what they want."

Some people told us that they, or their relative provided all their meals and drinks. People who were reliant on care staff to assist with meal preparation told us choice was given whenever possible and drinks were offered where needed. One relative told us, "They always make sure [Person's name] has plenty to drink." One staff we spoke with told us that one person they supported had some very particular preferences regarding their meals and that it was important to meet these preferences so that the person had enough to eat and drink.

Staff had relevant information about people's dietary and nutritional needs. Where people required support with their meals and diet this was documented in their care plan. Where assessed as needed, staff completed records of people's food and fluid intake to make sure they were getting enough to eat and drink.

Staff we spoke with were able to give us examples of where they had been concerned about a person's deteriorating health and had taken action to include notifying their relatives and appropriate health professionals.

Good

Is the service effective?

Records confirmed the service involved other health professionals with people's care when required including district nurses, occupational therapists, and GPs. The records of a person who was at risk of pressure sores showed that they were regularly attended by a district nurse and care staff were monitoring the person's condition. The registered manager told us that previously they had arranged workshops on good skin care, for both staff and people's relatives, which were facilitated by an external health professional.

Good

Is the service caring?

Our findings

People and their relatives told us the staff had a caring approach. One relative described staff as "attentive, caring, consistent and exceptional." One relative told us, "The staff are all very friendly, one is like a friend." One relative told us how a member of staff had stayed with the person beyond the time they were scheduled to do so as the person was not feeling very well. This demonstrated a caring attitude from the staff.

We also received positive comments about staff who worked in the provider's office. One relative told us, "The office [staff] was very, very good. They match staff with my relative's needs." People we spoke with told us that they were usually supported by regular staff. One person told us, "They ensure there is consistency, that staff are briefed."

Staff we spoke with described the people they supported with enthusiasm and compassion. Each member of staff was able to share with us information about things they did that the person enjoyed or benefitted from. It was evident that staff had got to know each person well, and some members of staff had worked with the person for a significant period of time. One staff told us, "This job is not about money, we have to give 100% care so everyone is happy."

We saw that the interview process for potential new staff checked that they knew how to provide care that was dignified and promoted people's choice and independence. One person told us, "They [staff] do respect my privacy and dignity. "One relative told us that staff were always very respectful when assisting the person with personal care and that staff worked together as a team to make sure the person's dignity was protected.

Each person had a written plan of care, and staff we spoke with had detailed knowledge about people's needs. The written plans gave staff prompts to ensure people were always treated with dignity and respect and staff we spoke with described how they did this in practice. One staff we spoke with told it was very important they respected the person's views. They told us, "[Person's name] tells us how we could do things better, we stop, reflect and learn."

People were encouraged to maintain their independence. One person told us that staff always assisted them to maintain their independence when supporting them with personal care tasks. During our discussion with staff they used terms such as 'support' and 'choice' when describing how they supported people. We also saw in people's records that staff had recorded that they had 'assisted' people and staff documented when a person had carried out a task independently.

Good

Is the service responsive?

Our findings

People or their relatives, where appropriate, told us they had been involved in completing an initial assessment and the subsequent development of a care plan. The written care plans we looked at had been subject to regular reviews. People told us they had a copy of their care plan and staff confirmed they had read these. A person who used the service told us that staff regularly discussed how they wanted their care to be provided and records showed their care plans were updated as their condition changed.

We received positive feedback from a commissioner about the standard of care plans and risk assessments completed by the provider. The care plans we sampled were in the main, very detailed and were individual to the person. However two people's care records gave mention to them having a specific health condition but there was no guidance in the care plan to tell staff about any signs they needed to be aware of that would indicate the person may be unwell. We brought this to the attention of the registered manager during our visit. By the end of our visit they had ensured this guidance had been written. The registered manager told us they would ensure the guidance was discussed with people, their relatives (if appropriate) and staff before it formed part of the care plan to make sure everyone agreed and understood the content.

Records showed complaints received had been recorded and investigated in a timely manner. At the time of our visit the provider had two unresolved complaints and meetings or discussions had been held with people and their relatives to discuss the issues. People said they knew how to raise complaints and knew who to contact if they had any concerns. People gave examples of when the service had responded to their requests and concerns. One person using the agency told us, "I've no complaints. Anything I have mentioned has been put right." A relative told us they had contacted the office with complaints and that the changes needed were made, and that staff had been responsive and polite. All of the staff we spoke with were confident they could raise any concerns with the manager, knowing they would be listened to and acted upon.

The registered provider had developed a complaints procedure which included information about other organisations people could contact if they were not satisfied with the outcome of their complaint. Information was also provided about advocacy services to support people in making a complaint. The manager told us that office staff usually telephoned each person who used the service or their representative weekly to check that people were receiving care which met their needs. This enabled people to express any concerns about the service they received.

A health care professional told us they had found the provider to be responsive to any concerns that had been raised. They told us they could not fault them on how they had acted on advice given and all issues had now been resolved.

Requires improvement

Is the service well-led?

Our findings

The agency had a clear leadership structure which staff understood. Staff said that they felt valued. The registered manager told us that the agency operated a record of achievement award for staff and in the future they intended to provide incentives such as vouchers or extra annual leave for staff to reward good practice.

The registered manager promoted a culture of openness. Staff confirmed that if they had any concerns about the service they felt able to raise them with the registered manager. The registered manager told us that they recognised the service could further improve, but that they recognised the importance of being honest and open even when mistakes were made. Staff meetings were held on a regular basis and this provided opportunities for staff to meet as a group to discuss the service that people received.

The provider and registered manager had not notified us about some safeguarding events that they were required to by law. However, we saw the registered manager had been in regular contact with other professional bodies and so this omission had not had any negative impact on people. Our discussions with the registered manager indicated they had not been aware they needed to inform us when allegations had been raised by other health care professionals. They told us they would ensure this was done in future.

The registered manager and the director of the agency sought out information about changes to legislation and best practice to make sure they were meeting regulations and best practice. For example both were fully aware of new regulations in relation to the duty of candour. Both were also aware of the new NICE guidelines on delivering personal care and practical support to older people living in their own homes. This had been shared with staff. The registered manager also provided evidence that they had attended and been a guest speaker at a recent conference regarding end of life care.

The registered manager told us and we saw that there was a system in place to audit care records including medication records. However these audits had failed to identify that two people using the agency did not have care plans that contained guidance about all of their health needs. This was a concern as one care staff we spoke with did not know a person they had provided care to had diabetes. This meant there was a risk the member of staff might not recognise when the person was unwell and respond appropriately.

We saw that one relative had raised a concern about a care plan not recording details of the agreed call times. This was still the case at the time of our visit and was a concern as this relative had also raised some concerns that they had experienced some calls that were either too early or too late.. The registered manager explained that calls were usually within the 30 minutes leeway allowed by commissioners who purchased the care. However because the call timings were not on the care plan this meant that people may not be clear about the times they could expect their call to take place.

The PIR completed prior to our inspection told us that the provider was exploring how they could better monitor the call times that people experienced and were planning to purchase a computerised system that enabled them to monitor the times that staff commenced and finished scheduled care visits.

The provider maintained records of complaints and incidents. However, for one record that we looked at we saw the circumstances leading up to the incident had not been recorded so it was not clear how or why it had occurred. Records did not show that the provider or the registered manager had fully explored the circumstances of the incident and therefore able to take any action as appropriate. The registered manager told us they had verbally spoken with the staff about the circumstances but accepted the record of this could be improved.

A log was not maintained that identified the number and type of incidents occurring. Detailed records or analysis of late calls were currently not available. This meant specific events were not recorded in ways which could highlight trends. There was a risk the provider might not learn from people's experiences and concerns in order to take action to prevent similar concerns from happening again. We discussed this with the registered manager and the director during the first day of our visit. On the second day of our visit we saw that a snapshot analysis of late calls had commenced for one person who had raised some concerns about receiving late calls.

People told us they were encouraged to express their views about the service. Questionnaires were sent out on a

Requires improvement

Is the service well-led?

regular basis to seek people's views and an analysis of the results was completed. This showed that the majority of people were happy with the service they received. Where responses indicated that improvements were needed an action plan was completed and follow up questionnaires sent out to check that people were now satisfied. One relative told us, "The change and turn around is 360 degrees. It has gone from being a terrible experience to a great one."

We received some mixed comments from relatives about the checks that were made to make sure that people were receiving a good service. One relative told us, "They ring every week to check everything is okay and visit every month." One relative who had used the service for several months told us they had only recently experienced a spot check on care staff. One relative told us of a recent spot check where the senior staff conducting this had arrived late. Another relative said they experienced spot checks but had not been informed beforehand, which they would have preferred. Staff we spoke with and records confirmed managers undertook regular observations of care staff performance in people's homes to ensure standards of care were maintained and that they worked in line with the provider's policies and procedures.