

Yourcare24 Ltd

Yourcare24

Inspection report

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Date of inspection visit:
15 October 2018
16 October 2018

Date of publication:
31 October 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection of YourCare24 on 15 and 16 October 2018. We gave the registered manager short notice that we would be coming because the location provides a domiciliary care service and we wanted to be sure the registered manager was available.

YourCare24 is a domiciliary care service that provides personal care to people living in their own homes. It provides a service to older adults in the Sheffield area and the agency office is in Rotherham.

This was the first inspection for this service since they registered with the Care Quality Commission in November 2017.

The service had a registered manager. 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.

People were safe as the staff team knew them well. Staff knew how to recognise and respond to any safeguarding concerns, and any learning from such incidents was shared with staff.

Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

People told us there were enough staff to help them when needed. Staff told us there were enough staff to provide safe care and support to people. Advanced planning meant that staffing levels were reviewed and reflected the needs of people who used the service.

People's medicines were checked and managed in a safe way.

Recruitment was appropriately managed as relevant background checks had been completed prior to employment, to ensure staff were safe to work with vulnerable people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager was aware of current procedures and guidance for best practice, and this was evident in the policies in use at the service.

Staff attended induction training where they completed mandatory training courses and could shadow more experienced staff giving care. All new staff were taking part in the Care Certificate which teaches the fundamental standards within care. Ongoing training was offered to staff and mandatory areas of training were kept up to date.

People told us care workers understood confidentiality, dignity and respect. We were told care workers were very committed to the people they cared for, building a good rapport and taking time to get to know them.

Although no complaints had been received we found a clear policy and procedure in place. People felt able to raise any issues with any of the staff and were confident these would be addressed. We saw evidence of many compliments in the recent surveys undertaken and completed by people and relatives.

Staff spoke highly of the teamwork and how supportive colleagues were of each other. They ensured people were treated with kindness and compassion, and provided significant emotional support when people became anxious. Privacy and dignity was promoted always.

It was evident the registered manager and his staff team were striving for the best outcomes for people who used the service through utilising the partnerships they had built up with external services. The quality assurance systems showed how the service continually sought to improve.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were cared for by staff who had the knowledge to protect people from the risk of harm.

Medication and infection control practice was safe.

During the recruitment process thorough background checks had been carried out which helped to ensure staff were suitable to work with vulnerable people.

Staffing levels were appropriate to meet people's individual needs.

Is the service effective?

Good ●

The service was effective.

People were supported to eat and drink sufficient to maintain a balanced diet. People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and staff had a good knowledge of this.

People were supported by staff who had the knowledge and skills to do so.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the staff at all levels and were happy with the care provided.

Staff displayed kindness and empathy to all people and knew people well.

Records showed all relevant people were involved in supporting

people in the manner they wished to be supported.

Is the service responsive?

The service was responsive.

People were involved in the planning of their care and support, which included details of people's needs and preferences. Care records were reviewed with appropriate frequency.

The service had not received any complaints but had a procedure in place, and had received many compliments.

Good ●

Is the service well-led?

The service was well-led.

People were included in the way the service was run and were listened to.

Staff were supported by clear and visible leadership so people received quality care to a good standard.

Quality monitoring systems were in place and were effective.

Good ●

Yourcare24

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 15 and 16 October 2018. We gave the service two days' notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this. At the time of our inspection the service was supporting 15 people.

On the 15 October 2018 we visited four people in their homes to ask their opinions about the care they received and look at their care records. Whilst out on visits we were accompanied by the team leader and also met two relatives. On 15 October 2018 we also spoke over the telephone with three care workers, seven people who used the service and one relative.

On the 16 October 2018 we visited the office location to see the registered manager, and review care records and policies and procedures relating to the service. The inspection team consisted of one 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. The expert by experience had experience of supporting and caring for young and older people.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People spoken with said they were confident their care and support was provided in the safest and best way for them. Their comments included, "I feel safe here and the carers have a key to get in. If they are going to be late they will ring and tell me," "They [care workers] always turn up on time and are very reliable. I can't fault them. The carers do everything for me they know what I like and dislike and how I want things doing," "There isn't anything I would change, they [care workers] all do a good job they are very amenable," and "There has never been a time anyone has not turned up they come every day on time. I like the fact I don't feel rushed, they [care workers] give me plenty of time."

A relative told us, "My [family member] died in September but I want you to know I was completely happy with the support. The carers were very, very kind, marvellous with [family member]. They were good with their medication as they were on so much and they were on the ball. They rang me and discussed everything and kept in touch with the GP. They were also very supportive of me."

Staff spoken with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if they suspected someone may be at risk of harm or abuse. Staff told us about safeguarding training they had received and how it had made them aware about the different types of abuse. Staff said they had access to safeguarding procedures should they need this and went on to say they would contact staff in the office or the registered manager without hesitation.

Personalised risk assessments were in place to ensure each person was cared for in the safest manner possible. Detailed instruction was given to staff about how to perform all care tasks, which included personal care, manual handling, use of equipment, food and drink and the physical environment that care was to be delivered in. For example, there was an assessment in place for one person who smoked. The identified risks included passive smoking by staff. Care tasks were described with any associated hazards and risks, and the control measures that were in place to reduce those risks. Staff spoken with were confident they could support people safely. All risk assessments were reviewed and updated regularly.

There were enough staff employed by the service. At the time of the inspection 15 people were provided with care and support. The service employed eight care workers. People told us their care was usually provided by the same carers, although they did know all the care workers. The registered manager told us they made sure all staff had visited each person. This meant if staff were needed to cover a shift, the person was familiar to them.

The service had an effective system to manage accidents, and incidents, and to learn from them, so they were less likely to happen again. We saw information where staff had identified the potential for an accident or incident happening. The registered manager then contacted other healthcare professionals for advice and support so that the person was not put at risk, this helped the service to continually improve and develop, and reduced the risks to people.

We looked at the management of medicines and found this was safe. Staff had received training in the safe management of medicines. People who received support to take their medicines told us they were always given them at the right time. There was an audit system in place to make sure staff had followed the provider's medication procedure. We saw managers had carried out regular checks to make sure medicines were given and recorded correctly. For example, where there was a missed signature, checks were made to ensure the person had received their medicine and the incident was reported back to the staff member for future learning. Competency checks were undertaken by the registered manager and team leader as part of the spot checks, to ensure staff were adhering to policies and procedures. One person told us, "I feel safe. They [care workers] genuinely care. They are good with my medication they know how I want it with yoghurt."

The recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. We checked three staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference number to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People told us the care workers used gloves and aprons when providing personal care and changed these when they started food preparation. Staff spoken with told us there was always a plentiful supply of PPE (Personal Protective Equipment) for them to use. Staff said infection control was covered during their induction and training and the use of PPE was checked by the managers when they carried out their spot checks.

Is the service effective?

Our findings

People spoken with felt staff knew how to look after them well and in the right way. Their comments included, "If I am not well the carers report to the doctor. Recently they organised for me to have a flu jab, the carers seem organised," and "They know exactly what I want and how I like it. There's never a problem."

People completed pre-assessments with the registered manager before being offered care or support. This made sure staff could provide the correct care and fully understand a person's needs. This process ensured the service only supported people with needs they could meet.

Staff supported some people to eat and drink so they maintained good health. All staff had a good knowledge of the preferences and requirements people had with food and drink. We saw people's food and drink preferences were recorded within their files. For example, one person spoken with told us they enjoyed a cooked breakfast. They said staff made sure they had their cooked breakfast each day. They told us, "Breakfast is important to me. The staff ask what I want and then do this. It's always lovely and sets me up for the day." Other comments included, "I get meals on wheels and help with my shopping. The staff know I don't like spicy food so don't buy anything like that anymore," and "I have got plenty of food in my fridge the staff know what I like to eat."

Staff at the service worked and communicated with other agencies to facilitate effective care and support. We saw when a concern had been raised about a person's health, the service had communicated appropriately with professionals outside of the organisation to coordinate care and ensure the correct support was in place. This required staff at all levels, to make sure their communication was clear, guidelines and procedures were followed, and accurate records were kept.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA 2015, and had carried out capacity assessments appropriately for people that required them.

Staff spoken with said they felt very well supported by the registered manager and team leader. There was a system in place for all staff to receive formal one to one supervision with their line manager every three months. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Plans were in place to provide all staff with a yearly appraisal. Appraisal is a process involving the review of a staff member's performance and improvement over a period, usually annually.

Managers also carried out spot checks of staff whilst they were visiting people who used the service. Spot checks included a medicine competency check. We saw evidence of these being completed in the staff files we checked. Staff spoken with told us these checks were sometimes unannounced and after the checks they were told about any action they needed to take to improve the service provided to people.

We saw all newly employed staff were registered 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. Staff told us they had completed a full induction course and worked alongside other more experienced staff before they could work alone. One staff member told us, "We completed practical training and on-line training. It was all very informative and helped with my confidence as I had never been in care work before."

The team leader told us how they supported staff in their role and how they developed their knowledge. They told us staff received mandatory training initially before shadowing an experienced staff member. They said the staff member would only work alone when they felt they were confident to do so. They explained how they were aware of people's learning requirements before they began the training and gave examples of the different ways they may support a staff member. They told us the training was also tailored to the needs of the people they supported; ensuring people had the right skills in such things as food hygiene and manual handling.

Is the service caring?

Our findings

All the people we spoke with and met told us they were well cared for and treated well by staff from YourCare24. Their comments included, "Yes I am very happy with the carers. They are a good bunch and they are on the ball. They are friendly and do a good job," "The care staff are all very nice people and know how I like things," "I wouldn't want to change anything they are all very helpful and considerate," and "No complaints 99% of the care workers are very good."

Relatives told us, "There is no aggression with any of them. They are not offensive and are joyous," and "I really get on well with them all. I have nothing negative to say about them."

Information from the provider's PIR said, "We aim to ensure people who use the service are treated in a dignified way that does not embarrass, humiliate or expose them. It is the responsibility of staff at all levels to show sensitivity, respect and compassionate behaviour when they are engaged in a care task. They should never compromise the privacy or dignity of the person. It is also the responsibility of staff to treat people, their family and carers with courtesy and respect." During our home visits we observed staff were very respectful of people they cared for and treated them with dignity and compassion.

People told us staff supported them to make their own decisions about their care and support, and they felt involved and listened to. People shared examples where they had raised with the registered manager their preference for certain staff to support them. We saw this had been respected by the registered manager and people received care from the staff they preferred. People spoken with told us how the staff were flexible and worked with them to ensure they received support when they required it.

Information from the provider's PIR said, "All people are treated as individuals. We recognize and have a positive attitude to the diverse religious or cultural beliefs and customs of people. When planning and delivering care to people, our staff take into account the different and special needs of people." This was evident during our home visits.

Staff spoke about people as individuals and told us about how people's independence was promoted. Staff gave examples of supporting people's independence, such as meal preparation, or supporting a person with aspects of their personal care. One person said, "They [care workers] stay with me while I prepare food, to make sure I don't fall. They only step in if I need them to and we chat while I do this." Another person said, "They [care workers] always ask if they can do things like empty the washing machine but I say no as I want to do things to keep busy, but I know they're there if I need them."

Staff told us the importance of making sure confidentiality was kept. One care worker told us, "We would never talk about a person to another person, which can sometimes be hard if we're trying to explain why we've been held up."

We asked people who used the service and their relatives if they found it easy communicating with the office staff. They told us they had the contact details of the office staff and could ring at any time. Many people told

us they were in regular contact with the registered manager and team leader. One person said, "The out of hours phone numbers are handy. I know I can speak to them whenever I need to."

Is the service responsive?

Our findings

People told us they made their own decisions and that their preferences were taken into consideration. Their comments included, "I decide what I'm doing and that's fine with them [care workers]. I wouldn't have it any other way," and "The carers listen to what I say and then do it. It's never been a problem," and "The carers come at the times that suit me and I know if I needed to change this they would do everything they could to sort this."

Staff spoken with knew about the needs of the people they cared for. Staff told us they would always speak with the person to ensure they were providing care to them the way in which they preferred. Staff were aware of people's changing needs and ensured other staff were informed of any changes. For example, one person had recently suffered a bereavement in their family. Staff had passed on their concerns about this person and as a result some aspects of their care had changed to support the person during their grieving. Staff told us any changes in people's care was promptly communicated and care plans were updated to support people in receiving consistently responsive care.

People's needs were assessed and care plans were developed with the person. One person told us, "[Name of registered manager and team leader] come to see me often, they are very good especially with my medication. I can talk to them both."

We saw care plans outlined what people's likes, dislikes and preferences were. We saw detailed care plans were in place which documented people's personal, social and family history. People told us staff knew them well. One person said, "We have a good rapport. They know my sense of humour so we can talk openly and honestly with each other."

The registered manager told us they matched staff to people wherever possible, making sure people were happy with the staff they were receiving support from. The registered manager said, "We take into consideration such things as any gender preference. We want people to be very happy with the service they receive from us."

At each visit staff completed the 'care intervention record' detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour, and action taken in response to this. Staff then signed the record. Record sheets we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit.

The service also used an electronic log in and out system to monitor the times visits took place, and how long the staff stayed for. We saw rotas which showed calls were consistent, and that alerts would be raised when required to tell the registered manager if a staff member was running late or not able to attend a call.

Staff told us they carried out social visits with people to support them to access the local community and avoid social isolation. One staff member told us, "I take [name of person who used the service] to put flowers on [family members] grave. I take them in the wheelchair and they really appreciate this. We spend time

tidying the grave and making it look nice."

People knew how to make a complaint if they needed and were confident their concerns would be listened to and acted upon. People spoken with said they had not had to make any formal complaints but would do so if needed. Information about the complaints procedure was in the service user guide which people kept a copy of in their homes. When concerns were raised, we saw the registered manager considered this and responded to each concern promptly. Information from concerns was fed back to staff when required, so that learning and development could take place.

At the time of this inspection, one person was receiving end of life care. The registered manager said people were supported to make and record decisions about the care they received at the end of their life if they wished. The registered manager also said they were considering accessing additional training for staff in caring for people at the end of their life.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, in accordance with the requirements of their registration. The registered manager was also the registered provider. He was knowledgeable about people and could talk in detail about their care and support needs.

People, relatives and staff all confirmed they had confidence in the management of the service. People said the registered manager and team leader were very approachable. People and relatives spoken with told us they were in regular contact with the registered manager and team leader. Their comments included, "The managers are very approachable and I get on with them well," "They [managers] are the best. They sort things. Nothing is too much trouble for them," and "They visit regularly so we get plenty of opportunity to talk and put things right."

Staff were also very complementary about the management of the service. They told us they could go to the managers for help and advice at any time and they would always make themselves available. Their comments included, "They allow flexible working, which helps me as I am also a student," "I can go to them at any time and we have regular briefings. They are easy people to talk to," and "This is a healthy place to work. It has the right ethos and approach, which benefits everyone."

Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of the service. We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. Checks were made on people's care records, where shortfalls had been identified these were worked through with the staff member who had completed the records for future learning. For example, where there had been errors written in a person's care record, the individual staff member was informed so they could improve their future record keeping.

There were other checks in place which continually assessed and monitored the performance of the service. These checks looked at areas such as, medication records, training and staff development. Where these checks identified areas where action was needed these were discussed at team meetings so learning could be shared.

People had the opportunity to feedback on the quality of the service. We saw quality questionnaires had been sent out to people and their families to comment on the care they received, and people spoken with confirmed they had received them. The information collated from the questionnaires was analysed by management to identify where improvements could be made. Feedback we saw was positive. Comments included, "It's a great service. The staff are all great and caring," and "They knock before entering and close the curtains before I use the commode. I am given a choice of what clothes to wear and what I would like to eat."

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw team meetings were held which covered a range of subjects, and

offered a forum for discussion and learning. Staff told us they could feedback through a variety of forums including team meetings, supervisions, observations and spot checks, as well as informally should they wish. We saw minutes of meeting held, and staff we spoke with confirmed they took place.

We saw there were policies and procedures in place to guide staff in all aspects of their work. There was information in the registered office regarding such things as safeguarding, and confidentiality as well the statement of purpose for the service.

The registered manager had submitted notifications to us about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.