

Your Care (UK) Ltd

# Your Care (UK)

## Inspection report

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## 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

The inspection took place on 30 March 2017 and was announced. The last inspection was undertaken in February 2016 when the service was rated as Requires Improvement overall. Your Care is a domiciliary care agency based in Bolton. At the time of the inspection there were 38 people using the service.

There was a registered manager at the service. 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.

The recruitment system was robust and helped ensure people employed at the service were suitable to work with vulnerable people.

Safeguarding policies and procedures were in place and staff were aware of the importance of reporting any concerns. Medicines systems were safe and an appropriate policy was in place. Accidents and incidents were recorded correctly and followed up appropriately.

The induction programme was thorough and included all relevant mandatory training. Further training and development for staff was on-going. The service worked closely with other agencies and referrals were made appropriately when required.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

Staff were caring and polite and treated people with kindness. People's confidentiality, dignity and privacy was respected.

There was information given to people who used the service. We saw that changes and updates were communicated clearly to people who used the service and their families.

People's opinions and suggestions were regularly sought via questionnaires and contact from the registered manager.

Care plans included a range of health and personal information. People's likes, dislikes, interests and preferences were respected.

There was an appropriate complaints policy in place and complaints had been followed up in a timely manner. The service had received a number of compliments.

People who used the service and their relatives told us the management were accessible and approachable. Staff also felt supported by the management team.

Staff supervisions and appraisals were undertaken regularly. Team meetings took place on a regular basis. A number of checks and audits were undertaken to help ensure continual improvement in the delivery of care and support.

## 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.

The recruitment system was robust and helped ensure people employed at the service were suitable to work with vulnerable people.

Safeguarding policies and procedures were in place and staff were aware of the importance of reporting any concerns. Medicines systems were safe and an appropriate policy was in place.

Accidents and incidents were recorded correctly and followed up appropriately.

### Is the service effective?

Good 

The service was effective.

The induction programme was thorough and included all relevant mandatory training. Further training and development for staff was on-going.

The service worked closely with other agencies and referrals were made appropriately when required.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

### Is the service caring?

Good 

The service was caring.

Staff were caring and polite and treated people with kindness. People's confidentiality, dignity and privacy was respected.

There was information given to people who used the service. We saw that changes and updates were communicated clearly to people who used the service and their families.

People's opinions and suggestions were regularly sought via questionnaires and contact from the registered manager.

### Is the service responsive?

Good ●

The service was responsive.

Care plans included a range of health and personal information. People's likes, dislikes, interests and preferences were respected.

There was an appropriate complaints policy in place and complaints had been followed up in a timely manner. The service had received a number of compliments.

### Is the service well-led?

Good ●

The service was well-led.

People who used the service and their relatives told us the management were accessible and approachable. Staff also felt supported by the management team.

Staff supervisions and appraisals were undertaken regularly. Team meetings took place on a regular basis.

A number of checks and audits were undertaken to help ensure continual improvement in the delivery of care and support.

# 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 checked 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.

Prior to the inspection we looked at information the service had sent to us including notifications and the previous inspection report. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make. We spoke with the local authority commissioners and the local safeguarding team to find out if they had any concerns about the service. The inspection team comprised of one adult social care inspector.

This inspection took place on 30 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we provided notice to ensure that the registered manager would be available to facilitate our inspection.

We spent time at the office and looked at various documentation including four care records, medication administration records, three staff personnel files, supervision records, meeting minutes, audits and checks, policies and procedures. We spoke with three people who used the service and two relatives. We spoke with two members of care staff, the administrator, the registered manager and a director of the company.

# Is the service safe?

## Our findings

We looked at three staff personnel files and saw that the recruitment process was robust. Files included application forms, proof of identity, two references, terms and conditions of employment, employment contract and Disclosure and Barring Service (DBS) checks. DBS checks help ensure people who are employed are suitable to work with vulnerable people.

The service had up to date employers' liability insurance. Health and safety policies and procedures were in place and training was given to staff around this. Individual risk assessments were kept within care files and were complete and up to date. There was evidence that these were regularly reviewed and updated to ensure they reflected current needs for each individual.

Policies and procedures were in place for issues such as recognising and responding to abuse, whistle blowing, dealing with accidents and emergencies. All staff were required to undertake training in safeguarding adults as part of their induction, and refresher courses as needed. We saw that this had been done and staff were aware of the importance of reporting any issues around safeguarding promptly.

Since the last inspection a new system for carers to log in and out had been implemented. This helped the service keep a check on whether carers were turning up on time and spending the correct length of time on each visit. There was a lone working policy to help keep staff safe and they were all supplied with office and out of hours contact numbers. Staff we spoke with told us if they rang for advice and assistance the call was answered promptly and assistance given.

We looked at the medicines policy. This included information and guidance around ordering, storage, administration and disposal. There was guidance around people with swallowing difficulties, errors, side effects/adverse effects, use of Medicines Administration Records (MAR) sheets, homely remedies, refusals, controlled drugs (some prescription medicines which are controlled under the Misuse of Drugs legislation), covert medication (given in food or drink) and medicines taken as required (PRN).

We looked at a selection of MAR sheets and these were completed appropriately and were up to date. The registered manager told us that many of the people who used the service required prompting only for medicines. However, staff had undertaken training in medicines administration to an appropriate level for anyone who required assistance with medicines administration.

We saw that accidents and incidents were appropriately recorded within people's care records, with body maps where appropriate. There was a log kept to give the registered manager an overview of accidents and incidents. Documentation included the date of the incident, who reported it, who it happened to, details of the incident, action taken, outcome and date resolved. The log was complete and up to date.

All care staff were trained in infection prevention and control. We saw that personal protective equipment (PPE), such as aprons, gloves and shoe covers was supplied for staff as required.

# Is the service effective?

## Our findings

We asked people who used the service and their relatives if staff did what was required. One person told us, "Yes, they arrive on time and stay for the appropriate length of time". A relative said, "We have never had a missed visit. The service are flexible about times and will change to suit us".

A health professional who has regular contact with the service told us, "If an incident does occur or they are struggling with any therapy needs/requests they are quick and appropriate in their contact to the team".

There were records within staff files of a programme of induction. There was an employee handbook which gave an introduction to the agency and services, code of conduct, information about discrimination and harassment, health and safety, dress code, roles and responsibilities, training and development and other relevant information.

The service used the Care Certificate for initial training. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. We saw a training file and certificates within staff files which demonstrated a commitment to on-going training for all staff members.

Supervisions were undertaken regularly and we saw that these were used to discuss work performance, issues around service users supported by the carer and training and development. We saw that appraisals were undertaken on an annual basis to ensure staff were performing as required and their development was on-going.

Staff we spoke with told us supervisions happened regularly and training was always available, including refresher courses when required. We saw the results of a recent staff questionnaire undertaken by the service. Comments from staff included; "Training has been very educational"; "You get full training provided by the company, including induction".

Care plans we looked at in the office included personal details of each individual, relevant care plans and risk assessments. Clear guidance around whether one or two carers were required, what equipment should be used and methods to be used to achieve best results was found within the records. There was information about special diets, weight monitoring, behaviour issues and techniques to help staff to support people well. We also looked at care plans held in people's homes and these were complete and up to date, with details of visits, updates and tasks completed.

We saw evidence within the records of a significant amount of partnership working with other agencies, such as physiotherapists, occupational therapists, dieticians and speech and language therapy team (SALT). We saw that the service made appropriate referrals, followed guidance and instruction and attended multi-agency reviews to help ensure good joined up care for each person who used the service.

Consent forms were held within the records and these related to issues such as carers holding keys to the



property, sharing information and medicines administration. The forms were signed by either the person who used the service or their representative, as appropriate.

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.

We checked whether the service was working within the principles of the MCA. Training had been undertaken by staff for MCA and they demonstrated an understanding of the principles.

We saw evidence of best interests decision making which the service had been involved in. One such decision was around the use of a lap belt for a person who used a wheelchair. The meeting was to discuss the person's capacity to make the decision for themselves and the least restrictive means of keeping them safe.

# Is the service caring?

## Our findings

During our inspection we visited three households where someone was receiving care and support from the service. One person said, "I am very happy with the carers. They take me to appointments and help me with personal care". A relative said, "The carers are very polite and respectful and are always on time". Another relative said they liked the consistency of carers and felt involved with meetings about their loved one".

We contacted health professionals who had regular dealings with the service. One told us that they had been in regular contact with the registered manager, administrator and the care coordinator. They told us, "I have found all three to be extremely helpful and caring. They appear to care deeply about their clients and make an effort to get to know them as individuals".

Staff had undertaken training around dignity issues. There was evidence within care plans that people's dignity and privacy was respected at all times.

We saw some interactions between staff and people who used the service. We saw that staff were kind and friendly and people who used the service looked happy and comfortable with them. People were encouraged to be as independent as possible, but given support when required to help them achieve their potential. The registered manager told us that communication was important and that staff sometimes used touch with people who were sensory impaired or nonverbal to help them feel part of what was going on. We saw evidence of this on our visits.

There was an appropriate Statement of Purpose, which included the aims and objectives of the service and the philosophy of care. All the people who used the service and their relatives were given a service user guide, which could be produced in several languages, large print or braille. This included information about the service, funding, quality assurance, skills and qualifications of staff and key policies and procedures. The service had also produced a new leaflet containing all the basic information of services offered and contact numbers.

The service communicated all changes with people and we saw evidence of their involvement in multi-agency reviews. Letters had been sent to people who used the service and their families to inform them of the new logging in and out system for carers. This helped ensure people were aware of what was happening in the service.

People's opinions and suggestions were regularly sought via telephone calls and monitoring visits by the registered manager and questionnaires. We saw the results of the latest questionnaire sent out in September and October 2016. The results were positive and comments included; "In general we are very happy with the care provided. Good time keeping and good understanding of needs. [The service is] always happy to take on board any comments family may have. Very friendly and helpful"; "Very happy with [carer] but other carers are just as good". One suggestion for improvement was for an extra few minutes to be added to some visits.

There were appropriate policies in place regarding issues such as equality and diversity, confidentiality. These policies had been reviewed and were up to date.

## Is the service responsive?

### Our findings

One relative told us, "The service are flexible about times. We have had emergency extra visits when needed, which is really helpful".

A health professional commented, "They [the service] have gone out of their way to support me in communicating with family members who do not speak English as their first language. They have been responsive to my queries and flexible in appointment times to allow joint visits".

Care records we looked at included a range of health and personal information. We saw details of people's history, background, daily activities, family involvement, likes and dislikes. We saw that people who used the service were matched up with carers who spoke appropriate languages to help communication be as good as possible. The majority of people who used the service were of Asian origin and spoke a range of Asian languages. However, we saw that, where an English person had requested carers who had a good command of the English language, this had also been addressed. People had choices in whether they had male or female carers. Care plans were reviewed after six weeks and annually thereafter or sooner if needs changed. We saw that reviews were complete and up to date.

The service supported people with daily activities, interests and spiritual needs. Some people were taken shopping, others accompanied to the Mosque or Temple. One carer had supported a person to attend a family birthday party. They had brought the person home and attended to their needs to facilitate the rest of the family having some quality family time.

There was an appropriate, up to date complaints policy, which included the contact details of the Care Quality Commission (CQC). This was outlined in the service user guide. A small number of complaints had been received and had been addressed appropriately. The complaints log detailed the date of the complaint, who made it, nature of the complaint, actions, resolution and date of resolution. This log was complete and up to date and ensured the registered manager could have an overview of all complaints to ensure they could be monitored.

We saw a compliment left by a professional; "I have worked with Your Care for the past three years and observed staff on site. They follow policy and procedure and have a very good training structure in place and the staff show person-centred approaches to the service users. They adapt to their needs and are fluent in various languages, using whatever language is appropriate to communicate with the service user". Another professional had said, "I just wanted to let you know that the carers supporting [name] yesterday, [names of carers], were absolutely fantastic. They have a lovely way with [name] and were accommodating and encouraging throughout the whole session".

Other compliments included; "Thank you to all who attended to [name] you were all wonderful carers in the true sense of the word"; "Thank you for all the support and hard work"; "Thank you so much for the kindness and care".

## Is the service well-led?

### Our findings

There was a registered manager at the service. 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.

We asked people who used the service and their relatives if they were able to contact someone when they needed to. They told us they could do this and one person said, "Questionnaires are sent out regularly so we can voice our opinions there".

A health professional commented, "I have had no concerns regarding safety, effectiveness or the leadership of the team. Your Care Ltd have been one of the easier and more accessible agencies I have worked with".

Staff told us the management were very supportive. One staff member said, "Within one minute I can contact someone. I enjoy working here". Another said, "Yes, the office staff always provide support when you need it".

Team meetings were held regularly and we saw minutes of recent meetings. Issues discussed included health and safety, infection control, uniforms, food hygiene, equipment, moving and handling, medicines, log in and out system, personal protective equipment and records. Staff were also supported by regular supervisions and appraisals.

We saw the results of a recent staff questionnaire, which was positive about support and training. Comments included; "Very good to work for"; "I enjoy working here and appreciate the support and help I get when I need it"; "This agency is wonderful, great to work with them, they look after their employees".

There were a number of audits and checks carried out by the service to help assure the continued quality of the service delivery. We saw evidence of regular equipment audits and care plan reviews. Spot checks were undertaken regularly to ensure staff were carrying out their duties correctly. Spot checks included uniform, personal protective equipment (PPE), punctuality, attitude, courtesy, respect, abilities, skills, following the care plan and written communication. Records of these checks were complete and up to date.