

Yellowstone Healthcare Ltd

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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

About the service

Yellowstone Healthcare is domiciliary care agency providing personal care to people with a range of health needs. At the time of the inspection one person was using the service.

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

The person who used the service was non-verbal therefore feedback on their experience was provided by their relative.

A relative told us staff kept their family member safe. Staff had full understanding of their safeguarding responsibilities and knew how to blow the whistle and report to the relevant organisations if they observed poor practice.

People were protected from the risk of avoidable harm as they had effective risk assessments to reduce risks which enabled people to live in a non - restrictive way.

People were supported by staff who had been recruited to the service safely.

The service did not support anyone with medicines at the time of the inspection. However, the registered manager told us they had trained staff and had policies in place ready for the future.

A relative told us staff were good and knew how to support people well. The registered manager and staff had completed training courses relevant to the role and this was up to date.

People received an initial assessment of their needs completed jointly with people and their relatives. Consent to care and treatment was sought before care began. People were encouraged to be independent and to make their own choices as much as possible.

The service did not support anyone with meal preparation but encouraged healthy eating and drinking and encouraged people to be independent in this area.

Relatives told us staff were kind and caring towards their relative. People who used the service were not discriminated against.

Care plans were personalised and regularly reviewed to meet people's needs. People were supported to have effective communication with staff.

Relatives and staff gave positive feedback on the management of the service and the service they received. The registered manager had effective monitoring systems to check the quality and safety of the service.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection – Inspected but not rated 13 May 2019

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection we spoke to the registered manager, reviewed one person's care

plan and risk assessment, one recruitment file, training records, criminal records check, policies and procedures relating to the management of the service.

After the inspection

We spoke to a member of staff and a relative for feedback on the quality of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection we were unable to rate this key question as care had not been provided for a sufficient amount of time for us to rate. At this inspection the key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse as staff knew the signs to look out for and how to report concerns of abuse.
- Staff had completed training in safeguarding adults and children.
- A member of staff said, "Safeguarding is very important, [registered manager] always tells about it. If I saw bruises I would write it down and report to the manager." The same member of staff told us they would blow the whistle if they observed poor practice or lack of action from the registered manager in relation to concerns, to social services or the CQC.

Assessing risk, safety monitoring and management

- Risk assessments were in place to protect people from coming to avoidable harm.
- The registered manager told us they had completed a new risk assessment where people had moved property to ensure the home was safe for people to move about and how risks could be minimised, records confirmed this.
- A member of staff gave an example of how they kept someone safe when they used a person's wheelchair. They said, "I always keep [person] safe. I need to make sure [person] always has their seat belt on at all times and I make sure the foot rest is in place for support."

Staffing and recruitment

- People were supported by staff who had been recruited to the service safely.
- Appropriate checks were performed before people began to work at the service. This included verifying staff identity, qualifications, their references, proof of address and completing a criminal records check.
- There were enough staff to support people at the service and the registered manager advised they were actively recruiting staff.

Using medicines safely

- The service did not support anyone with medicines however, staff had been trained in medicines management and received this training annually.
- The registered manager had a medicines policy and systems in place to support people in the safe administration of medicines.

Preventing and controlling infection

- People were protected from the risks of infection as staff followed good hygiene practices. Staff told us they washed their hands and kept the areas they worked in clean.
- The service had an infection control policy and staff had completed training. This guided them on the correct processes to maintain good hygiene practices, correct disposal of personal and protective equipment (PPE) and minimise the risk of infection.
- Staff told us they were provided with sufficient amounts of PPE. This included gloves and aprons.

Learning lessons when things go wrong

- At the time of the inspection no accidents or incidents had occurred.
- The registered manager had systems in place to respond and learn when things went wrong. This included retraining staff and calling them in for supervision to discuss what had happened.
- Staff were aware of their responsibility to report accidents and incidents to the registered manager.

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.

At the last inspection we were unable to rate this key question as care had not been provided for a sufficient amount of time for us to rate. At this inspection the key question was rated as 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 received an assessment of their needs before the service began to ensure they could be fully supported, a relative confirmed this.
- The registered manager advised they met with people's family to discuss people's interests and care needs and to speak with people to put them at ease.
- At this initial stage a staff member was introduced to people who used the service and the registered manager advised they observed the staff member to see how they bonded with people and the family.

Staff support: induction, training, skills and experience

- Staff joining the service received an induction to provide them with the skills needed to perform their role.
- A relative continued to praise the work and skills of staff for the care and support given to their family member. A relative said, "We've always had carers that really know how to look after [person]."
- Staff training was up to date and relevant to provide the care people needed. A member of staff told us they received regular training.
- Records confirmed staff had received training in areas such as; medicines, moving and positioning, Mental Capacity Act 2005, paediatric first aid, baby choking, dementia, person centred care, health and safety, fire safety awareness, infection control, food safety, basic first aid, learning disability awareness, safeguarding adults and children, epilepsy, Caldicott principles, extremism and radicalisation, managing behaviour that challenges and privacy and dignity.
- Staff told us they were supported by the registered manager and the coordinator in their work and received supervision to review their performance and discuss aspects of their role. A member of staff said, "[Coordinator] calls us to see if everything is ok. I have a regular one to one meeting."
- At the time of the inspection staff appraisals were not due. We confirmed with the registered manager they had a system in place to perform them with staff when the time arose.

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

- People were supported to receive sufficient amounts of food and drink to stay healthy.
- The service did not prepare any meals, but they supported people with food prepared by relatives.
- Staff told us they ensured they checked with relatives what people were able to eat and drink and they supported people with this when they were out in the community.

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

- Contact information for the health professionals involved in people's care were listed in their care plan. These included the GP, speech and language therapist, social services and physiotherapist.
- The registered manager told us staff were proactive and would inform them if people were unwell so that appropriate health support could be arranged.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People being supported were under the age of 18 and therefore parents made decisions on their behalf to consent to care.
- Staff told us they sought permission from the people they worked with before giving support with personal care. Staff told us they did not force people if they were not ready to participate, that they would wait and try again.
- Staff told us they supported people to choose their own clothing and activities they would like to do. This encouraged people to make decisions for themselves.

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.

At the last inspection we were unable to rate this key question as care had not been provided for a sufficient amount of time for us to rate. At this inspection the key question was rated as 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 were supported by staff who were kind and caring, valued them as individuals and did not discriminate against them.
- A relative gave positive feedback on the caring nature of staff and the good relationship that had been built between their family member receiving care. The relative said, "[Person] is so close to the carers and always excited to see them."
- The service promoted equality and diversity and records confirmed staff had attended training in this area. The registered manager said, "We have diverse [people who use the service] and colleagues. We emphasise acceptance of who people are, it's important to make people feel comfortable, they are at the heart of everything we do." This demonstrated the service welcomed people to use their service and they would be treated with respect.

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

- People's care plans contained information on their routines and staff observed people, so they could understand people's likes and dislikes.□
- The registered manager told us people were involved in care reviews. The registered manager said, "[Person] is present at reviews, they like it when we give them attention. They know you are talking about them, so we communicate as much as possible with them to keep them included [and part of the conversation]."
- Where people were non-verbal, relatives provided information to help the service understand people's views so that people were always being included in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy and dignity when supporting them with the personal care.
- A relative told us staff maintained their family member's privacy and dignity. They said, "Oh yeah, they do that, respect [person] privacy."
- Staff told us they always covered people while they were washing different parts of their body to maintain their privacy.
- The registered manager and staff supporting people understood their responsibility to maintain confidentiality and to not discuss people and their health needs to anyone who was not involved in their care.

- People were encouraged to be independent as much as possible and to continue to do as much as they could for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection we were unable to rate this key question as care had not been provided for a sufficient amount of time for us to rate. At this inspection the key question was rated as good. 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

- People received care that was personal to their needs and wants. Records showed this included; hobbies and interests, important people, communication needs, what I need support with and what I can do for myself.
- People and their relatives were involved in the planning of care and any changes to people's care needs was documented to ensure current care and support was being provided. Records confirmed this.
- The registered manager told us care plans were to contain information to provide a full overview of a person. They said, "We try to personalise everything as much as possible."
- The registered manager and staff knew people's care and support needs and how these should be met in detail.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in their care plan. Details on how to identify if someone was happy, sad and to be patient with people so they had time to process what was being said to them was clearly stated so that staff could respond to their needs.
- Staff were directed to show pictures and recognisable objects to support communication with people. Care plans contained information about what each different gesture meant to further meet people's needs.

Improving care quality in response to complaints or concerns

- At the time of the inspection no complaints had been received.
- The service had a complaints policy and procedure and people's relatives were asked if they were happy with the care so any concerns could be addressed promptly.
- People's relatives knew how to make a complaint on behalf of their family member if necessary and had been provided with information by the service.

End of life care and support

- The service had an end of life policy and the registered manager completed training in end of life care.
- At the time of the inspection no one required end of life care.

- The registered manager advised where appropriate they would ask people and relatives about end of life wishes but if they did not want to answer it would be respected.

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.

At the last inspection we were unable to rate this key question as care had not been provided for a sufficient amount of time for us to rate. At this inspection the key question was rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's relatives spoke well of the registered manager and staff. A relative said, "[Registered manager] has been really good, just awesome."
- Relatives told us they could see improvements in their family member due to the level of care given. A relative said of the service, "It is the best I have had, one of the very best, I have to rate Yellowstone [highly]."
- The registered manager operated an open-door policy where staff could come to the office to discuss concerns about their role or extra training they may need. Staff confirmed to us they felt well supported.
- Staff told us the atmosphere at the service was good and welcoming.
- The registered manager was aware of their duty of candour and to notify us when things went wrong and to be transparent with people who used the service. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- The registered manager and staff were knowledgeable and enthusiastic about their jobs.
- The registered manager and staff knew what was expected of them and they demonstrated a commitment that they were there to provide a service to fully support people to achieve their goals and lead a good quality of life.
- The registered manager had systems and procedures to monitor and assess the quality and safety of their service.
- Staff attended regular meetings and records showed the registered manager listened to staff comments on how the service could be improved.
- Audits were used to check the service was providing people with good outcomes, check staff performance and attendance and look for ways to constantly improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service actively sought feedback from people's relatives and staff. The registered manager used the feedback to improve the service. Records showed the registered manager analysed responses and where there were negative comments looked for solutions to improve. For example, sending staff on more training.

Continuous learning and improving care; Working in partnership with others

- People received support from a registered manager and staff who were always willing to learn new skills in order to give effective support.
- The registered manager told us they received mentorship from another registered manager who was there to give advice and moral support to them in their role as a registered manager.
- The service worked in partnership with health and social care professionals who were involved in people's care.
- The registered manager continued to attend provider forum meetings where they were able to share and learn best practice from other adult social care providers.