

Care Solutions North Yorkshire Ltd

# Care Solutions North Yorkshire Limited

## Inspection report

52a Gowthorpe  
Selby  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

Care Solutions North Yorkshire is a domiciliary care agency providing personal care to people in their own homes. The service supports younger and older adults. This includes people who may be living with dementia, a physical disability and mental health needs. At the time of our inspection there were 32 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were supported to have their medication and staff were trained with appropriate competency checks in place to ensure they were able to provide safe care. As and when required or PRN medicines were administered when needed however the recording of this was not in line with current guidance. Medication audits had been produced but these were not robust enough to highlight the concerns raised at the inspection. We have made a recommendation in this area.

People had person-centred care plans in place which took into account people's preferences. People told us that the staff were always kind and patient, having the time to spend with them creating positive relationships and trust.

One person described the care as, "first class", with another person saying, 'they are very good at everything they do.'

People's feedback of the service was positive and those that responded felt the care they received helped improve their quality of life.

Staff were trained and well supported in their roles by both the registered manager and the provider. Best practice and good care were encouraged with systems in place to share this conduct across the team and reward schemes in place to promote excellent care.

Risks to both people and staff had been assessed with appropriate risk assessments in place to help protect people. Processes had been developed to monitor the safety of both people and staff which was overseen by the registered manager.

People told us that staff always worked to maintain their dignity and privacy and they were always respectful when providing care.

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](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 13 November 2020 and this is the first inspection.

Why we inspected

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

Recommendations

We made a recommendation around the providers recording and monitoring of medicines. At the time of inspection best practice guidance was not followed and this was not identified by the provider. There was no evidence that this resulted in harm to people. The provider took action to amend practices when this was highlighted on inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

**Requires Improvement** 

### Is the service effective?

The service was effective.

**Good** 

### Is the service caring?

The service was caring

**Good** 

### Is the service responsive?

The service was responsive.

**Good** 

### Is the service well-led?

The service was well-led.

**Good** 

# Care Solutions North Yorkshire Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short notice period of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 March 2022 and ended on 29 March 2022. We visited the location's office on 22 March 2022.

### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke to four staff members, one senior care assistant and three care assistants about their experience of working for the service. We consulted the registered manager and the nominated individual regarding current procedures in the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records, medication records and maintenance and safety certificates. We looked at a variety of records relating to the management of the service, including three staff recruitment records and quality assurance procedures in place.

### After the inspection

We continued to review records and policies after the inspection. We reviewed meeting records, training information and processes to ensure quality in the service. We reviewed policies and procedures in place to ensure a good standard of care. We spoke to four relatives and five people who used the service to gather feedback on the care and safety 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.

This is the first inspection of this newly registered service. This key question has been rated as requires improvement.

This meant people were not always safe and protected from avoidable harm.

### Using medicines safely

- Guidance for staff around administering 'when required' (PRN) medicines, was not in place. This is not in line with best practice or the providers own policy.
- Records for the administration of medicines were in place however some key information was not present at the time of the inspection. MAR charts did not include stock numbers, application instructions for the use of topical medicines were missing, and variable dose medication was not recorded to indicate quantity given.
- Medication audits had been developed to review the administration of medicines. These were not effective in highlighting gaps in recording or where 'best practice' was not followed. A new auditing system is currently under development by the registered manager which will address the issues highlighted and provide greater oversight.

We found no evidence that people were harmed as a result, but this increased the risk of harm.

We recommend the provider consider current guidance on the administration and recording of medication, to develop PRN protocols and update their practice accordingly.

- Advice from other health care professionals was sought when needed and their advice recorded in the person's care plan.
- Staff understood their roles in medicine management and training was provided with regular supervisions in place to review practice.

### Systems and processes to safeguard people from the risk of abuse

- Appropriate safeguarding policies were in place and staff were clear on how to report a concern. Staff reported they felt supported by the management team and were able to contact them at any time.
- The registered manager was aware of their responsibilities and had knowledge of how to manage and report concerns correctly.
- Safeguarding training was in place for all staff which included refresher training, when needed.

### Assessing risk, safety monitoring and management

- Safety checks had been implemented and recorded for the office location however fire risk assessments and fire drills were not in place. This was quickly actioned when we raised this as part of this inspection with additional checks and training implemented.

- Risks to people had been appropriately assessed and documented within their care plans, these considered risks to staff accessing people's homes and personal risks to the people they support.
- Staff and people were confident in reporting concerns to the management team. They had confidence in the registered manager to manage these appropriately and implement change to improve the service and keep people safe.

#### Staffing and recruitment

- There was enough staff to meet the needs of the people. Staffing needs were monitored by the registered manager with a system in place to arrange additional support in times of staffing pressures.
- Safe recruitment practices were in place and followed.
- People reported that staff were appropriately trained, and quality checks had been developed to monitor staff's practices.

#### Learning lessons when things go wrong

- Accident and incidents were recorded and reviewed for learning opportunities with changes to practice and policy implemented quickly.
- There was a system in place to review lessons learnt from when things went wrong. Learning opportunities were cascaded to the team through face to face meetings and electronic messaging systems.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed with a rapid care plan put in place to provide staff with initial guidance on how to support people. These were then further developed to reflect people's preferences and include person centred details. These were not always done in a timely manner following admission.
- Care plans were reflective of and included reference to people's protected characteristics and efforts were made to ensure there was no discrimination, with training provided in equality and diversity awareness.
- Appropriate policies and guidance were in place and accessible to all staff which reflected current best practice, guidance and legislation.

Staff support: induction, training, skills and experience

- A training matrix was in place to record and manage staff training with the registered manager providing support to people who needed it. Practice was reviewed through a series of observations and supervisions.
- Staff received appropriate training to support the people who use the service and additional training had been developed which considered people's changing care needs.
- People told us they found that staff had the training needed to be competent in their job roles. One person told us that staff are: "very good at everything they do."

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

- Not all people required support with food and drink. People told us that staff would always ask and offer this in line with the person's preferences.
- Care plans could be developed when needed to provide people with additional support with food and drinks, fluid and food charts could be implemented. All staff received training in food hygiene and nutrition.

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

- Advice from other healthcare professionals was followed and actions implemented to ensure people had effective care.
- People's records included the contact details for relevant healthcare services so the management team could contact them in a timely manner and request support if needed.
- Feedback collected from people reflected the opinion that the care received helped to improve the person's quality of life. 75% of people who replied to the feedback agreed with this statement and 25% said they strongly agreed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Consent to care is gained from the people using the service and this is recorded in the care plans.
- Appropriate policies were in place to help support staff in relation to the principles of the MCA, training is provided, and staff told us they would contact the registered manager if there were any concerns.
- The registered manager had good understanding of their responsibilities and of the correct processes needed to deprive someone of their liberties legally.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had positive relationships with people and at times went above and beyond what was expected. One team member cared for a person's pet in their own time when they became unwell, with others buying flowers and cards for people celebrating life events. This encouraged a supportive and caring culture across the team.
- Care plans were developed to include people's likes, dislikes, social background and cultural needs. Staff provided care without discrimination and acted on people's preferences.
- People told us that staff were not rushed and they had the time to spend with them, building up good relationships and trust.
- One person told us, "Staff are very kind and patient", Another family member told us, "The positive support of the staff means the [persons] progress is heading in the right direction".

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

- People were supported to develop their care plans with relatives also being encouraged to offer input. Care plans were reflective of the person's needs and their opinions and preferences taken into account and documented to help guide staff.
- People told us that staff are always polite and helpful, asking them if there is anything more, they can do in the time allowed and acting on their requests.
- Feedback about the care has been sought by way of questionnaires giving people the opportunity to express their view and raise any concerns.

Respecting and promoting people's privacy, dignity and independence

- Staff were found to always be respectful, promoting people's privacy and maintaining their dignity when supporting with personal care tasks.
- Staff told us they would always involve the people in their care, asking for consent before starting any task and working in line with their care preferences.
- People were able to talk to their care team and work together to tailor the care required to meet each person's needs, promoting independence and dignity.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were developed taking into consideration the persons likes and dislikes, interests, and family history. Care plans were reflective of people's current needs and updated when required.
- Systems had been developed to inform all staff of any changes to peoples care needs in a timely manner. People felt confident in contacting the registered manager to discuss their care and change was implemented in line with people's preferences.

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

- Relatives were supported to have an input into people's care with positive relationships built between care staff, relatives and people using the service.
- Care plans could reflect a person's social and cultural preference allowing staff to have awareness of these events and offer support if needed.

Improving care quality in response to complaints or concerns

- An appropriate complaints procedure was in place, with any complaint raised investigated by the registered manager.
- People and relatives reported they knew how to raise a concern and they had confidence in the registered manager to deal with this appropriately and professionally.
- A system had been developed to monitor, investigate and log the outcome of any concerns raised. Actions were implemented to promote improvement and lessons learnt cascaded to the team.

End of life care and support

- End of life support plans had been developed and were in place where needed. These were person centred and took into account the person's preferences and final wishes. Effort was made to involve the family and friends and considerations made for the persons spiritual beliefs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to understand the information given to them about their care and the needs of the people currently using the service were met. This is an area which the service is developing further, looking at new ways to be fully inclusive of people's needs.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality checks had been developed for both people and the staff. Audits were produced with actions recorded and implemented however these were not always effective in highlighting gaps in 'best practice'. The registered manager was taking action to improve, and developments had already been made with the introduction of a new auditing tool and electronic record system.
- There is a registered manager providing support to people and they are aware of their regulatory responsibilities.
- A clear management structure was in place and staff were clear about their roles and responsibilities reporting any concerns to the management team. People felt supported by the management team and systems were in place to ensure contact could be made at all times.
- Staff had supervisions in place to review their competency when providing care. These looked at all aspects of care and additional support was given to people when needed, to improve quality.
- Management meetings were held on a regular basis giving oversight of the service to the provider and ensuring standards within the service were appropriate.

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

- There was evidence of an open and transparent culture in the team. Safety concerns were reported, people were kept informed about any changes and staff reported being able to contact the management team at any time for support.
- Good practice and care were promoted with a reward scheme in place to encourage staff to provide care which is of a high standard. People's accomplishments were shared across the team to inspire them and to promote this positive work ethic.
- People and relatives reported they were happy with the care and that the care team knew them well. They would spend time with people and were not rushed. One person said, "the team are wonderful, and I can't fault them at all."

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

- The registered manager understood their responsibilities to be open, honest and to apologise if things went wrong and understood their regulatory requirements.

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

- Feedback was sought from people who used the service with an improvement plan in place to follow up any areas where improvements were highlighted.
- People told us that they knew how to contact the service if they needed and would not hesitate to raise concerns.
- Team meetings were held giving the opportunity for staff to give feedback on any concerns and to have input in the planned developments in the service.

Continuous learning and improving care

- Staff were seen to be comfortable reporting any concerns which were then investigated by the registered manager. A system was in place to record any investigations and improvements were filtered across the team via team meetings, emails and electronic messaging systems.
- The nominated individual worked to drive improvement across the service, developing an action plan to implement changes to practice and increase the support offered to both the staff and the people in receipt of care.

Working in partnership with others

- The staff took direction from other healthcare professionals, working together to provide good care to people who needed this multiagency approach.
- Relationships were made within the local authority support teams and the registered manager had a network of contacts to call upon if support was required.