Y. S. Services Limited

YS Services Limited trading as Embracing Care

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

This inspection took place on 30 June and 1, 5, 11 July 2016 and was announced. This meant we gave the provider two days' notice of our visit because we wanted to make sure people who used the service in their own homes and staff who were office based were available to talk with us.

YS Services Limited trading as Embracing Care is registered with the Care Quality Commission to provide personal care to people who wish to remain independent in their own homes. The agency provides services throughout areas of County Durham and provides a range of home care and support.

At the time of our visit there were approximately 492 people using this service who were supported by 148 staff.

There was a registered manager in place who had been in their present post at the service for over five years. Prior to this the registered manager had also worked in care and senior positions in the organisation. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Everyone who was using the service had a care plan which described how their individual care and support needs were to be met. This meant that everyone was clear about how people were to be supported. These were evaluated, reviewed and updated as required. People who used the service and those who were important to them were actively involved in deciding how they wanted their care, treatment and support to be delivered. The registered provider had detailed plans in place to ensure care plans were accurate, easy to use and kept up to date.

The registered provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. These included risks to service users and staff due to infections. We saw risk assessments were carried out, including reduction measures and these were updated if new situations or needs arose.

The registered provider operated recruitment procedures which were robust to protect people using the service from unsuitable staff. The provider undertook thorough background checks for staff before they started working with vulnerable people.

Feedback from people using the service showed that staff and the registered manager were friendly, open, caring and diligent; people using the service trusted them and valued the support they provided. People told us they were happy with the support from this agency and felt they were in control of the support they received.

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.

We found the registered manager had a good understanding about how the service was required to uphold the principles of the MCA, people's capacity and ensure decisions about their best interests were robust and their legal rights protected.

The registered manager and staff that we spoke with promoted peoples' health and wellbeing and it was evident that staff knew people who used the service well. This included their personal preferences, likes and dislikes. Staff had used this knowledge to form caring and therapeutic relationships. These relationships improved the agency's effectiveness and helped them make changes in response to people's needs or in response to emergency situations.

People were supported by staff who had received appropriate training. The registered provider made sure that staff were provided with training that matched the needs of the people they were supporting. This was particularly important where staff were supporting people with complex conditions which required staff to have and maintain specific skills. Where staff undertook specialised training, their work was overseen and monitored by suitably qualified staff from other organisations.

People were protected from the risk of abuse. Staff and the registered manager understood the procedures they needed to follow to ensure that people were safe. They had undertaken training and were able to describe the different ways that people might experience abuse. When asked they were able to describe what actions they would take if they witnessed or suspected abuse was taking place and what they expected of service colleagues and statutory agencies. Staff were aware of their role in protecting people from harm and were diligent in checking for signs of abuse.

We saw the registered provider had detailed policies and procedures for dealing with medicines so that they could be followed by all staff. Staff were undertaking intensive refresher training about how medication was to be administered which included likely mistakes and how they could be avoided. When required each person had a medicine administration care plan that was personalised and dependant on people's needs and varying condition. Safeguards were in place where people required support with treatments. Medicines were securely stored and there were checks in place to make sure people received the correct treatment.

The registered provider had a complaints policy which gave people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. Staff we spoke with understood how important it was to act upon people's concerns and complaints and would report any issues that were raised, to the registered manager. People who used the service and those who were important to them knew about the complaints process and told us they had confidence that these would be handled appropriately by the registered provider.

We found that the registered manager and registered provider had systems in place to monitor the quality and ensure that the aims and objectives of the service were met. This included audits of key aspects of the service, such as medication and learning and development, which were used to critically review the service. We also saw the views of the people who used the service and those who were important to them, were sought. The registered manager produced action plans, which showed when developments were planned or

had taken place. The services operations were also subject to oversight and performance management by the registered provider.

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.

There were systems in place to manage risks, safeguarding matters, staff recruitment and infection control.

Staff had been trained to work with people in a positive way which protected their human rights.

The provider had an effective system to manage and reduce the likelihood of accidents and incidents and learn from them so they were less likely to happen again.

Is the service effective?

Good

The service was effective.

The registered provider ensured people's best interests were managed appropriately and they were protected under the Mental Capacity Act 2005 (MCA).

People's needs were regularly assessed and referrals made to other health professionals when required and their care and support was continually monitored and promoted.

Staff received specialised and general training and development, supervision and support from the services trainers and senior staff. This ensured people were cared for by those who were knowledgeable and competent.

Is the service caring?

Good

The service was caring.

There were safeguards in place to ensure people's privacy, dignity and human rights were protected. Staff knew the people they cared for and supported in detail, including their personal preferences, likes and dislikes.

People told us that the organisation was supportive and promoted their health and wellbeing; people said they were caring, convenient and they valued their work.

Is the service responsive?

Good

The service was responsive.

People, and their representatives, were encouraged to make their views known and be in control of decisions made about their care, treatment and support needs.

People were supported by the service to take part in social opportunities, make and maintain friendships; and lifestyle opportunities.

Is the service well-led?

Good

The service was well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence.

The management team had effective systems in place to assess, monitor and drive the quality of the service.

The service worked in partnership with key organisations, including specialist health and social care professionals.

YS Services Limited trading as Embracing Care

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 registered 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.

One adult social care inspector completed this announced inspection of YS Services Ltd Trading as Embracing Care on 30 June and 1, 5, 11 July 2016. We announced this inspection because we wanted to be able to meet with people who used the service in their own homes.

Before the inspection we reviewed all the information we held about the service. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection. For example, people who wished to compliment or had information that they thought would be useful.

We also wrote to 50 people who used the service and asked them to complete a questionnaire. We received responses from 23 people and used these to inform our inspection process.

Before the inspection we reviewed information from the local safeguarding team, local authority and health services commissioners. We looked at the circumstances of any incidents raised by these organisations. Prior to the inspection we also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements

they plan to make.

During the inspection we met with three people who used the service. We spoke with nine people who used the service by telephone and five relatives. We also spoke with three care staff, two senior care staff, two co-ordinators, the senior coordinator, a warden, a senior warden, the training manager, the registered manager, senior manager and the registered provider.

We also spent time looking at records, which included six peoples' care records, and records relating to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. They told us, "They make sure I'm alright and the house is locked up – I know they look out for me and would do something if they thought anything had happened." One person's relative told us, "I know [the staff] will make it safe for my [relative] and they have helped [them] from having more falls – and keeping [them] out of hospital" and, "Having the staff from [the provider] has meant I can share responsibility for my [relatives] care with someone else. I know they will look out for [them] as much as I could and they talk to me if they are worried about anything."

Staff said their work helped people remain safe because people had care plans and risk assessments where they 'always made sure clients and staff were safe, 'good staff training' and ' continual monitoring by having spot checks and supervisions and clients have reviews.' Staff told us they had effective safeguarding procedures, [where staff report suspected abuse] and good training in recognising abuse. They told us the provider had 'zero tolerance of discrimination.' They told us, "We encourage people to contact the office if they have any concerns or complaints about anything that staff do. This makes sure that all staff are accountable." Staff said their risk assessments on things like medication helped reduce the likelihood of mistakes; the correct equipment to support people's mobility needs and having sufficient staff available to meet the demands of the service helped them to make sure people were safe. Staff said they would 'whistleblow' [tell someone] if they thought the provider was not ensuring that people were safe.

We found people were protected from the risks associated with their care because the provider followed appropriate guidance and procedures. We looked at six people's care plans. Each had an assessment of their care needs which included risk assessments. Risk assessments included areas relating to the environment, for example potential hazards around people's homes, as well as those relating to the individual such as risk of skin pressure damage, risks whilst using of equipment such as a hoist to mobilise or a poor diet. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst meeting people's needs and promoting their independence. There were risk reduction measures in place and where this was appropriate and where possible people had signed to say they agreed with the risk assessment.

Staff said their work helped people remain safe because they were well trained by the provider. They told us they monitored people's health and care needs and shared this with senior staff in the organisation. They told us that they had also undertaken safeguarding training to help them recognise and respond if peoples' needs deteriorated or changed or they they suspected or witnessed abuse. We looked at records which showed us that if people had needed a change in their care plan then this happened quickly.

The provider had guidance in each individuals care plan which described how staff were to respond to emergency incidents such as if an emergency medical incident occurred. This ensured that staff understood how to respond to people they supported in an emergency and specifically what support each person required. We saw records that confirmed staff had received training appropriate to peoples' needs and general training such as fire safety and first aid.

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood. Staff we spoke with described what they would look for, such as a change in a person's behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. This included reporting to the registered manager or senior staff and the local authority. This meant staff employed by the registered provider were able to take swift and suitable action when needed to keep people safe.

Training in the protection of people had been completed by all staff, with senior staff having undertaken more advanced training including their part in raising alerts with the local safeguarding authority. The registered manager and all staff had easy access to information on the services' safeguarding procedures and a list of contact numbers was available and accessible at all times. Where safeguarding incidents had arisen the registered manager and provider had cooperated in the local authority investigation process and had carried out a review the organisations procedures and taken other significant actions as a result of these findings.

Staff told us they had confidence that any concerns they raised would be listened to and action taken by the registered manager. We saw there were arrangements in place for staff to contact senior staff and management out of office hours should they require support or advice. Staff were very clear about what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns with the registered manager or senior staff. One staff said, "We are never out there working without having someone at the end of the phone to give advice and support if we need it."

The provider had procedures in place to ensure people received medicines as they had been prescribed. These had recently been extensively reviewed. Medicines were stored safely in people's homes and records were kept which showed which medication had been administered to whom and when. We saw there were regular medicine audits [checks] undertaken by senior staff to ensure administration had taken place as planned. We saw the provider had protocols for medicines prescribed 'as and when required', for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given. All of the registered provider's staff were undertaking external retraining by specialist trainers on medicines administration to reinforce best practice. This showed the provider followed the Royal Pharmaceutical Society Guidelines.

We looked at the records of five staff who had recently been recruited to the service. We saw that background checks were carried out to make sure applicants were suitable to provide services to people who were vulnerable in their own homes. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed that staff had been subject to a formal interview and background checks had been carried out. However one record had not been completed as described in the provider's policy although confirmation was seen in other contemporaneous records that these checks had taken place and had been verified overseen by several senior staff. The provider carried out a review of all recruitment records to ensure the background checks were recorded appropriately and in accordance with the organisations procedures.

The provider had a policy in place to promote good infection control by staff. Some people who were supported by the provider had delicate health conditions making good infection control especially important. We saw staff had continual access to appropriate personal protective equipment [PPE] such as disposable gloves and aprons. They had received training from the provider and were knowledgeable about infection control procedures. Infection control was monitored through audits carried out by senior staff and

this formed part of the provider's assurances that safety and quality standards were met. This showed the provider had considered infection control issues in people's homes and had taken action to minimise their risks when required.

The provider took steps to ensure accidents and incidents involving people using the service and staff were minimised. The registered manager told us that when accidents occurred an analysis of the circumstances was carried out to see if there were any lessons which could be learned for future practice. We saw records which supported these findings. We talked with staff who reflected on these practices and gave examples of their experiences. We saw records which supported these findings. For example investigations into accidents / incidents were thorough, open, questioning and objective. We saw that people using the service and those close to them were included in the investigation and the outcome.

Good

Is the service effective?

Our findings

When we visited people in their own homes, they told us that they were confident in the support they received from the registered provider and staff. People were complimentary and said things like, "I have nothing but praise for the staff they look after me well – above and beyond." One relative told us, "I am very satisfied that the care staff who support my [relative] are very competent and they get on very well and their visits are a pleasure for her."

Staff said they were effective because they 'learned a lot from training as it included courses they used every day' and they had support from senior staff with' annual appraisals, one to ones [meetings with managers] and phone calls and spot checks to make sure everything is going OK.'
One staff told us, "You can always have more supervisions if you want support and you can talk to [other senior staff] if you just need to check something out." Staff told us how they monitored peoples' health and wellbeing for example peoples' diet. One staff told us, "You can tell a lot about how someone is doing by what they eat. If they aren't feeling well often peoples' diet changes because they aren't interested in food and we know we need to tell the office and social workers so they can get more help." Staff also said they had 'good communication' with people who used services, their relatives, colleagues and the office staff which helped them to be effective.

The registered manager told us that all staff were trained to make sure they had the competencies and skills needed to meet people's needs. Staff told us the registered provider supported them to gain the skills and knowledge they needed to meet the needs of people they cared for. The registered manager told us that staff training was a priority for the organisation. The providers training manager told us how training and development was provided by a mixture of the organisations own courses, external training specialist courses and computer based learning. The training oversaw the courses provided for staff and supported their training, development and continued competency. Where possible training was directly aligned to national standards which enabled staff to demonstrate competencies and work towards the Care Certificate accreditation. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

We looked at records which showed all staff had achieved a wide range of training courses. These included completing courses in for example 'person centred care,' 'report writing', 'infection control', 'medication', 'end of life care', 'equality and diversity' and 'confidentiality.' Staff told us they had access to the providers training programme which supported them to gain and sustain the skills and knowledge they needed to meet the needs of people they supported. Staff who were new to adult social care told us that they thought the training they had undertaken had given them the skills they needed at the start of their career. One of the senior staff told us, "We have fantastic care workers who have the skills and knowledge they need. We do this by giving them full training both when they start work and more in depth later, and by shadowing experienced staff so they get to see our best practice on a day to day basis."

Records showed there was a programme of induction for new staff to prepare them for their work. Staff

training took place over 12 weeks including three days classroom and 'shadowing' with an experienced worker. Throughout their induction training staff were required to demonstrate their competency to senior staff who observed their practices and a competency assessment of the 15 Care Certificate knowledge outcomes was undertaken before they were approved to work independently. Further training could be arranged if staff needed more support to complete the induction and demonstrate competency. Specific training included, 'Medication management,' 'Infection Control' and 'Dementia awareness.' The registered manager told us that some people had been employed having never worked in a caring role before so they had designed specific courses for these staff to give them grounding in how to care for people and prepare them for likely experiences they will have. When we spoke with staff they shared these experiences and confirmed that this training had been very helpful to them. Continued support was available for people who were new to writing in care records. This meant that people using the service were supported by staff whose training and support matched their care and health requirements.

Staff received regular monitoring, supervision and appraisal from senior staff. The registered manager and senior staff told us about how visits to monitor and supervise each member of staff were carried out. This involved monitoring of staff practice in people's homes and reviews of care records, including medication, administration and daily notes. We looked at records held at the providers' offices which showed that the monitoring and supervision visits were carried out for all staff. Staff received an appraisal to show how their work met the requirements of the people they were supporting and the needs of the organisation. The registered manager confirmed that they also reviewed the monitoring and supervision of senior staff to make sure the aims of the organisation were met. This showed that the registered provider had a good understanding of peoples' needs and how they were being met by their staff.

When we met with people in their own homes they told us how staff helped them to live as independently as possible in their home environment. Some people had homes which had been adapted to make sure their physical and healthcare needs could be met there. Some people needed support to manage long term conditions such as mobility or dietary needs. We saw examples of records of how staff supported people's needs and when we spoke with people who used the service they expressed confidence in the staff's ability to support then with care and dignity. One person we spoke with said, "I like the carers, they are good to talk to, know what they're doing and they don't make me feel like I'm a bother to them." This showed that the registered provider made sure that people's needs were met.

Records showed that the service made sure that people's health care needs were met. Where appropriate the registered provider co-ordinated and maintained consistent access with community healthcare professionals or supported people to attend regular appointments. This ensured people had the advice and treatment they required. This included contact with general and specialist doctors, dentists, specialist trained nurses and occupational therapists. The provider was often responsible for the care management on behalf of people using the service. We saw records which showed how staff and the provider contacted relevant health professionals if they had concerns over people's health care needs. For some people this included teams of staff from several organisations some of which were, at times, co-ordinated by the registered provider.

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 Act.

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager told us there were no authorisations in place or presently under consideration for any support undertaken by the registered provider. We found the registered manager had a good understanding about how the service was required to uphold the principles of the MCA, people's capacity and ensure decisions about their best interests were robust and their legal rights protected.

Good

Is the service caring?

Our findings

We spoke with people about the support they received from the registered provider. All of the people's responses were very positive. One person said, "[Sign for very good] double thumbs up" Another person said, "It's like having more family, I know each person and strangers don't come to the door and they are lovely, kind people."

Staff told us they were caring because they 'knew how to treat people, what their needs are [and to] help them continue to live in their own homes.' Staff said they 'respected peoples' privacy and dignity' and they 'always treated clients with kindness and respect.'

Staff talked about how they worked together with colleagues who delivered care and organised it; and their positive relationships with people who used the service and their relatives which helped them to be effective.

One senior staff told us, "I am confident that we can put support in place for people often at very short notice, such as when they've left hospital, and with sometimes very little information but still make sure they get the right support." One relative said they had experienced poor care with other organisations and this service had helped them 'overcome that experience and recover their [relatives] health."

When we visited people in their homes they were complimentary about the service, the care and senior staff and the registered manager. They said they had confidence in the service and knew they had just to ring up and would be able to talk to someone who would 'sort out any problems.' People told us they had confidence in the registered provider. One person told us, "I wouldn't have anyone else."

The registered manager and staff we spoke with all showed genuine concern for peoples' wellbeing. They all placed great thought and consideration when making decisions that may affect their care and welfare. It was evident from discussion that care and senior staff knew people's needs, circumstances and sometimes life histories in detail, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw these details were recorded in people's care plans. The registered manager gave examples of where they had taken a role in ensuring that people who used the service received appropriate end of life support.

In response to people's needs for equality we found the registered provider had arrangements to assess people's needs and had put in place plans and strategies to ensure people had a lifestyle which promoted their independence. For example specific plans were in place to enable people to continue to live in their own homes sometimes with long term medical conditions or following injury. One person told us, "I'm sorry to say that the time has come when I can't look after myself and I didn't want to have to go into a home. Being able to come out of hospital and have the help and support of [the registered provider] has meant I can stay keep my house."

The registered manager told us how the service sought to recruit people who had the personal attributes to

make excellent staff. She said, "We have learned lots of lessons over the years and are quite specific about what kind of person we want working for us. We are very selective and sometimes recruit staff who have no previous experience in the care profession because we can see they have the potential to be good carers." We found several staff had been working successfully for the registered provider for over ten years.

The staff we spoke with explained how they maintained the privacy and dignity of the people they cared for. They explained how they were very aware of the need to maintain and support peoples' privacy when they were working with them in their own homes. One staff member told us, "You must treat people with courtesy and respect – it's their house and their home and I always remind myself – how would you feel if that was you." Another staff said, "We always let people know what we're doing such as when we are on a 'knock and enter' call. That's where they can't answer the door and it will say in their care plan that they must ask the client if they can come in and let them know who you are." We found staff were committed to delivering a service that had compassion and respect and which valued each person.

The staff we spoke with understood people's routines and the way they liked their care and support to be delivered. Staff described how they supported people in line with their assessed needs and their preferences to make sure their care and lifestyle needs were met.

Good

Is the service responsive?

Our findings

When we visited the registered provider's offices we looked at individual's records to see how their care was planned, monitored and co-ordinated. When we spoke with some people who used the service they told us that the registered provider made sure they received the service that they wanted, at the time they agreed and that staff were usually known to them [or had visited prior.] One person told us, "The regular staff I've had for years and they bring the new people round to introduce them before they come on their own." Another person told us, "They have care plans for me which I have agreed to and they write in the file to let their colleagues know when they visit."

Staff told us they were responsive because they had 'person centred care plans about the person's interests, social contacts and personal choices.' They told us, "Individual concerns and complaints are taken seriously and dealt with by the manager." They also told us they 'treated people as individuals,' 'made sure that care plans were agreed' and that 'regular reviews took place including the persons family.'

At this inspection we found that the registered provider had improved how care plans were written to make them more accurate, easier for staff and people using services to understand and reviews and updates were carried out when required. Everyone using the service had a care plan in place. These had been developed following an assessment of each person's needs and where appropriate a consultation with everyone who had a role in the person's life. People who used the service were supported and empowered by the registered provider and senior staff to make decisions about how they would best like their care and lifestyle needs to be met. These decisions formed the basis of a formal agreement between the registered provider and the person using the service. We saw examples of these agreements in people's care plans and these were signed by all parties to acknowledge that the agreement would be followed.

We looked at the care records of six people who used the service to see how their needs were to be met. We saw each person's needs had been assessed and plans of care written to describe how there were to be supported. We looked at examples of how peoples' needs were to be met and found each area of need had clear descriptions of the actions staff were to take to support them. We found the registered provider was contracted to provide services at short notice and some of the care plans we looked at had been successfully implemented in this way. This showed the registered provider had responded appropriately and at short notice to demands on the service.

Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of accidents. The registered manager told us that the service helped support people who wished to remain as independent as possible whilst still having an oversight which could be used to minimise risks if required. When we spoke with people who used the service they told us that staff, 'made sure they were alright,' 'kept an eye out' and 'helped to keep them going.' This showed us that the service was flexible in its approach whilst maintaining people's safety.

The way care plans were written showed how people who used the service were to be supported and there

were reviews by senior staff every month or sooner if their needs had changed. This meant people's changing needs were identified promptly and were regularly reviewed with the involvement of each person and those that mattered to them; and any changes that were required could be put in place quickly.

The service protected people from the risks of social isolation and recognised the importance of social contact and companionship. People were encouraged to maintain and develop relationships, hobbies and interests. Staff were proactive and made sure that people were supported to keep relationships that mattered to them, such as family, community and other social links. Staff were supportive of people so they could continue with important family events and special occasions. We found people's cultural backgrounds and their faith were recognised, valued and respected.

When people used or moved between different services or agencies this was anticipated and planned. People who used the service and those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission / return and strategies were in place to maintain continuity of care and ensure their wishes and preferences were followed. Some people who used the service had advocates who expressed the persons view or spoke on their behalf and the registered provider promoted these services where required. The registered manager gave us examples of how the service responded to people's changing needs and, at the request of commissioners, co-ordinated and resolved issues arising with involvement of other social and healthcare agencies.

We checked complaints records. This showed that procedures were in place and could be followed if complaints were made. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. People who used the service and those who were important to them told us they felt comfortable raising concerns with the registered manager or senior staff and found them to be responsive in dealing with any concerns raised. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised or potential complaints to the registered manager. We saw people were actively encouraged to give their views and raise any concerns. When we spoke with people, no one raised any concerns but told us they knew who they could approach if they did. The registered manager saw concerns and complaints as part of driving improvement and could demonstrate where these had been made as a result.

Good

Is the service well-led?

Our findings

People who used the service talked positively about the registered manager, senior manager and registered provider. People said they were 'not a ha'peth of bother' and '[about ringing the office] you'll have no problems there – they're lovely.' All of the people who used the service and their relatives we spoke with said the registered provider acted in the best interests of the people who used the service.

Staff said they thought they were well led because they were 'supported all the time by good management and leadership' and 'the office are great you can always speak to [the registered manager] and you know she will listen to you and help you.' One staff told us, "Leadership comes from the top and everyone knows what they are responsible for."

There were management systems in place to ensure the service was well-led. We saw the registered manager was supported by senior managers and support staff within the organisation. This included the senior manager, registered provider, senior warden, senior coordinator as well as staff responsible for training, finance and human resources within the organisation. There was regular monitoring of the service as part of the organisations overall activities. All key personnel shared the organisations offices and were in regular communication with care staff, service users, relatives and other professionals involved in people's care. These showed that the registered provider had oversight of the quality of the service offered by YS Services Ltd Trading as Embracing Care.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. There were quality assurance systems in place for the registered manager to ensure objectives were met. These included collecting information on all areas of the registered providers operations which and comparing these with expected targets and previous levels of achievement. For example audits were carried out for key areas of service provision such as care planning, training, health and safety, accidents and incidents and medication. These were used to compile key performance information and compare trends within the service and plan and support changes to improve how the service was run. This also meant that any unexpected incidents could be identified and analysed and actions taken to reduce the likelihood of them happening again.

The registered manager had worked for YS Services trading as Embracing Care and predecessor organisations registered by the provider for over five years. The registered manager had over sixteen years of experience in working in a variety of care and senior roles. This background and experience had given her the skills and knowledge to successfully operate the service. The registered manager worked closely with the senior manager and registered provider who were active in the day to day running of the service. We saw they interacted and supported people who used the service and supported all office and care staff to do the same. From our conversations with the registered manager it was clear she was able to make sure that the resources of the organisation were used in the best way to meet people's assessed needs and their safety was assured.

The registered manager told us they encouraged good communication with people who used the service

and their representatives, staff and other stakeholders. Relatives and people who used the service told us they 'had a good response' from 'the office' and named particular staff they found helpful. One person who used the service told us, "You could say that I am very well looked after by [the provider.]" We saw the registered manager, senior managers and staff worked in partnership with a range of multi-disciplinary teams including social workers, community health staff and other professionals such as GP's in order to ensure people received a good service.

The staff we spoke with were complimentary about the registered manager, senior manager and the registered provider. They told us that the management style was open and supportive and they could talk to managers whenever they needed. Arrangements were also in place for staff to receive support from more experienced senior staff where they could obtain assistance or guidance.

Staff said they felt that their skills were appreciated and valued. Staff we spoke with told us they would have no hesitation in approaching the registered manager, senior manager or registered provider if they had any concerns and they regularly discussed their work with senior colleagues and managers on a day to day basis. They told us they felt supported and they had regular meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people who used the service. We saw documentation to support this.

The registered provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out and these were updated if new situations or needs arose. The service was effective at making changes quickly for people where their needs changed. We saw evidence of how these were reviewed regularly and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs.

The registered manager had in place arrangements to enable people who used the service, their representatives and other stakeholders to affect the way the service was delivered. For example, people who used the service were routinely asked for their views by completing surveys. The outcome of this feedback was collated and circulated to the provider and senior managers with any actions identified as a result of this feedback. The most recent surveys completed by people who used the service, those that mattered to them and professionals involved in people's care and support, demonstrated satisfaction about people's care, treatment and support.

The registered provider was also subject to quality assessments by other organisations. For example, as part of their contractual agreements with local authority commissioners. The most recent report showed that the provider had improved their quality rating score since the previous assessment.

All of these measures meant that the registered provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.

The registered manager had notified the Care Quality Commission of all significant events which had occurred, along with associated outcomes, in line with their legal responsibilities.

We saw the provider had management systems in place to support the registered manager including finance, training and human resources support.