

Your Care Services Brain Injury Specialists Limited

Your Care Services

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 20 February 2017. We gave the provider 48 hours' notice of our inspection to ensure members of the management team would be available at the office, and to ensure they could make arrangements for us to meet with and speak to staff and people using the service.

We last inspected this service in November 2015. At that time the provider was meeting all of the regulations we looked at and was awarded a rating of 'Good.' However some improvements were needed in regard to the processes in place to monitor the quality of the service provided. This inspection visit found that improvements had been made.

Your Care Services was providing support to 22 people living in their own home. People required support from the service because they had either complex physical health needs or were living with Dementia.

There was a registered manager in post who was available throughout our visit to the agency office. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and the relatives of people using this service told us they felt their relatives were safe. Staff understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and recruitment checks on staff to ensure their suitability to work with people who used the service. There were enough suitably trained care staff to deliver care and support to people. Most people had regular care staff who usually arrived on time and stayed the agreed length of time. A minority of people felt that staff consistency could be improved.

The staff employed had the training and support they required to work safely. Training for staff about the specific needs people experienced had also been provided. Staff practice was closely monitored and they were subject to spot checks by senior staff. Appropriate systems were in place for the management and administration of medicines.

Senior staff had visited each of the people using the service at their home. They had met with them and their family if appropriate, to determine what care and support the person required, and how they would like this care to be provided. This information had then been developed into a care plan, and shared with staff that were supporting the person. This ensured all staff were aware of the person's needs and wishes.

The registered manager understood the principles of the Mental Capacity Act (MCA), and staff told us how they respected people's decisions and gained people's consent before they provided personal care.

People who required support had enough to eat and drink during the day and were assisted to arrange health appointments if required.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. Staff spoke enthusiastically about the people they were supporting, and were able to explain people's needs, their preferences and were aware of important people in the person's life.

The provider sought feedback from people using the service and their relatives in respect of the quality of care provided and had arrangements in place to deal with any concerns or complaints. The registered provider had developed a complaints procedure. People said they knew how to raise complaints and knew who to contact if they had any concerns.

People, their relatives and staff expressed their confidence in the registered manager. There were effective systems in place to assess and monitor the quality of the service, which included positive feedback from people using the service.

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.

Staff understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care staff understood the risks relating to people's care.

There was a thorough recruitment process and enough staff to provide the support people required.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People's health and wellbeing was consistently monitored and staff worked in partnership with other health and social care professionals.

Is the service caring?

Good ●

The service was caring.

Staff showed compassion and kindness to the people they were supporting. Efforts had been made to ensure the support given met the needs and expectations of the people using the service and their families.

People and relatives we spoke with were positive about the care given by the staff supporting them.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were centred on their wishes and needs and were kept under review. People received support from staff that understood their individual needs.

People knew how to make a complaint if needed. Relatives felt able to give feedback and both formal and informal systems were in place to ensure people's feedback was sought and acted upon.

Is the service well-led?

Good ●

The service was well-led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

Your Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 February 2017 and was announced. The inspection team comprised of one inspector and an expert by experience. The expert by experience spoke with some people and relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection we asked the local commissioners and Health Watch if they had any information to share with us about the care provided by the service. We also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our visit to the agency's office we spoke with the registered manager, the director, the training officer, the Human Resources (HR) officer, one care co-ordinator and one care staff. We looked at part of the care records for four people, the medicine management processes and records maintained by the provider about staffing, training and the quality of the service.

Following our visit to the agency office we spoke on the telephone with two care staff, we spoke with three people who used the agency and with the relatives of four other people. We also spoke with one care professional.

Is the service safe?

Our findings

People we spoke with said they felt safe and at ease with their care staff. When asked if they felt safe, comments included, "Yes definitely. " One relative told us, "I feel that my relative is in safe hands."

Staff understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this to the managers. The registered manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. This was confirmed by the staff we spoke with. The registered manager had reported any safeguarding issues to the relevant authorities when safeguarding matters were brought to their attention. Whistleblowing guidelines (reporting poor practice) were in place for staff in case they witnessed or suspected that colleagues were placing people at risk.

Risk assessments had been completed when people joined the service and as their conditions changed. Staff knew about individual risks to people's health and wellbeing and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk.

We looked at the systems to manage emergencies and accidents. The provider had an out of hour's on-call system when the office was closed. Staff told us that a senior staff was always available to contact when they needed urgent advice. We asked staff about the action they would take in the event of an emergency situation arising. Staff were aware of the medical emergencies that could arise for the person they were supporting, and were able to describe the action they would take. This knowledge would ensure the person got the appropriate medical support as quickly as possible.

There were sufficient staff to allocate to the calls people required. Staff told us that they always worked alongside another member of staff when supporting people who had been assessed as needing two staff. The majority of people made positive comments about staff arrival times but one person commented that they sometimes had to wait for their second member of staff to arrive. People told us they had not experienced missed calls. One relative told us, "They have never let us down." A relative told us, "If they are short staffed the manager will step in." One member of staff told us that there had been some staff shortages but that recruitment was taking place. They told us that this had not resulted in any missed calls as there was always someone to cover the calls. Another member of staff told us, "There are no problems with staffing. The manager is very good at covering the calls. If no one is available the manager or the care co-ordinator will cover them."

Staff told us they had not started working in people's homes until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. The recruitment files of three recently employed members of staff showed that checks had been made prior to staff being offered a position within the organisation. This helped to ensure that only people suitable to work within adult social care were recruited.

We looked at how medicines were managed by the service. Some people we spoke with administered their own medicines or their family was responsible for giving their medicines. People and relatives told us that they felt confident staff supported people to take medication safely. Another person told us, "I get my medication on time." A relative told us, "There have not been any issues with the medication."

Where staff supported people to manage their medicines it was recorded in their care plan the type of support they needed and what the medication was for. For one person staff were giving their medication in a specific way but the care plan was not detailed and did not evidence why medication was being administered by this method. The registered manager explained this had been directed by hospital staff and that consultation with the GP and pharmacist had taken place. This needed to be included on the care plan and evidence of the GP agreement needed to be obtained. The registered manager agreed to do this.

All of the staff we spoke with confirmed they had been given training in medication and records confirmed this. Observation of staff administering medication formed part of the spot checks completed by senior staff. Medication records indicated people received their medication as prescribed. We saw that where it was identified that people were declining their prescribed medication that this was notified to the person's GP. This meant that the GP was kept informed about any risks regarding people's medicines.

Is the service effective?

Our findings

The majority of people and relatives of people who used the service told us they were happy with the care provided and that it met their needs. People we spoke with said that they were supported in line with their care plans. The majority of relatives of people who used the service said that staff knew the care people needed to maintain their welfare and had no concerns about how the care was delivered. Most people told us they received support from a consistent team of staff, but a minority of people thought that consistency of staff could be improved. One person told us, "I do have a problem with continuity of care. I have my primary carer but they keep changing the second one. I find it frustrating." Another person told us, "They [the staff] are usually the same ones." Comments from relatives included, "We would like to keep the same carers and they do try to accommodate us. They ring us to say who is coming." One relative told us, "It's improved in the last year, there is now much more consistency of staff and they let me know if a new staff is starting." The registered manager told us they were aware that some people were frustrated if they received support from different staff but they explained that this was sometimes unavoidable when the regular staff were on annual leave, were off sick or on training.

The majority of people told us that staff seemed well trained and competent. One person told us, "They have a good attitude...by far the best I have had." Another person told us, "Yes they are [well trained] and they know me very well." One relative thought staff needed some additional specialist training but that this was being arranged.

We looked at the training arrangements for staff. The provider employed a training officer who was responsible for staff training. We asked recently employed staff if they had been given an induction prior to starting work. They confirmed they had and that this included training and working alongside a more experienced staff before they worked on their own. The training officer told us the induction training for new staff included the Care Certificate standards. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

We were informed by the registered manager that all new staff completed shadow shifts alongside a more experienced member of staff before they worked on their own. Discussions with staff and records confirmed this. One staff told us, "The training was good, I had initial training at the office and then an induction that lasted over four weeks and included shadow shifts." This ensured people were always supported by staff that knew their needs well.

Discussions with staff and training records confirmed there was a programme for regular refresher training for staff to keep their skills up to date. The provider also encouraged staff to attain a vocational qualification in care. In some instances staff were completing complex health procedures that if undertaken incorrectly could have a serious, negative impact on the person's health and wellbeing. Systems were in place to make sure staff received training in these specific health procedures and were assessed as competent to complete the procedure. One member of staff told us, "The training is good and I'm kept updated."

Staff told us their knowledge and learning was monitored through a system of supervision meetings and

unannounced 'observation checks' on their practice. Staff said they had regular meetings with their line manager that provided an opportunity for them to discuss personal development and training requirements. The records we sampled confirmed this.

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. The registered manager demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA). They gave us an example of an issue where they felt a person in their care was making an unwise decision. They had consulted with other professionals and it had been assessed that the person had the capacity to make this decision and this was respected by staff. Staff told us how they respected people's decisions and gained people's consent before they provided personal care.

Staff had received some training about the MCA and the registered manager told us that additional training in this area was being sourced to help enhance staff knowledge. In addition to formal training in this area the registered manager had also instigated a quiz on the MCA with office staff to help ensure they had an adequate understanding of this topic and aware of its implications for people.

Some people told us that they, or their relative provided all their meals and drinks. People who were reliant on care staff to assist with meal preparation told us choice was given whenever possible and drinks were offered where needed. One person told us, "Yes they do help with meals. I choose what I want to eat."

Staff had relevant information about people's dietary and nutritional needs. Where people required support with their meals and diet this was documented in their care plan. Some people needed their food to be of a specific texture, staff spoken with were aware of people's specific needs. We saw evidence that advice was sought from relevant health care professionals when needed to make sure the texture of the food was safe for the person. Where assessed as needed, staff completed records of people's food and fluid intake to make sure they were getting enough to eat and drink to maintain their health.

Staff were aware of people's individual healthcare needs. Staff we spoke with told us if they were concerned about a person's deteriorating health they would take action to include notifying senior staff, people's relatives and appropriate health professionals. One member of staff told us about an incident where they were concerned for the person's wellbeing and so had telephoned straight away for an ambulance.

Records confirmed the service involved other health professionals with people's care when required including district nurses, occupational therapists, and GPs. Since our last inspection the registered manager had implemented 'Health Action Plans' and these included information about the support people needed to maintain their health. This meant that people were supported to maintain their health.

Is the service caring?

Our findings

People and their relatives told us the staff had a caring approach. One person told us, "I would say they [staff] are very caring." Another person told us, "They are all very good, adaptable," A relative told us, "They are very caring... lovely ladies." Another relative commented "I think they are very good. We are lucky to have them."

Staff we spoke with described the people they supported with enthusiasm and compassion. It was evident that staff had got to know each person well, and some members of staff had worked with the person for a significant period of time. We saw some examples of very caring practice. Records showed an occasion where a person had been admitted to hospital. The member of staff accompanying them returned to their home to fetch them some personal effects for their stay in hospital. We also received some very positive feedback from a care professional about the support a particular member of staff had given to a person's family at a distressing time and it was described as going 'above and beyond' what was expected.

We saw that the provider also demonstrated a caring ethos by nominating a charity each year to raise funds for. A recent newsletter showed that for the current year staff were taking part in events to raise money for a hydro therapy pool at a day service.

People and relatives confirmed that staff treated people with dignity and respect. One person told us, "They do when helping me change and treat me with respect." A relative told us, "They are very respectful to him." All staff had been instructed on the importance of maintaining people's confidentiality. This ensured information shared about people was on a need to know basis and people's rights to privacy were protected.

Each person had a written plan of care, and staff we spoke with had detailed knowledge about people's needs. The written plans gave staff prompts to ensure people were always treated with dignity and respect and staff we spoke with described how they did this in practice. The registered manager recognised the importance of staff being very aware of people's individual needs and to help ensure this they had carried out a quiz with staff called "How well do you know your service user?".

People were encouraged to maintain their independence. During our discussion with staff they used terms such as 'support' and 'choice' when describing how they supported people. We also saw in people's records that staff had recorded that they had 'assisted' people and staff documented when a person had carried out a task independently.

Is the service responsive?

Our findings

People or their relatives, where appropriate, told us they had a care plan that had been regularly reviewed with them. A member of staff told us, "The care plans are detailed and a copy is always kept at the person's home."

An assessment of people's needs was completed before the service began supporting them. The assessments focused on people's individual circumstances and longer-term needs. The registered manager also told us they liaised with other health and social care professionals and where relevant relatives to support people in their own home and improve their quality of life. Records confirmed this.

The assessment documents we reviewed were detailed and individual to the person. They included information about people's personal history, mobility, communication, medicines and personal care needs. The support plans and risk assessments we reviewed were detailed and personalised and explained people's likes and dislikes, as well as their needs and how they should be met. Records detailed the support that staff should provide during each individual visit. They included information about how support with personal care, food and drink preparation and domestic tasks.

People said they knew how to raise complaints and knew who to contact if they had any concerns. Most people told us they had not had any reason to complain. One person told us, "I would feel confident to raise any concerns directly with the service." One relative told us, "We have had general complaints in the past and they have been resolved." Another relative told, "I have not had any recent complaints but when I have raised issues in the past I have been listened to and action taken."

Records showed complaints and concerns received had been recorded and investigated in a timely manner. The registered provider had developed a complaints procedure which included information about other organisations people could contact if they were not satisfied with the outcome of their complaint. Information was also provided about advocacy services to support people in making a complaint. This meant that the provider had an effective system in place for responding to complaints and concerns.

Is the service well-led?

Our findings

At our last inspection in November 2015 some improvements were needed in regard to the processes in place to monitor the quality of the service provided. This inspection visit found that improvements had been made.

At our last inspection the provider told us they were exploring how they could better monitor the call times that people experienced and were planning to purchase a computerised system that enabled them to monitor the times that staff commenced and finished scheduled care visits. This system had been purchased and was now in use. The registered manager explained that the system sent office staff an alert if staff had not logged in on their arrival at a care call and this had helped to ensure people were receiving their agreed care visits.

Our discussions with the registered manager indicated that one missed call had taken place since our last inspection. The registered manager explained the circumstances and records showed that this had resulted in staff disciplinary action. This showed that that appropriate action had been taken.

We saw that the management team met on a monthly basis and discussed any significant issues that affected the service. A log was kept of incidents, concerns and complaints. Whilst a written analysis of these was not kept to help identify themes and trends the registered manager demonstrated a good awareness of issues that had occurred.

The registered manager told us and we saw that there was a system in place to audit care records including medication records. Previously audits had failed to identify a number of issues within people's plans. We saw that the registered manager completed a monthly audit of care plans and produced an action plan in response to any improvements that were identified as needed. This included a follow up audit to make sure the improvements were completed. The HR officer also completed monthly audits and completed a monthly action plan for the service. We discussed that the format of these sometimes made it difficult to track the progress that was made or when an action had been completed. The HR officer told us this issue had already been identified and a new format was being introduced. This showed the provider was continually looking to improve the service.

Staff we spoke with and records confirmed managers undertook regular observations of care staff performance in people's homes to ensure standards of care were maintained and that they worked in line with the provider's policies and procedures.

The agency had a clear leadership structure which staff understood. Since our last inspection a new manager had been recruited and had been registered with CQC. The majority of people and relatives knew who the manager was and had some contact with them. One person told us, "I know the manager and had no need to contact them." Another person told us, "I haven't met them yet but the care co-ordinator and care manager are helpful. They know my situation." A relative told us, "They have always been very helpful." Staff confirmed that the registered manager was approachable. One staff told us, "She is approachable and

very easy to talk to."

There were systems in place to seek feedback from people on the service they received. Questionnaires were sent out on a regular basis to seek people's views and an analysis of the results was completed. This showed that the majority of people were happy with the service they received.

Our discussions with the registered manager indicated they were knowledgeable about people's needs. The registered manager had kept up to date with developments, requirements and regulations in the care sector. For example, where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the service and on the provider's website.

The agency operated a record of achievement award for staff, this included certificates and a voucher scheme to reward an employee of the month and also to reward long service. This showed that the provider valued the staff in their employment and were looking at ways of improving staff retention. One member of staff told us, "They are a good organisation to work for, they support their staff well." Another member of staff told us, "Things run very smoothly, I cannot think of anything they need to improve."

The registered manager promoted a culture of openness. Staff confirmed that if they had any concerns about the service they felt able to raise them with the registered manager. Staff meetings were held on a regular basis and this provided opportunities for staff to meet as a group to discuss the service that people received. One member of staff told us, "I feel that my opinions are listened to and any concerns are taken on board."