

Yorkshire Care At Home Ltd

# Yorkshire Care At Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place between 28 November and 11 December 2018 and was unannounced. This was the first inspection since the provider registered in January 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to a mixture of people including older adults and younger disabled adults. At the time of the inspection the service was providing care to 27 people.

A registered manager was in place. 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.

Safe recruitment procedures were not consistently followed as the required checks were not always completed on new staff before they started work. There were enough staff deployed to ensure people received regular care, however some staff said more travel time was needed between calls.

People said they felt safe using the service and safeguarding procedures were in place and followed. We saw where complaints had been received about staff these had been taken seriously and addressed by the management team.

Risks to people's health and safety were assessed and a range of risk assessments put in place for staff to follow. Whilst some were very detailed others required more detail to provide clearer instructions to staff providing care. We made a recommendation relating to the quality of manual handling risk assessments.

Overall medicines were managed in a safe and appropriate way although some improvements were needed to the medicine care planning process.

Staff received a range of training and support delivered by internal trainers. We made a recommendation relating to how the service delivered the Care Certificate to ensure practice met the requirements of the certificate.

People felt staff turnover was too high and this was a barrier to effective care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs were assessed and plans of care put in place to help staff provide. People's healthcare needs were also assessed and the service worked with a range of professionals to meet those needs. A range of care plans were in place to instruct staff on how to provide appropriate care.

People said staff were kind and caring and treated them well. We saw mechanisms were in place to listen to people and gain their views on their care and support.

People provided mixed feedback about the timeliness of care calls. We found some improvements were needed to care and rota planning to ensure people received calls at a consistent time each day to assist with the provision of appropriate and person-centred care.

A system was in place to log, investigate and respond to complaints. The management team took complaints seriously and sought out ways to improve the experiences of those who had complained.

Most people and relatives were satisfied with the care provided. Staff said morale was good and the management team were approachable.

Systems were in place to assess, monitor and improve the service although some of these needed to be more robust to ensure the service consistently performed to a high level. A service improvement plan was in place and the management team were committed to continuous improvement of the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to recruitment procedures, person-centred care and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Safe recruitment procedures were not always followed. There were enough staff to ensure people received appropriate care.

Overall medicines were safely managed although some improvements were needed to the care planning process.

Most people said they felt safe using the service. Risks to people's health and safety were assessed although some moving and handling care plans needed more detailed guidance for staff to follow.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The service had a high turnover of staff which was a barrier to staff embedding skills and knowledge of the people they were supporting. Staff received a range of training and said they felt well supported.

The service was acting within the legal framework of the Mental Capacity Act (MCA).

People's healthcare needs were assessed and the service worked with a range of professionals to help meet those needs.

### Is the service caring?

**Good** ●

The service was caring.

People said staff were kind and caring and developed good relationships with them. People said staff treated them with dignity and respected their privacy.

There were mechanisms in place to listen to people and obtain their views.

We concluded discrimination was not a feature of the service.

### Is the service responsive?

The service was not consistently responsive.

Call times needed to be made more consistent and in line with people's preferences and assessed needs. People had a range of care plans in place which provided detailed information on the support people required.

However, there was a lack of information on people's end of life needs.

People's complaints were recorded and acted on. However, the service needed to better capture informal complaints and concerns

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led.

Some improvements were needed to governance systems to help ensure a consistently highly performing service.

Most people and staff said they were happy with the service and the management team were approachable.

People's feedback was sought and used to make improvements to the service.

**Requires Improvement** ●

# Yorkshire Care At Home

## **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.

The inspection was announced. We gave the service a few days' notice of the inspection site visit. This was because we needed to make arrangements with the provider to speak to people who used the service prior to visiting the office location. The inspection took place between 28 November and 11 December 2018. On 3 December 2018 we visited the provider's office to review care records and policies and procedures. Between 28 November and 11 December 2018 we made phone calls to people who used the service, relatives and staff.

The inspection team consisted of two inspectors and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experiences had experience of homecare.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts, 'share your experience' forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with three people who used the service and eight relatives or friends. We spoke with six care workers, the registered manager and the director. We reviewed five people's care records and other records relating to the management of the service such as training records, rotas and audits.

# Is the service safe?

## Our findings

Safe recruitment procedures were not consistently followed. One staff member's application form had some gaps in their employment record, but there was no evidence this had been followed up and discussed with the person. References had also not been sought from their last employer in health and social care which is a requirement under legislation. There were no dates on the references which had been received to demonstrate when they had been obtained. The person had also started work prior to their Disclosure and Barring Service (DBS) check being returned, after the results of the First Adult Check. This should only be used in exceptional circumstances and subject to risk assessment to demonstrate why this was necessary and to detail the precautions put in place. The person's competencies to work safely had also been completed by a staff member who knew them previously and had provided a character reference, which was a conflict of interest. Other recruitment records would benefit from clear interview records to demonstrate why decisions had been made to employ them.

This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Overall, we found there were enough staff deployed to ensure people received appropriate care. One person said, "Always got staff here, 10 out of 10 really." People said calls were not missed. However, some people said and care records showed the punctuality of care workers needed to improve to ensure people received calls at a consistent time each day. Staff said they thought there were enough staff and they did not feel pressured into working long hours. We reviewed rotas which showed an appropriate number of calls allocated to people each day. However, staff told us there was not always sufficient travel time between calls, particularly as there was sometimes significant travel distance between calls. One staff member told us, "Travel time not always enough, get five minutes when it takes 20." The registered manager had recognised this was a problem and told us they were working hard to reorganise rotas and reduce travel time to help improve the reliability of the service and the burden on staff.

Most people said they felt safe using the service and that staff treated them well, although people said some staff were more pleasant than others. One person said, "Safe I would say yes. Some very pleasant, like everything else and some not." Another person said, "I am happy with most of the carers." Where concerns had been raised about staff conduct, we saw these had been taken seriously by the management team and disciplinary processes followed. One person said, "There were three I wasn't happy with, they don't come anymore." Appropriate safeguarding referrals had been made by the service which had been properly investigated and actions put in place to help ensure the safety of people.

Most risks to people's health and safety were assessed with detailed care plans in place which helped support safe care however this was not consistently so. Risk assessments covered areas including the environment, manual handling and any specific risks to the individual. Whilst most people said staff used equipment safely and appropriately, one person told us staff did not always operate the slide sheet appropriately when moving them. Whilst we saw staff had received training in how to use manual handling equipment and some care plans provided detailed instructions, others did not contain sufficient detail on

how to use manual handling equipment.

We recommend more detailed moving and handling assessments are put in place to ensure there is consistently appropriate guidance to follow.

Overall medicines were safely managed but some improvements were needed to ensure consistently safe practice. Staff received training in medicines management and had their competency to give medicines regularly assessed. Staff practice was monitored during spot checks by supervisors. Most people said appropriate support was provided with medicines. One person said, "They apply my creams for me. They make sure I've had my medication, I take it before they come. I'm happy with how they apply my cream." Another person said, "I do all my medication, tablets, cream with them. I'm happy with how they do it." However, one relative told us medicines were not always given and at the end of the week there were sometimes tablets left over. We were unable to confirm this, but the person's medicine administration record (MAR) chart for November 2018 showed two days where one medicine had not been signed as given. We saw the registered manager was putting in systems to further improve the safety of the medicine system. This included a new electronic care planning system to ensure information about people's medicines support could be monitored in real time.

Basic information on people's medicines was recorded within their care files, although this would benefit from being more detailed for example detailing what each medicine was for. There was a lack of regard in care planning to ensure appropriate gaps between calls for pain relief. For example, one person was prescribed pain relief four times a day, but the timings of calls had not been considered during care planning. We saw their times of calls varied from day to day, although we saw no evidence that they received any doses of medicines too close together.

Accidents and incidents were recorded and investigated. Whilst we were assured that actions were taken following incidents to learn lessons and improve, the analysis which took place was not fully accurate. We spoke with the registered manager about this to ensure improvements were made.



## Is the service effective?

### Our findings

Overall most people said they felt they received effective care. One relative said, "They really know how to handle people with advanced Alzheimer's." They explained how staff had patiently built a rapport with their relative, spending time with them, comforting and reassuring them until they trusted staff to assist with care and support. This had resulted in good outcomes for the person.

There was a high staff turnover within the service which was a barrier to ensuring staff built up the skills and knowledge to care for people effectively. The Provider Information Return submitted in October 2018 stated 65 staff had started in the last year with 30 of them leaving. The registered manager confirmed that staff turnover had been too high. Some people and relatives raised concerns about staff turnover and lack of continuity of staff. Comments included: "New carers, it's a learning curve. Have to make sure they know. No good with turn over," "The carers, they're swapping and changing all the time. We started in May, with 5 carers, 3 have left," "The turnover is bad. We've lost the best, unfortunately. It's hard for carers as well, starting with them, with maybe 3 months experience," and "They have a big turnover of staff, but they do a marvellous job."

Some people said staff didn't have specific skills around cooking or continence care whilst others said staff were excellent and knowledgeable. The registered manager was aware of some concerns over staff training and was planning "back to basics" training to address fundamental care and support tasks staff encountered on care visits. The service would need to address the high turnover to ensure it developed a workforce with the knowledge and familiarity of the people they supported.

Training was provided by the management team who were qualified 'train the trainers.' Staff received a range of training which they said was valuable and gave them the required skills to undertake their role. This included topics such as medicine management, moving and handling and nutrition. New staff received an induction to the service and ways of working and shadowed experienced staff. The registered manager told us new staff completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. However, we saw there was no workplace assessment against the Care Certificate Standards which is a requirement of the Care Certificate, with some staff completing this in as little as three days through online only training.

We recommend the service reviews how it completes the Care Certificate to ensure the provision matches the intention of the award.

Staff received regular supervision, annual appraisal and spot checks on their performance. Staff said they felt well supported. One staff member said, "It's fantastic, they are very supportive of you."

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

possible.

We found the service was acting within the legal framework of the Mental Capacity Act (MCA) People's capacity to consent to their care and treatment was assessed where people lacked capacity we saw evidence best interest processes had been followed although the documentation demonstrating this needed to be clearer. People had been involved in decisions relating to their care and where they had capacity, there was evidence they had consented to their care and support.

People's nutritional needs were assessed and care plans put in place to support staff. Staff had received training in food hygiene. People provided mixed feedback about staff support at mealtimes. One person said, "They ask me if I want anything to eat, did me toast and scrambled egg this morning. Very happy with it. They do ask me what I want." Two other people raised concerns that staff did not always follow good hygiene principles when preparing food. The management was aware of concerns relating to this and was investigating. They were planning additional training for staff.

People's healthcare needs were assessed as part of care planning. Relatives said the service worked appropriately with other care agencies and health professionals to ensure care needs were met. One relative said, "[Relative's] seen by another care company as well, who have an established routine with him. They do work alongside each other well." We saw evidence the service worked with other professionals such as district nurses. One relative said, "They are on the ball. They are picking up changes in skin integrity and that [relative's] catheter wasn't working properly. They rang the district nurses straightaway, and they came out and changed it." Brief information about people's medical conditions were recorded within care plans but this needed to be recorded in a more person-centred way to show what the conditions meant for the individual. One relative told us they thought staff needed more understanding of how their relative's health condition affected their behaviour, this was not detailed within their care plan.

## Is the service caring?

### Our findings

Overall people and relatives told us staff were kind, caring and treated them well. Comments included: "It's really good. They're all friendly. They understand I don't want a male worker," "Very happy with them, they are very good, very pleasant," "Carers are excellent. Some are fantastic, they are noticing things, and going above and beyond. They prompt and suggest things they could do," "One of them sings to me, that cheers me up" and "It's really caring. They talk to her nicely, it's respecting."

Most people and staff said new care staff were always introduced first through staff shadowing existing staff. This helped ensure people were not cared for by strangers.

Although people said they were frustrated by the turnover of staff they reported they had built up good relationships with individual care staff. People said staff engaged them in conversation as well as completing care and support tasks. One relative said, "They just cheer [person] up. They know what they are doing, the girls. [Person] gets on with them all, they have a laugh." Another relative said, "They use [person's] diaries and interests to talk to [them] about [person's] interests. They reaffirm who [person] is all the time."

People said they were treated with dignity and respect. Staff received training in dignity and this was monitored through spot checks of performance and supervision. Comments included: "They make sure the kids are out of the room first, blinds in kitchen are closed. They ask people to leave the room, which is really good," "Dignity and respect, of course. They do everything as it should be done," and "They do respect [person's] privacy. They go out of the room when [person's] using the commode and draw the curtains, which is what they are supposed to do."

Most people said they felt listened to by staff. One relative said, "Most of all they are listening and talking to her." We saw mechanisms were in place to listen to people. This included visits from team leaders, telephone interviews and questionnaires to obtain people's views. People and relatives were also involved in regular care reviews and we saw the management team had met with people to discuss concerns or queries they had.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives led us to conclude discrimination was not a feature of the service. Staff received training in equality and diversity and people's needs were assessed prior to admission. The service's improvement plan showed that further work around the protective characteristics was being undertaken with staff practice in this area to be scrutinised more thoroughly as part of supervision.

## Is the service responsive?

### Our findings

Most people said they received appropriate care from the service. One person said, "Everything is good. They are on time, they ask if they can move stuff around before moving it. They are flexible, which I need." Another person said, "I rate them very well. Very good, very helpful. Excellent really, can't do any more." A relative said, "I'd say it's excellent." They went on to say the care had been beneficial for both the person and their partner. However, whilst most feedback was positive, some relatives said the service needed to improve because staff did not always complete basic tasks properly, for example, relating to continence care and food hygiene.

Action was needed to improve the timeliness of calls to some people. People generally said staff did not rush and stayed for the right amount of time. People provided mixed feedback about the timeliness of calls. Some people said they were happy with the times staff arrived. For example, one person said, "Carers turn up on time and stay for the right time." However, another relative said, "Key thing is, we don't know what time people are coming. It's the timing of the visits, there's no continuity." Another relative said, "Carers, come at different times, but they are meant to come at the same time because of her tablets. Paracetamol, supposed to be 4 hours apart." When we looked at the rotas we saw there was variation from day to day in call times for this person. For example, their evening call was on the rota for 17.05 one day and 15.00 the next day. A third person said, "[Staff member's] travelling from one end of Bradford to another, so I know that [they're] not going to make it here in time. My [relative]'s complex care, she can't have that." Another relative said, "They say to my [relative] we'll be back at 5pm. But tea time call has been as early as 3.50pm and as late as 6.40pm."

We saw visit times and call lengths were not specified in people's care plans. This is an important aspect of care planning, for example, to ensure continence care and medicine support is appropriately spaced. On reviewing daily care records we also saw examples of considerable variation from day to day in call times which did not demonstrate appropriate and person centred care. For example, the tea time call for one person varied between 15.20 and 18.25 over the course of a few days and another person's tea call varied between 14.50 and 18.18 and 16.15 to 19.11 over a few days. We saw one person's lunchtime call had also varied between 12.20 and 14.14 over the course of a few days. Some care staff said they swapped the order of care calls to reduce travelling time. However, this would increase variation in people's call times from day to day depending on the staff on shift.

The service provided care to a significant number of people who were approaching the end of their life. However, there was no assessment of their end of life needs and no end of life care plans. We spoke with the registered manager about the need to introduce these, ensuring people and their relatives were fully involved in the process.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

People's needs were assessed prior to using the service. One relative said, "Care plan, they came at the

beginning, expectations, what they could do for us, they were happy to help with everything. They came for an hour. Explained who the carers were and how they worked." Another person said, "Care planning, quite good actually. They were briefed beforehand. They were quite quick to start as well." Most care plans provided clear information for staff on how to meet people's individual needs. Information on people's life histories was also recorded to help staff better understand the people they were supporting. We did note that some people received social calls as well as personal care calls but there was at times insufficient information recorded about the support staff were supposed to provide on these calls.

We looked at what the service was doing to meet the requirements of the Accessible Information Standard (2016). We concluded more needed to be done to fully meet the standard which the registered manager accepted and had a plan in place to address. Documents such as the service user guide and questionnaire were not in an accessible format with small text making them less than user friendly. People's communication needs were assessed through care planning, but only brief information was recorded on how to meet people's needs and did not provide a clear picture of the support people needed to communicate.

A system was in place to log, investigate and respond to complaints. Most people said they found the management team approachable but two people said complaints were not always resolved. For example, one person said, "It is a new company, and I have given them benefit of the doubt many times. Staff have left. I have spoken to [managers] and team leader, promised it will be better, but it's not." The registered manager was aware of people's ongoing complaints and we saw action was being taken to try and address them. We looked at complaint records which showed complaints had been investigated and responded to. However, the complaints system was not fully capturing people's informal comments and complaints, the registered manager recognised the need to ensure these were logged to help build up a better picture of people's concerns.

## Is the service well-led?

### Our findings

A registered manager was in place. They were supported by the service director, care co-ordinators and team leaders in completing management tasks. The registered manager demonstrated they were keen to learn and improve the service based on the feedback of the inspection, staff, people who used the service and relatives.

Most people said they felt the overall quality of the service was good. One person said, "It's good. Very caring." Another person said, "Overall opinion, fantastic. Nothing is too much trouble." A third person said, "Service has been brilliant. There should be more people like these. Even the ladies that are in charge, they came out at the beginning, and even they get stuck in if there's anything needs doing." Some people and staff thought the service could be organised better, namely rotas, the amount of travel time and the inconsistency of call times. The registered manager recognised this was a problem and how this was likely linked to the high turnover of staff. They were undertaking a piece of work to review rotas and help reduce travel time for staff. They acknowledged this was challenging though due to the geographical area they were being asked to cover by commissioners.

Most staff said they enjoyed working at the service and that morale was good. One staff member said, "Management team are very approachable and deal with any problems." Another staff member said, "Staff in the office have been absolutely amazing."

Audits and checks of the service were in place, however these were not sufficiently robust. Medicine Administration Records (MAR) and daily records were audited at the end of each month. However, although the audits of daily records took place, these needed to be more robust and look at the call times people were experiencing, to check they were appropriate. We saw too much variation in some call times, both in daily records and on rotas themselves. People and relatives also raised concerns over some call times. We also found issues with the recruitment of staff and end of life care planning. Systems should have been in place to ensure the required standards were met in these areas.

This was a breach of Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014) Regulations.

The registered manager explained how they had a form of electronic call monitoring in place but it was not functioning correctly at the present time. A new system had been commissioned which was due to be up and running in January 2019. This would provide management staff with real time information on people's call times, the care that had been provided and would help ensure robust checking and auditing arrangements were in place.

Team leaders conducted spot checks of staff practice to help ensure staff worked to the required standard. People and relatives confirmed these took place and said there was regular contact with supervisors and team leaders. One person said, "Their manager comes down to see me, and has fish and chips with me, and asks if I have any problems with the staff. No problems, they all do as I ask them to do." Another person said,

"I see them often. They sometimes come down and have a talk to me, check the books."

A service improvement plan was also in place which demonstrated the service was committed to continuous improvement. We saw future priorities were reviewing policies, implementing electronic call monitoring, introducing new care plan tools and reducing staff turnover.

Staff meetings were periodically held, these were an opportunity for quality issues such as the findings of audits or complaints to be discussed with staff.

People's feedback was regularly sought on the service. This included regular telephone quality reviews and reviews in person as well as surveys and informal contact with the management team. The latest survey had a poor response with only five returns. We concluded the survey needed to be made available in a more user-friendly format to promote accessibility.

We saw the service worked in partnership with other agencies for example colleges and training providers to provide enhanced training opportunities to staff. There were also plans to set up an apprentice scheme. The registered manager attended a local care provider forum to help keep up-to-date with best practice and share experiences with other similar organisations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  (1) Care was not always appropriate and did not reflect people's needs and preferences as call times were not person centred and in line with people's preferences and needs.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  (1) Systems and processes were not operated effectively to ensure compliance with the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  (1) (2) (3) Recruitment procedures were not operated effectively. Information demonstrating robust recruitment checks had been carried out was not always present.