

Yorkshire Care At Home Ltd

# Yorkshire Care At Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Yorkshire Care at Home is a domiciliary care agency. It provides personal care to people living in their own homes and flat. At the time of the inspection the service was providing care to 34 people.

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

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

People and relatives spoke positively about the service provided. They were happy with call times and said they were supported by the same staff. They felt safe and told us staff were consistent, kind and caring. People's privacy and dignity were respected and promoted during the delivery of care. The service was responsive to people's health and social care needs. Medicines were managed safely.

The registered manager was approachable and supportive. Audits and checks were in place to monitor the quality of the service. The registered manager had initiated a range of improvements which had led to positive outcomes for people and staff. We received positive feedback about the service being well managed and organised. One health care professional said, "They are always one of my first choices when searching for a care provider."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation about updating documentation to reflect people's involvement more clearly.

People's care needs were assessed, and they received person centred care from staff who knew them well. People's care plans were up to date and regularly reviewed. When people were at the end of their life the service provided compassionate care staff to support them and their relatives. The service worked in close partnership with health care professionals to achieve this. The service was committed to receiving and acting on feedback from people through a process of regular telephone and face to face reviews

Staff had the skills to support people appropriately. They were knowledgeable about people and the topics we asked them about. They received support, training and supervision. This was reviewed regularly to ensure staff had the knowledge and skills to meet people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 10 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found

improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Yorkshire Care At Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an assistant inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 10 January 2020 and ended on 15 January 2020. On 13 January 2020 we visited the office to review documentation relating to people's care and the management of the service. Between 10 and 15 January 2020, we made phone calls to people who used the service, their relatives and staff.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and five relatives about their experience of the care

provided. We spoke with eight members of staff including the director, registered manager and six care workers. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from three health and social care professionals who worked closely with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we found recruitment was not safely managed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Recruitment checks were in place to ensure only staff suitable were employed. However, the provider's policy on criminal records checks was unclear. We discussed this with the registered manager at the time of the inspection. After the inspection we received confirmation this had been updated to reflect best practise guidance.
- People and relatives were happy with call-times and said they were supported by the same staff. Staff confirmed they consistently supported the same people. They said this helped build trust and relationships. One staff member said, "When you get to know people's personality you can assess how they are feeling much better."
- The provider had a process to ensure people had face to face introductions with new staff before they started providing care and support. One person said, "They never send someone to us that we haven't met before. If a new carer is coming to us they will arrive with a person we already know. I like that."
- Call times were appropriate and met people's individual needs. Consideration was given to matching people with staff who they were compatible with. For example, the service had recently recruited an Urdu speaking carer.

### Assessing risk, safety monitoring and management; Using medicines safely

- At our last inspection we recommended more information was included in people's moving and handling plans. At this inspection we found improvements had been made. Each person had a detailed moving and handling plan which included clear information about how to use equipment. Staff confirmed they had practical training in how to support people safely.
- People and relatives said they received their medicines on time. Records were well completed, clear and audited monthly.
- Staff who supported people with their medicines received regular training. Competency checks were carried out in line with good practise.
- Risks to people's health and safety were assessed and a range of risk assessments completed and regularly reviewed. Staff understood people's needs well and how to manage any risks.

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

- People and relatives said they felt safe and secure.

- Staff had received safeguarding training and understood how to raise concerns.
- Safeguarding referrals had been made appropriately and actions put in place to ensure people's safety.

#### Learning lessons when things go wrong; Preventing and controlling infection

- There was a culture across the service of learning lessons when things went wrong. Accidents and incidents were recorded and analysed to identify any themes and trends. We saw actions were taken to reduce incidents.
- Staff completed training in infection control. They had access to personal protective equipment when supporting people with personal care or preparing food.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found a lack of clarity in relation to documentation around consent to care and treatment. Where people lacked capacity there was not clear documentation about best interest decisions. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 17.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and support in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service was acting within the legal framework of the MCA.
- Staff gave us examples of how they promoted people's choice and independence and asked for consent before they provided care and support.
- People's capacity had been assessed. Best interest assessments were in place for a range of decisions, but this needed to be recorded in a clearer way to show the involvement of people and their representatives. For example, one person was administered their medicines covertly. There was evidence the registered manager had consulted with the person's relatives, G.P and health professionals but the information was recorded in different parts of the care plan.

We recommend the service seek advice and guidance from a reputable source, about best practise in recording best interest decisions.

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

- People's needs were assessed before being offered a service. The information gathered during the assessment was used to develop comprehensive care plans and risk assessments. They described the support required for each call and contained person centred information.

Staff support: induction, training, skills and experience

- At our last inspection we recommended the provider reviewed how they were providing training. At this inspection we saw changes had been made. New staff completed a five-day training session which included face to face interactive training. Staff said the training was valuable and gave them the skills to undertake their role. One new staff member said, "The training covered everything. It was really good, I learnt so much."
- Staff received regular supervision and appraisal.
- Spot checks were carried out regularly to monitor how staff were supporting people. This included a range of detailed observations.
- New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff.

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

- People's needs, and nutritional preferences were met.
- Where people needed support with meals we saw their preferences were recorded. Plans contained information about their likes and dislikes and the support required from staff.
- Staff knew people's needs well. One staff member told us about a person who preferred 'finger food'. They explained how they had used creative ways of incorporating this in their meals. This promoted the person's independence and encouraged them to eat a nutritious diet.

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

- People and relatives said people's health needs were supported.
- Care plans contained clear information about their health needs and records showed people had access to a range of health and social care professionals. The service had recently developed oral care plans and a staff training package on oral health.
- Feedback from healthcare professionals was positive. One professional said, "We get a lot of positive feedback from patients and relatives that staff go above and beyond their role which patients and carers appreciate."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were caring and treated people kindly. We received a range of positive feedback. One relative said, "The carers are lovely. They have a right laugh with [person], it's nice, they know his character and he knows them, it's lovely."
- People received support from the same staff, so their care was consistent.
- Staff we spoke with demonstrated good caring values and a desire to provide people with high quality personalised care. They spoke with fondness about people they supported and knew their choices and preferences. A relative told us about staff looking through a memory book of photos with a person to develop their relationship. They said, "Staff swooped on them [the books] and they really wanted to know as much as possible about [person] and now they talk to her about things from the books."
- Care records were written in a respectful way.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff listened to their views and they were supported in a respectful and dignified manner. One relative said, "It's like friend coming through the door every day."
- People were involved in providing regular feedback through telephone and face to face reviews. People and relatives told us when they raised an issue this was resolved promptly.
- Staff had formed warm and genuine relationships with people and relatives. They described examples of how they respected people's privacy and promoted their independence.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

At our last inspection we found the service was supporting people who were at the end of their life. Care plans were not in place to reflect this. This was a breach of regulation 9 (Person Centre care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 9.

- People's end of life wishes were recorded in their care plans. The registered manager told us they were working with people and relatives to ensure these continued to be developed.
- Staff received training in end of life care.
- We saw a range of thank you cards from relatives. One stated, "Heartfelt thanks for your amazing carers who came to help us with the last two days of [person's] life. All of them were amazing from the moment they walked through the door. They were kind, professional and absolutely devoted."
- One health professional said, "I can only say positive things about Yorkshire Care at Home. They are extremely responsive and often go over and above for patients who are at the end of their lives."

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

- People and relatives said person centred care was provided.
- Care plans were person centred and up to date. People's likes and dislikes and what was important to them was recorded. We saw examples of the service being responsive and flexible to meet people's needs. This included reviewing the length and timing of calls.
- Some care plans would benefit from more detail. For example, one person was regularly presenting with high levels of anxiety and information about this was not clearly documented in their care plan. We discussed this with the registered manager and they told us a meeting was scheduled to discuss the person's needs and the care plan would then be updated to include more detail.
- The registered manager had worked closely with another provider to support people to access appropriate bathing facilities when this was no longer available in their own home. They told us this had a positive impact on people's health and well-being.

### Meeting people's communication needs

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

impairment or sensory loss and in some circumstances to their carers.

- The service identified people's communication needs as part of their initial assessment.
- Care plans provided people with guidance about the most effective way to communicate with people with a hearing or sight impairment. The registered manager told us they could produce care plans in different formats if this was required.
- The service had used translators to support with communication when developing care plans with people and relatives.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints and compliments. They had also introduced a system to review low level concerns. This was accessible to staff, people and relatives. The information was used to understand how they could improve and what they were doing well.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we found governance systems were not robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- There were a range of audits in place. When issues were identified they were addressed promptly.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- Staff praised the support they received from the management team and said they were confident in their leadership.

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

- We received a range of positive feedback about the quality of the service Yorkshire Care at Home provided. One relative said, "The company is amazing, professional and kind."
- Staff were clear about their roles. They received information through induction, training and supervisions about what was expected of them.
- Staff said they were happy working at the service. They praised the management team and said they were supportive and approachable. One staff member said, "They like to know how we are getting on. They value us."

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

- People and relatives confirmed they felt involved in their care. One relative said, "We have meetings where we can discuss, [registered manager] does listen and is supportive in finding what's right for [person.]"
- Staff meetings were held regularly. These were used as an opportunity for learning and to update and refresh staff' understanding of policies. Staff felt included and involved. One staff member said, "They listen and put things in place."
- The provider had conducted a survey with people and relatives and the information had been used to

inform changes.

Continuous learning and improving care; Working in partnership with others.

- The registered manager understood their legal responsibilities and was committed to learning and improving care. They were receptive to feedback throughout the inspection and responded quickly to issues we raised.
- The registered manager gave us examples of how lessons had been learned. The management team had developed a service improvement plan. This demonstrated their commitment and desire to continually improve.
- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.
- The provider held quarterly meetings with the fast track health team. A health professional said, "We discuss what is going well and any way things can be improved."