

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

York Homecare

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Date of Inspection: 23 April 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Management of medicines ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Roseville Care Homes Limited
Registered Manager	Mrs Marie Whitelock
Overview of the service	York Homecare provides personal care like washing and dressing, and domestic help like cleaning, shopping and social support to people in their own homes. York Homecare is a small service currently providing personal care to just a small number of people. Information about the service can be obtained by contacting the agency directly.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We carried out this inspection to answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? We also wanted to check that the provider had taken action to improve two areas that we found non-compliant at our last inspection of the service.

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

People felt safe because their rights and dignity were respected and they were involved and included in decisions about their care.

The risk of harm to people was appropriately managed as the provider had effective risk management processes in place.

People received their medicines safely and as prescribed and the service had policies for staff to follow when people did not want their medication or needed extra help to take it.

Is the service effective?

People were encouraged and helped to comment on the service and how it was operating. Regular checks were completed to ensure people were still receiving the care and support that they wanted.

Is the service caring?

People said they were supported by kind, friendly staff who respected their rights and promoted their dignity. Staff showed concern for people's wellbeing. People told us "The staff are lovely." And "I'm highly satisfied. I look forward to their (support workers) visits."

People were included in decisions about their care and support needs. Support staff checked that people wanted the planned support, before providing this.

Is the service responsive?

People were supported to express their views about the service and the care they receive. People were listened to when they talked about the care they were wanting.

People were encouraged and supported to raise any concerns about the service. Staff regularly checked with people that they knew about the complaints process and what they had to do if they were unhappy about any aspect of their care.

Is the service well-led?

The service had systems in place to ensure people were consulted about their care and staff felt supported and included in decisions about how the service was operating. Support workers said senior staff were supportive and available for them.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with three people who received care and support from York Homecare. They all told us they were involved and included in decisions about the care they were receiving. They said the staff were kind and friendly. Two people commented they saw them as 'friends'. One person said "They're all (the support staff) brilliant. I trust them all."

People expressed their views and were involved in making decisions about their care and treatment. We asked about the assessment process that was completed before the individual started using the service. This was required so that the service could discuss the kinds of support the individual was wanting. One person said "It was me who decided the care I needed. The assessment was very thorough. I didn't feel rushed at all."

We also asked whether regular reviews were held with them, to check they were still getting the care they wanted. People confirmed their care had recently been reviewed with them, and we saw records of those reviews whilst at the office. We also noted that people had signed their care records, to indicate that decisions about their care had been reviewed with them.

We looked at three people's care records. We saw these were detailed and provided clear information about the care and support people wanted. We saw the records emphasised the importance of routinely checking with individuals before providing any support. This ensured people remained in charge of their own lives, wherever possible. One person told us "My care worker would not expect me to do anything I didn't want to do."

We spoke with two support workers. They were both clear that people's rights had to be respected, and if an individual did not want the planned support, then this needed to be respected. They both said that if people declined the care, then this would be reported to office staff, so they could determine whether anything more needed to be done.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us they received good care, in line with the care and support they were wanting. They explained that support staff checked with them before providing care and they felt the support worker had the time to support them safely and appropriately. One person said "I practically always get the same carer. She's like a friend. I trust her." We asked the person what would happen if they did not want the support when the worker arrived. They told us "She (the worker) would accept whatever I wanted. She certainly wouldn't expect me to do something I didn't want to do."

We asked two support staff about the care they provided to people. Both said it was important to check with people before providing care. They said people had rights and if they didn't want the care, then they needed to respect that choice. Both commented they would try to determine why the person did not want the planned care. Both said they would report this to the office staff, on leaving the person's home, so that more senior staff could decide whether any other actions were needed.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's care needs were assessed before they started using the service. We spoke with one person who explained that they had been involved in that process recently. They described the process as 'thorough' and said they had not felt rushed, when questions about their care needs were discussed with them.

One support worker told us that they would read the care records of a new or unfamiliar person who used the service before providing any care. They added "I would sit and talk with the person on my first visit to them as that would help me get to know them and the care they needed."

Support staff told us that all the office staff provided care when needed, to cover any short term absences. One worker said support staff picked up extra shifts too when needed, to cover for colleagues. This meant the service did not have to use agency staff, who were unfamiliar to people.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

When we last inspected the service in January 2014 we found improvements were needed to the way medicines were managed. There was some confusion about the responsibilities of support workers around medication management. This meant that people requiring support with managing their medication were at risk of not getting their medication safely. We asked the provider to take action and improve this area of care. The provider submitted an action plan following our last inspection, stating how they had improved the way medication was managed.

On this visit we looked at the way medications were managed, to check that processes were now more robust. We noted only a very small number of people required support with this aspect of their care.

The service had a new medication policy that now better reflected how medication support was to be provided to people. However, we noted some parts of this policy were still incorrect. The provider sent us their amended policy within 24 hours of our inspection. This showed they had taken prompt action to address those areas we pointed out to them.

We looked at the care records for two people who required help with their medication. We found these records relating to medication support were now more detailed and provided clear guidance for support staff to follow. We also noted there was guidance for staff to follow, should the individual not want to take their medication. This helped to ensure people were supported in a safe and appropriate way.

We saw the care records described people's topical medication (creams and ointments) and who was responsible for applying that medication. This helped to show the way medication was managed had been considered as part of the assessment of the individual's support needs.

Appropriate arrangements were in place in relation to the recording of medicine. We saw the service kept accurate medication administration records (MARs) so that there was a record of medication administered to people. The service now had a better way of

ensuring records kept at people's homes were returned to the office for monitoring purposes. Those records we looked at were well completed, though there were some gaps where support staff had not administered medication as family members had provided care and support on those days. The provider may find it useful to note how the MARs can better evidence the reasons why medication support was not provided by the support staff. This would help to show that York Homecare staff were supporting people with their medication safely and appropriately.

We spoke with two support staff that were clear in their role of providing different levels of assistance with people's medication. Both recognised that people had the right to refuse their medication, and this right had to be respected. Both said they would report any such instances to the office staff so that decisions could be taken regarding the person's health and wellbeing.

We spoke with office staff about what they would do if a support worker contacted them because a person did not want their medication. They were clear about their responsibilities around informing the individual's family, or in some cases, their family doctor. They also recognised that the individual's care may need to be reviewed because their needs had changed. This showed that the service understood their role in keeping people safe and promoting their independence.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found the service had systems in place to monitor and manage the risks of inappropriate or unsafe care. We noted care records were detailed and included assessments of risk of harm to both people using the service and the support staff visiting them.

There were records to demonstrate that people's support needs were being kept regularly under review. We saw at each review people were also asked for feedback about the service they received. People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The service had a complaints policy and people we spoke with said they would speak to office staff, if they had a concern. We also noted at each review that the service checked with people about their understanding of how to raise any concerns about the service. This process helped to remind people of the need to report concerns, if necessary, so these could be properly looked into. We were told the service had sent out questionnaires to people about the service, but these were still being returned to the service, so we did not look at these.

We saw the service had introduced other new systems in the past few months. These provided better evidence that the quality of the service was being kept under review. We saw evidence of staff meetings, and spot checks, where a senior member of staff observed a support worker carrying out care in a person's home. Support staff we spoke with confirmed that the meetings and spot checks had taken place. A person using the service also said their support worker had been observed providing support on one occasion. Spot checks enabled the provider to check that support was provided safely and appropriately and in line with the worker's learning. Regular staff meetings helped staff to feel valued and included in decisions about how the service was run.

Support staff we spoke with told us office staff were responsive and available whenever they needed to contact them. They said because the service was small the senior staff all knew the people who used the service, so advice and guidance was readily available when they needed this. They added the service had an on call system covered by the

office staff, so this support was available whenever they needed it.

We did note one area where improvement was needed. The service had introduced a system to record all contacts made to the office. However, the records of actions taken, including passing on information to other people, was not robust. Whilst office staff said they would make changes to this process immediately the provider may find it useful to note communication processes within the office.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

When we last inspected the service in January 2014 we found improvements were needed to the way records were maintained. We saw the quality of the records varied. Some were very detailed, but others did not provide sufficient guidance for support staff to follow. In some cases there were no records. We told the provider to take action to improve the way records were managed. The provider sent us an action plan outlining what they had done to address these concerns. We looked at record-keeping at this inspection to check that these improvements had been made.

People's personal records including medical records were accurate and fit for purpose. We looked at three people's care records. We found these records were well maintained and securely stored within the office. We found they recorded what people could do for themselves and what support they needed. This helped to ensure support staff did not take over tasks that the person could do for themselves, which helped to promote people's independence and self-esteem. We saw people's preferences and choices were recorded and the records were written in a way that emphasised the need to gain consent before providing any support.

We saw risk assessments were in place for the environment and when help was needed moving around the home. This helped to promote the health and safety of the individual and the staff providing support. We saw people had signed consent to receiving support and when necessary, written consent had been obtained allowing staff to support the individual with their medication.

Whilst visiting the office we saw care records were being updated following a recent review of one person's care. Office staff told us these would be taken out to the person's home, to replace the records that were there. Support staff spoken with told us records were promptly changed when people's care needs changed. Having up to date records in people's homes helped to ensure people received the right care.

One person we spoke with confirmed that written records were kept at their home, and staff wrote in them each time they visited. They said they had read their records and thought they were an accurate account of the support they received.

During the visit to the office we looked at other records the service needed to maintain, in order to show the service was running well. We found the quality of these records had improved. They demonstrated that systems and records were now in place to ensure the service was running well.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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