

Yardley Great Trust

# Home 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?

Requires Improvement ●

# Summary of findings

## Overall summary

The Inspection took place on the 02 and 08 June 2017. Home Care Service is a domiciliary care agency which offers personal care, companionship and domestic help to support people living in their own home.

At our last inspection the service was rated as requires improvement. Improvements were required in the administration and support provided to people with their medicine and systems for monitoring the service provided for people.

At this inspection the provider had taken the appropriate action to improve. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. People were supported to take their medication by staff who had received training to do so. The audit completed in relation to medicine, showed that the records were in good order. However staff did not always record the time of homely remedies when given. This was not reflected in the audits completed so improvement could be made.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. There were sufficient staff to meet people's needs consistently.

People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. Staff, people, and their relatives spoke very highly of the registered manager, the organisation and staff.

## 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.

Risks to people were identified and managed to keep people safe. Staff were suitably recruited trained and knew how to recognise and report signs of abuse, and follow the correct procedures if they suspected or witnessed abuse or poor practice. The provider ensured that there was enough staff to meet peoples care need by monitoring the changing needs of people and recruiting staff when needed. People were supported with their medicines prescribed by the GP in a safe way by staff who had been appropriately trained.

### Is the service effective?

Good ●

The service was effective.

People said they were involved in their care and support. People told us their care needs were being met and that staff had the skills and knowledge to support them. People's rights were protected because staff understood their responsibilities. People were supported to eat and drink enough and supported with their healthcare needs where needed.

### Is the service caring?

Good ●

The service was caring.

People said they received care and support from staff that were caring. People were able to make informed decisions about their care and support. People's privacy, dignity and independence were fully respected and promoted.

### Is the service responsive?

Good ●

The service was responsive

People who used the service and/or their relatives told us they were involved in planning their care and support and were pleased with the standard of care they received. Peoples support plans provided staff with the information they required to make sure people received appropriate care and support. The provider

had a complaints procedure which highlighted how a complaint would be dealt with and by whom.

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

The service is not consistently well led

People were confident in the quality of service they received.

Staff monitored the safety and quality of the service and acted on any actions identified through audits. However the input of the information did not always identify where improvement were required because the correct information was not always included. Audits completed by staff were not always viewed by the registered manager to ensure accuracy. People and relatives were given the opportunity to give feedback in relation to the service.

The management of the service was stable, open and receptive to continual improvement.

**Requires Improvement** ●

# Home 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 checked 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 02 and 08 June 2017

The inspection was carried out by one inspector. The provider was given one week's notice so arrangements could be made for us to visit people in their own homes.

When planning our inspection we looked at the information we held about the service including any notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

The provider had not completed a Provider Information Return (PIR), because of difficulties with the portal that is used to complete this. The PIR is a form that asks the provider to offer some key information about the service they provide to assist with the inspection. We also considered information shared with us by Commissioners of the service.

We visited three people in their homes. We spoke with nine staff and 11 people or their relative about the service provided. We looked at care files of three people. We reviewed a range of records about people's care and how the service was managed. These included care records, medicine administration records (MAR) sheets, staff training, employment records, complaint and accident records and quality assurance audits that the provider used to monitor the service provided

## Is the service safe?

### Our findings

At the last inspection we identified when people were supported with 'as required' medication that instructions were not given to staff to say when or how to administer them so that staff had the information they needed to know when it was safe to do so. All staff had been trained to support people with their medicines so they supported people safely with their medicines. The help people needed with their medicines was recorded within their care plans so staff had the information they needed to support people. A policy was in place for staff to refer too. We saw medicine prescribed by the person's GP, was signed for appropriately showing they had been given to people as prescribed.

People told us they always felt safe when care staff were in their homes. One person told us, "They [staff] are very trustworthy." Another person said, "I always feel safe and the girls always do as they should." A relative told us, "I have no concerns at all, and when I am not here I know mom is very safe with the staff, I trust them." Another person told us, "Yes I am safe with them [staff] I have had them for many years they look after me very well."

Another person told us, "There is not one of them [staff] I don't feel safe with, they lock my door, when they leave, they shout it's us when they come, and make sure all is secure."

People were protected by care staff that were provided with information and up-to-date safeguarding training, to enable them to keep people safe. We asked the staff to tell us what they understood about safeguarding. They were able to identify the kinds of abuse which might affect people, and told us that if they suspected anything untoward they would tell the registered manager. Staff were confident that the registered manager and other senior staff would respond immediately to any safeguarding concerns. They [staff] knew who to approach if they had any issues about people's safety. Records we hold showed that the registered manager reported to the appropriate authority when required if concerns were identified and as required by law. One staff member told us, "I would have no hesitation in reporting my concerns if I suspected abuse, I am here to look after people and that's what I do."

All staff knew the procedures for reporting concerns and dealing with emergencies. All staff knew how to report events or new risks to ensure people were cared for safely. One staff member told us, "Any problems at all we report to the registered manager and she takes whatever action is needed. The registered manager is always contactable."

People's care records we looked at considered all areas that could pose a possible risk to people or supporting staff. Risks were identified when people started to use the service and updated as people care needs changed. We saw that risk management plans advised staff on how to work with people so they were offering care as safely as possible. For example, people who needed to be assisted to move by staff were attended by two staff. Staff were trained to use equipment such as hoists.

There were sufficient numbers of staff to meet people's needs. People told us that they had regular staff and felt safe because they knew who was going to be supporting them and that they came round about the time they were expected. One person told us, "I have the same person all the time." Staff confirmed that they had

regular people to support and because the people they were supporting were close to each other they were able to get to the calls on time. Staff told us that if there was a shortage of staff due to leave or sickness, cover was always available. Staff told us that on occasions the registered managers would cover a call if needed so people were not left without a call. We saw an example during our visit where a person had returned home unexpectedly and the call was immediately covered.

People were supported by staff in sufficient numbers that had been suitably recruited. The recruitment process included appropriate checks that enabled them to work with people who used the service. Staff told us and records confirmed that staff did not work with people alone until all the appropriate checks had been completed which include checks with disclosure and barring service (DBS) and previous employment checks to find out about people's character. The DBS checks help employers to make good recruitment decisions.

## Is the service effective?

### Our findings

People and their relatives told us they felt staff had the appropriate training to provide care and people were confident that staff were experienced, One relative told us, "If staff were not experienced then they [staff] would not be able to use their initiative and do the little extras for mom the way they do. All new staff work with the more experience staff until the manager feels that they have enough experience and she checks with us, to see if we feel the same."

All people spoken with told us they were supported by the same staff, unless they were on holiday, however they still knew the staff that would be supporting them. One person told us, "They still send staff I know when my main carer is on holiday, so I am very happy with the service." A relative told us, "We have never had a problem with the staff or office. The staff are very respectful and we are always told who is coming when our regular carer is off."

We looked at staff training records, which showed staff had completed a range of training to enable them [staff] to support people. Records showed that staff personal development needs were identified during formal one to one supervision meetings which were held at regular intervals. Staff meetings were held monthly to ensure that staff had up-to-date information about the service and planned training. One member of staff told us, "We can always ask for further training in areas we are not too sure about; I feel we have good training, which then enables us to put this into practice. We also have spot checks. For example, one of the seniors come to a person's house and watch how we support that person, we don't know they are coming, if we are not doing things right then they have a meeting with us, I think this is a good thing so we don't become set in our ways." Supervision, spot checks, meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

All staff spoken with told us the training provided by the service was good and provided them with the skills, knowledge and understanding to carry out their roles effectively. Staff told us they were also able to request specific training to be provided if they required it to meet a person's needs.

Staff spoken with told us they sometimes prepared meals for people. We saw care plans gave staff guidance on people's dietary needs and indicated if people required specific assistance to eat their food. Staff spoken with told us that they had any concerns about a person not eating then they would report to the manager or the family. One staff member told us, "I know the people I am looking after, and if I had any concerns about any of them, I would speak with the manager and family so that their health did not suffer by not having enough food and drink."

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. We asked the staff what they did to make sure people were in agreement with any care and support they provided on a day to day basis. They told us they always asked people's consent before they provided any care or support and continued to talk to people while they assisted them so they understood what was happening. The staff told us they respected people's right to refuse care and support and never insisted they accepted assistance against

their wishes. The people we spoke with confirmed this. One relative told us their relative had dementia and was sometimes very confused. They told us, "Staff tell mom what they are doing all the time, and involve her in everything they do, this keeps her calm, there is constant communication, I cannot fault them at all. I have had agencies in the past, where I have been worried, not with this one, if I have any problems at all it is dealt with immediately."

A relatives we spoke with told us the staff were very pro-active in calling them if they felt their relative was unwell. One person told us, "On more than one occasion the staff have contacted a GP for my relative because they appeared unwell when they visited. This helps me a great deal as we can only offer limited support during the day and constantly worry about them being alone" This demonstrated people were supported when relatives could not be contacted in such emergencies, and staff acted in people's best interests.

## Is the service caring?

### Our findings

People were very complimentary about the support they received from staff and how caring the staff were. One person told us, "The staff are absolutely marvellous, they do everything for me, they are really good and caring." Another person said, "I am very happy with the care, I have the same regular carers, they are always on time and do everything I need."

Staff spoken with knew people well, including their life histories and their preferences for care. People told us that they had their own regular carers and staff confirmed that they had a regular round of people they supported. This meant people were cared for by staff that knew them well. One member of staff said, "I look after one person with dementia, so by going to them all the time it means they have got used to me and I know how to support them. For example I have found just by placing my hand on their arm you can see in their face that they physically relax."

People were actively involved in decisions about their care and treatment and their views were taken into account. The registered manager discussed people's care needs with them so that they could develop a care plan that was tailored to their needs. This care plan would then be reviewed at least monthly or sooner if required. All the people we spoke with and people's relatives told us when staff provided support people were always treated with dignity and respect. The registered manager ensured staff were trained and knew how to maintain people's dignity, involve them in their care and support people to maintain their independence. A relative told us, "What I like about this agency is that staff ensure that [relatives] dignity is maintained, and respected." I have no worries, staff are respectful, kind and considerate, credit to them and the agency."

We asked people how staff at the service sought their views and whether they were involved in decisions about their care and support. People told us they or their family representatives were involved in the planning of their care and we found people's views had been recorded. A relative told us, "I was involved in what mom needed and still am, I attend every review and the agency work with me to get what I want for my mom." We saw in care records the focus was to ensure that people's preferences were met and changes made when required. For example, we saw one person's care plan had changed to reflect they required additional support.

Staff we spoke with were confident in the support they provided to people and gave examples of promoting people's independence with personal hygiene tasks. Staff told us they read people's care plans and the daily notes to make sure needs including any changes were known. This showed staff were committed to providing care tailored to meet people's needs. The registered manager was able to give examples of how people's needs had changed over time which was evidenced in people care records. Staff spoken with understood the importance of respecting and promoting people's privacy and took care when they supported people with their personal hygiene needs. They described ways in which they preserved people's privacy and dignity, which demonstrated that staff had put their training into practice. For example, a staff member told us how they spoke clearly to someone to assist them in understanding what was being said so that this made it easier for the person to process the information.

## Is the service responsive?

### Our findings

People who used the service and/or their relatives told us the assessment process was thorough and the registered manager listened to them regarding how they wanted their care and support to be delivered. People told us they were encouraged to ask questions during the initial assessment visit and this had helped them to make an informed decision about whether or not the agency could meet their needs. They also told us they were provided with information about the agency and the care and support it could provide.

People received a service that was individual and personalised to their needs. People told us that they had an assessment so they could tell the agency what they wanted and how they wanted their care to be provided. People told us that staff were introduced to them and the registered manager would call in or telephone to see if they were okay. People told us that they had regular carers who they had a good relationship with. The registered manager told us, "People's care needs continued to be reviewed regularly and adjustments made where required." We saw an example where an adjustment had taken place following a request by a person using the service. Records showed some people had their call times increased where it was found they needed more time to attend to their care needs. One person told us, "I am a bit slower now due to my arthritis so they (staff) spend longer with me now." The registered manager also ensured that they worked with other professionals to ensure that the service could meet people's care needs and sourced extra training for staff if required. This meant people received up to date and consistent care.

People told us they were given information about how to make a complaint. One person told us, "If I wasn't happy I would tell the manager or staff because they do listen." Another person said, "I don't really have any complaints." We saw that clear processes were in place to investigate and respond to people's concerns and complaints. We looked at a sample of concerns/complaints that had been investigated by the manager and we saw that these were investigated and responded to appropriately.

## Is the service well-led?

### Our findings

At the last inspection it was reported by people that staff did not always stay for the length of time required and people received late calls. At this inspection although we did not have any reports of late calls or that staff did not stay the length of time required. The registered manager told us that if calls were not attended then the individual would contact the office. However, people with dementia may not be able to report late or missed calls. The manager said in the short term they would increase the number of spot checks on the service provided for people with dementia. In the longer term, the service intended to introduce electronic care recording, which is expected to minimise the risk of clients not receiving the full call duration. We will review the progress made at our next inspection.

We saw audits were completed in relation to complaints concerns accident and the management of the service in relation to people care. However we looked at medicine records for four people, we saw that homely remedies for example paracetamol; the times that these were given were not always recorded. This meant that staff would not be able to identify when the last homely remedy was taken to ensure that the prescribed time period was sufficient to ensure the person received their medicine safely. The audit completed showed that the service was on target at 100% which was not a reflection of the records we saw in relation to medicine. The registered manager arranged a meeting with staff during our inspection to ensure that staff were fully aware that this was a risk to a person health and wellbeing, and the times medicine was given must be recorded to ensure people are supported with their medicine safety.

We shared our findings with the registered manager and the nominated individual/Chief Executive who represents the provider of our findings. They told us, "Additional training has been given to staff responsible for completing audit forms to ensure the forms reflect standards of service accurately. The registered manager will sample the audit forms to improve reliability. Regular training is given on confidential reporting policy and safeguarding of clients. Staff will be reminded of the requirements of those policies even more regularly in future.

The service had a registered manager. 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 told us that they were happy with the quality of the service. One person said, "They are a very good service, I have been with them for a few years." Another person said, "You won't find any fault with the service they are very good, we are very happy with them." A relative commented, "I am very happy with the service and the care my mom receives from this company."

The registered manager and staff were very passionate and enthusiastic about the service and staff shared the manager's vision and values to provide a good service and learn from mistakes and use the information to improve. The registered manager was keen to run a bespoke service that met people's individual needs to help them maintain their independence at home. One member of staff said, "When I first started working

here I realised the service was different and that they really care about what they are doing and looking after people. It is a really good team."

Staff felt supported and valued by the management team. Staff told us that the registered manager and senior care were always available to give them support. In addition to this they had regular staff meetings to talk about the running of the service and to receive any updates on training or other relevant information.

Staff also had meetings to discuss the care that people were receiving to check this was still appropriate or if they had any suggestions for changes that maybe required. In addition staff were in regular contact through email and text message groups.

The registered manager and senior care staff visited people at home to receive their feedback and review their care. One person told us, "(manager's name) often pops in to check everything is okay." In addition when completing spot checks on a survey would be completed with people to check that everything was okay and that they were getting the support they required. This showed that the management listened to people's views and responded accordingly, to improve their experience of the service.