

New York Care Limited

New York Care Limited t/a Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This inspection took place on 19 and 21 September and was announced.

At our last inspection we rated the service Good. At this inspection, we found the evidence had improved to support the rating of Outstanding, with an improved rating of Outstanding in caring and well-led. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The service is a domiciliary care agency. It provides personal care to older and younger people who may have learning impairment, a dementia related condition or a physical disability and live in their own houses and flats in York and the surrounding areas.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of this inspection the service was not supporting any persons with a learning impairment.

Not everyone using Home Instead Senior Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 111 people were receiving a service and of those 58 received a regulated activity.

People and their relatives were extremely satisfied with the care and support they received. People told us that staff paid attention to the little things that mattered to them, working above and beyond their normal duties to support them. One relative advised they had travelled home thinking about the bedding being on the washing line in the rain. When they arrived home, the care worker had taken the initiative to bring the washing in and fold it up. This meant the relative could spend more time with their loved one, rather than rewashing all the bedding. Where people had interests they felt unable to pursue, staff would explore them and find either similar interests to adapt to their current circumstances or get creative with people to spark their enthusiasm. Staff clearly cared deeply for the people they supported.

Staff described how people were supported to remain as independent as possible, whilst having an awareness of their human rights. Care plans contained detailed information about people's levels of independence to support staff knowledge and practices. People and their relatives told us staff were conscientious and promoted the utmost dignity at all times. Staff told us they treated people like part of their own family and were extremely considerate of people's privacy.

Communications across the service were excellent and people's needs, choices and preferences were considered. Information was available to people in different formats and staff had a good awareness of how to support people with sensory impairments. The provider had also completed research in the local areas to

ensure information was available on local services to which promoted people's independence and well-being.

The provider had developed excellent strategies in line with CQC's approach of safe, effective, caring, responsive and well-led. Innovative ideas were suggested, actioned and shared with other organisations and local authorities to promote exceptional community links. This reflected the changing needs and preferences of people whilst improving care outcomes.

People and their relatives felt the management and leadership worked exceptionally well to deliver high quality support tailored to their individual requirements.

The management and staff team had a positive and inclusive culture. They listened to people and empowered them to have a voice in all aspects of their care and the running of the service. This resulted in high quality and extremely person-centred care and support where people self-directed the care they wished to receive.

Management celebrated staff achievements and promoted high levels of constructive engagement with all equality groups. Staff felt motivated, valued and encouraged to challenge practices. This demonstrated a commitment to considering people and staff at the heart of everything they do.

Staff received safeguarding training and described how they protected people from avoidable harm and abuse. The provider's policies and procedures supported these practices and staff knew how to report safeguarding incidents or concerns to their management team or external agencies.

Risk assessments for environmental and social risks were in place and included measures for staff to take to mitigate them. These were regularly reviewed and updated when necessary. Some risks associated to people's health conditions would benefit from additional guidance. This area was in the process of being reviewed to include more detailed information.

Medicines were managed safely and regular audits identified any errors so that these could be immediately addressed and analysed so that lessons were learnt. We found that some improvements were required in records for medicines administration. The provider was updating their policies and procedures and updating medicine care plans to address this area.

All the staff we spoke with told us they had sufficient travelling time in between their calls and records supported that calls were delivered on time. People we spoke with told us staff never missed any of their calls and that staff arrived on time.

The provider had systems in place to ensure that staff were consistently delivering a personalised service. Training courses ensured staff were equipped with the knowledge and skills to tailor care to each person's specific needs. The provider had staff that were licenced to deliver training up to City and Guilds Level in house for dementia training. 'Key Players' delivered in-depth training courses to all staff to ensure they were Staff received regular supervisions, appraisal and observations of practice.

People's nutritional needs were assessed and support was provided with meal preparation and assisting people to eat and drink, where this was part of their care plan. Staff supported people to access hospital and GP appointments when needed.

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 support this practice. Where people had expressed a wish for their relatives or representatives to be involved, the provider ensured invitations were extended to include them. A complaints procedure was in place with clear guidelines for staff to follow.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

People and their relatives told us that staff were extremely compassionate and caring towards them.

Staff understood the importance of promoting the utmost dignity and respect to people. Staff took the time to ensure people's experience of care and support was enhanced at every opportunity.

Practices and records clearly supported people's needs and encouraged their independence whilst building and maintaining their life skills.

The service ensured that staff understood diversity and equality. Staff were motivated to support people's diverse needs ensuring those with protected characteristics were free from discrimination.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding. □

Staff were highly motivated and provided extremely personalised care and support to people. Relatives and people told us the management and leadership worked tirelessly to deliver high quality support tailored to their specific needs.

The provider developed excellent strategies which supported the team of staff to provide high quality care and support to people. This encouraged people and staff to challenge practices and raise suggestions to improve care outcomes for people.

The provider regularly challenged practices and worked collaboratively with other organisations. Information and new research was made available to people in line with best practice to build strong community links.

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Detailed findings

Background to this inspection

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

This inspection took place on 19 and 21 September 2018 and was announced. We gave the provider two days' notice of the inspection site visit. We needed to be sure that someone would be available to speak with us. The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return (PIR) to plan the inspection. The PIR 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 contacted the local authority commissioning and safeguarding teams to gather further feedback about the service. We visited the provider's office and spoke with the general manager, the person in charge of recruitment, two 'key players', four care staff and the nominated individual. Key player assistants were responsible for duties such as; training, writing care plans, service reviews and quality assurance. The nominated individual is a person chosen by the organisation to represent them and are responsible for supervising the management of the regulated activity provided.

We looked at five people's care records, seven staff recruitment and training files and a selection of records used to monitor the quality of the service. We contacted a further five people receiving a service for their feedback and four relatives of people who used the service by telephone. We also contacted three health professionals by telephone and/or email, for their feedback about the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

Medicines were managed safely. Staff received training during induction, practical assessments and shadowed experienced staff before administering medicines. Training had been updated six monthly. We identified a couple of recording issues that we discussed with the general manager. They advised these would be addressed immediately as they were reviewing medicine care plans and were due to roll out a new medicines administration policy.

Risk assessments were in place and had been regularly reviewed. These included environmental and social risk assessments, which provided guidance for staff to effectively minimise risks to people. Some records in relation to people's health conditions would benefit from additional detail. The provider told us they would review these records to include detailed guidance to support any risks associated to people's health conditions.

People who received a service told us they felt staff helped to keep them safe in their homes. One person told us, "They [Staff] make my family happy, to know someone is coming to help me. They make sure I am safe and comfortable." One relative advised, "There is a very good security system in place with telephoning in and out at the start and finish of each call. [Name] also has a sheet with photos of the staff so [Name] can identify them."

Staff could describe the different signs and types of abuse and knew how to report them. One member of staff said, "I would phone the office and speak to the manager or whoever was on duty." Staff completed 'scam awareness' training which helped them to recognise issues and raise awareness. All staff we spoke with were aware of the whistleblowing policy and told us they would feel confident to use it if needed.

Records showed that for any accidents or incidents such as falls reports were completed which included a summary of what happened, actions taken and details of the people informed. This meant that appropriate actions were taken to mitigate further risks to people.

Recruitment procedures were in place to ensure people were of suitable character to work in the care sector. Checks included, proof of identification, employment references and right to work in the UK when applicable.

Staffing levels were consistently maintained. Travel time was factored into the rota and regular staff allocated to provide consistent care and support to people. People we spoke with told us that all staff stayed for the duration of the call, sometimes longer. Contingency plans were in place for emergency situations and to support the retention of staff.

Staff received training twice a year for infection prevention and control. One person had developed

Methicillin-resistant Staphylococcus aureus (MRSA) infection and advice was sought from infection control professionals to ensure the staff received training to care for them safely and prevent the spread of infection. MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service remained effective.

People we spoke with told us that staff had the right skills and knowledge to support them. One person said, "Yes, they [Staff] are very capable and consistent." A relative told us, "They [Staff] are great. They give a service that I've not seen anywhere else. They work with us."

Staff completed a comprehensive induction and a period of shadowing before working unsupervised in their role. New staff were introduced to the existing team of staff, given staff handbooks and made aware of policies and procedures. Induction training included completion of workbooks in line with the Care Certificate standards. The Care Certificate is a set of minimum set of standards that social care and health workers work towards. Workbooks were assessed and feedback given to promote effective learning. Regular supervisions, observations and annual appraisals provided continued support to staff. Refresher training was six monthly or annual depending on the subject. Additional training was accessed from the local authority or health professionals who delivered specialist training when needed and the provider offered dementia training certified by City and Guilds.

The provider supported continuous learning by providing access to a 'Books to Borrow' scheme so that CAREGivers can explore in more detail issues that they are facing in their professional or personal lives. In addition, different learning styles were considered in the workforce and as a result a monthly film club could be attended by staff to watch films with an educational theme during their paid working hours.

The provider completed assessments of people's needs, which included their preferences, known allergies and information about their needs and level of support required. Staff told us they had time to read through care plans before meeting people and demonstrated good knowledge of people's specific needs. One person's record showed they had a fall, staff immediately contacted the family. As a result, the Occupational Therapist had been contacted to obtain new equipment with a view to adapting the persons home to support them. This showed us that staff supported peoples changing needs, whilst communicating with appropriate health professionals to reach the best outcomes for people.

Care plans recorded people's specific dietary requirements, and support needed such as, meal preparation or support to prepare meals. Staff were aware to monitor people's food and fluid intake to ensure they received adequate nutrition and hydration. People were supported to access healthcare services when needed. The service liaised regularly with hospitals and relatives to promote smooth transitions between services for people when necessary.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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.

We checked whether the provider was working within the principles of the MCA. We saw evidence that people had been involved in decisions about their care. People's capacity to consent to aspects of their care, including personal care, support with nutritional needs, finances and support in the community were assessed and recorded. The provider retained evidence where people had a Lasting Power of Attorney (LPA) giving authorisation to make decisions on the person's behalf for financial matters and/or health and welfare.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service had improved to Outstanding.

People told us that staff were kind and compassionate, several people told us they had the utmost trust in their care workers. People's comments included, "They seem to find lovely staff – they are really kind and genuinely caring, that's exceeded our expectations" and, "They are [Staff] absolutely fantastic, I can't speak highly enough of them." One relative advised, "[Name of general manager] kept in touch every week whilst [Name] was in hospital, they were proactive to get [Name] home where [Name] wanted to be."

Staff described how respecting people's privacy and dignity was at the heart of the Home Instead Senior Care's ethos. One member of staff told us, "One person requested support in the bathroom and they were struggling to cope as they were unwell. I said it is fine and we had a chat about the emotional side of what was bothering them. I would hope I don't make them feel any worse than they already do. I try to be discreet and helpful to people. It's very humbling at times." A relative said, "They [Staff] are very respectful. They [Staff] get everything ready so things run as smooth as can be during personal cares and they chat away. Very professional." These examples showed us how staff recognised and considered people's emotional well-being and demonstrated a real empathy towards them.

The provider ensured staff were carefully selected for each client based on their common interests, hobbies, and preferences. People had input in choosing their preferred care workers. One relative advised, "[Name] didn't click with one carer, [Name] has dementia. I contacted the manager and they understood, it was no fault of the carers and they changed the carer straight away. Staff think about strategies and techniques that might help [Name] and they always raise things if they are worried." Staff supported people that had lost their loved ones and understood the emotional processes people go through. For one person they allowed time, providing additional support when necessary to help them grieve. This showed us that staff were skilled at exploring people's conflicts and tensions in a compassionate and sensitive way to meet their needs.

Staff told us they treated people as if they were a member of their own family and talked about the 'Mum's test.' This encompasses a standard of care that should be available to everyone without discrimination. Relatives told us, "[Name] needs to see the same person and describes [Name of staff] as her third daughter" and, "It's the way staff present themselves, we see them as a friend." This showed us that staff took the time to build extremely caring relationships with people.

The provider had purchased a holiday home for staff to have access to subsidised breaks away, they had no rental costs to pay just a small fee to cover any utility costs. This showed us that the provider really cared about their staff and promoted their well-being which impacted positively on the services being delivered.

Several complimentary cards had been forwarded to the provider, comments included; "Thanks again for all the support and help you are giving us. You're like an extension to the family!!!", "Thanks to all carers, they

are amazing and go above and beyond," "Thank you from the bottom of my heart. Provided [Name] with excellent care and we greatly appreciate all they have done for [Name]."

Staff encouraged people to do tasks themselves where they could to promote their independence. One person advised, "I probably wouldn't get up if it wasn't for them [Staff]. They say they will give me another five minutes in a loving and gentle way. I'm inclined to doze in my chair, so it makes me go to bed." Care plans were written with guidance to support people's independence. Each person's level of independence was clear and daily notes showed staff encouraged people to do things for themselves when they could.

At interview managers said they looked for person attributes such as compassion, care and prospective staff that expressed values that aligned with Home Instead Senior Care's aims and objectives; "To become the UK's most admired care company through changing the face of ageing." It was clear that people had lots in common with their care staff and this promoted trusting and compassionate relationships that lifted people's spirits.

People and their relatives felt that staff communication was excellent. One relative told us, "They [Staff] work as a team. On one occasion my relative had accidentally left their keys on the inside of the door. Staff were unable to gain access to the property. Staff devised a plan to ensure future access was not an issue. Superb. On a separate occasion [Name] would not let staff in, they called the office and decided to send [Name] favourite carer. They didn't ring to panic me at the time, but informed me afterwards. I was really happy with their approach." This showed us that the service was adapting to people's needs and preferences daily, understood and paid attention to detail and maintained good positive relationships with people's close relatives.

Staff received training and understood equality and diversity enabling them to support people in the community. The provider advertised information and upcoming events in their newsletters such as the Lesbian, Gay, Bisexual and Transgender (LGBT) Forum which detailed events, information and support groups. People's religious and cultural beliefs were recorded in their care plans. The August Newsletter for people showed one person with a member of staff visiting York Minster and lighting candles. This showed us that people's diverse needs were considered and accommodated. Equal opportunities and adherence to the Equality Act 2010 were included in the 'recruitment and selection policies.' The service had employed and looked after people with protected characteristics, showing that they adhered to their equal opportunities policy and did not discriminate against people.

People and their relatives felt involved in decisions about their care and support and staff supported them to express their views. Relatives told us, "We get regular reviews, anything that needs changing is discussed. We have a folder with all the information and care plans" and, "They [Staff] consider how [Name] feels as can get disorientated. They don't impose." Annual surveys were sent to people and staff to gain their feedback about the service. People told us that staff often asked if they were happy and the management team visited to check everything was to their liking.

The service had designed a 'Take Care Guide' to support families in exploring decisions about care options for their loved ones. This included; local support organisations, relevant contacts and a step by step decision making guide. Information also included; charities providing free transport for shopping and outings, free counselling services and community choir groups. People that had falls were sent the 'Get up and go' booklet with checklists for people to consider to prevent the risk of falls. This showed that the provider was proactive in providing people with information which supported them to make informed choices for themselves.

Records showed regular meetings were held for staff and the service had monthly newsletters with a circulation list of over 1,000 including clients, families, the voluntary sector, community groups and local support services. These detailed trips out, competition winners, fundraising events, tips to eat well, recipes, advocacy, exercises and details of dementia friendly cinema screenings. Its sister publication 'The Companion' also provides support and advice to Caregivers. This meant people were kept well informed of local events to attend.

The provider had updated their data protection policies and procedures in line with the new data protection laws.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service remained responsive.

Staff had an awareness of Accessible Information Standards (AIS) which ensured that people had information in a format they could understand. This is important for those people living with sensory impairment. We found one care plan in relation to a person's communication needs did not include information about their sensory impairments. It did not detail that the person wore hearing aids, glasses and was awaiting an operation for cataracts. We discussed this with the general manager who agreed to ensure communication care plans included any sensory impairment information, how it affected the person and additional support guidance if required. This was an isolated case.

Staff received in-depth training in end of life care when they needed to support people. This included training on; supporting relatives, emotions someone might be faced with when receiving news of a difficult prognosis and the importance of dignity and oral hygiene. This training supported staff to make people comfortable and dignified in their final days. Records of advanced care plans were in place, but not all care records showed people had been given an opportunity to discuss their preferences. The general manager advised this would be considered and discussed in future to ensure people's wishes were known and respected.

People and their relatives told us that the staff and service was always responsive to their needs. One relative commented, "As [Name] needs more support I will be extending the hours with Home Instead to suit us. They give me the confidence to make that kind of decision, rather than choosing to look at care homes."

People felt that staff listened to their choices and that they remained in control to self-direct their own care and support when they had the capacity to do so.

Services were commissioned by the local authority or privately by the person needing support or their relatives. Initial assessments identified the right level of support and a minimum call time of one hour was adopted to enable staff to deliver a personalised service to people.

Care plans outlined all aspects of people's needs, such as personal cares, times and frequency of calls. Information about people's life histories was recorded. One member of staff advised, "The main ethos behind everything at Home Instead is that we deliver person-centred care. We adapt to accommodate every person." One relative told us, "[Name] was distressed about something they could not do. The carers developed distraction techniques and involved [Name] in other things, such as visiting the garden centre." This showed that staff were creative and responsive in their actions to support people in line with their needs and preferences.

Daily notes were completed by staff during each visit to summarise the care for each person, including their state of mind. Reviews were scheduled and relatives and/or health professionals involved. This meant the

service was responsive in meeting people's changing needs.

People were aware of the providers complaints policy and procedures. Systems were in place to acknowledge, investigate and respond to any complaints.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service had improved to Outstanding.

The service had a registered manager who had been in post since December 2014. 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. The registered manager was unavailable during this inspection, we were supported by the general manager and the Nominated Individual.

The provider had developed business strategies which put people's needs at the heart of this service. Strategies had been carefully aligned with CQC's key lines of enquiry; Safe, Effective, Caring, Responsive and Well-led. This structured a clear vision with creative leadership which promoted a collaborative working environment. The service practiced equality in all aspects of recruitment, staff development and service delivery. This promoted exceptionally open, honest and non-discriminatory culture within the service.

People and staff described the service as extremely personalised and inclusive. In depth training and development processes were in place to encourage continual staff development. Achievements were celebrated and people's aspirations nurtured. People and their relatives felt the management and leadership worked exceptionally well to deliver high quality support tailored to their individual requirements. Newsletters were tailored to peoples likes and interests, such as including recipes, fundraising events, tips to promote health and well-being through exercise, nutrition and 'The memory activity book' which was full of activities and practical projects to help those with memory impairment.

Management promoted high levels of constructive engagement with all equality groups. Staff felt motivated, valued and encouraged to challenge practices. People and their relatives told us they felt staff were sensitive to their needs and that they took time to build trusting relationships. On more than one occasion this had resulted in people re-discovering their true passions in life. One relative advised they received a phone call from a member of staff to discuss their loved one's interest in visiting a cathedral. This person would have been unable to explain their interests themselves and so the relative was impressed and told us, "In each case the carer concerned must have gone to some trouble to sort out the situation." This ethos was embedded within the service, staff listened and engaged people. When people were unable to express their needs, staff worked above and beyond to get to know their interests to enhance their experiences.

The provider shared innovative ideas and research to promote partnership working. The service worked collaboratively with local organisations to keep up to date with current best practice and had developed a 'Take Care Guide'. This ensured people and their families had access to information which supported their needs. The first edition was well received and a second edition circulated throughout York to support the wider community. In addition, the service worked with charities such as, dementia forward to deliver a dementia conference; 'Show me you care'. This showed us the service understood the changing needs of the

local population and supported organisations to raise awareness to improve care outcomes for people.

The service had a Dementia Champion trained by the Alzheimer's Society and a scam champion trained by Trading Standards. Over 50 organisations had received training, these included; community groups, retirement societies, carers forums and supported living groups. In addition, the service had supported a child at a local school to develop their project on dementia which was delivered to other children at the school to raise their awareness.

Staff told us, "The management and leadership is very good. I think they are supportive and I can approach and contact them whenever I need to. They listen and act upon any information I give them."

'Key players' managed the scheduling of calls and allocation of staffing. People who used the service and relatives we spoke with were very satisfied with the management of the service. People's comments included, "We think it's well managed. We would strongly recommend to any of our family members" and, "Managers seem to be involved. Carers refer back to the office, so managers appear to be in control of what's going on."

All staff told us they felt valued and supported by the management team. One relative commented, "Whenever I talk to staff they say such a lovely service to work for. I think it's indicative of the service, staff feel valued and so provide an excellent service." Various staff incentives and gestures were in place to ensure staff felt valued. These included; flowers for each year of service and a 'thank you' postcard sent to staff when compliments were received from people or their relatives. The provider had considered the title given to care staff so that they felt valued for their contributions to people. 'CAREGiver' of the year ensured nominations could be made when care staff went above and beyond their normal duties to support people.

Staff had years of experience working within adult social care settings or had been promoted within the service to more senior roles. The knowledge amongst the workforce ensured staff could reach their potential and were effectively supported during difficult circumstances.

The 2018 survey indicated that 95% of staff agreed Home Instead Senior Care is well-led, that they live our values and that they would recommend the services. 97% were proud to work for Home Instead Senior Care and 92% of clients indicated that the service was responsive to their needs. Actions were developed each year from the surveys to continuously improve the service in areas that mattered to people and their 'CAREGivers'.

Quality assurance processes were in place to drive improvements throughout the service. For example, the provider had call monitoring systems in place to identify any late calls so they could take immediate action to investigate the reasons and inform people. The provider ensured that information from accidents and incidents and other important events was shared with staff so that lessons could be learnt and practices improved.