

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

York Homecare

West Minster Place, York Business Park Nether
Poppleton, York, YO26 6RW

Tel: 01904795551

Date of Inspection: 10 October 2012

Date of Publication:
November 2012

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

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

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

Details about this location

Registered Provider	Roseville Care Homes Limited
Registered Manager	Mrs. Marie Whitelock
Overview of the service	York Homecare is a new service that was registered with the Care Quality Commission in Autumn 2011. The service provides personal care like washing and dressing, and domestic help like cleaning, shopping and social support to people in their own homes. York Homecare currently provides 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

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 unannounced 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 10 October 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

York Homecare provides personal care and support to a very small number of people.

We spoke with those people who told us the service was reliable and provided care and support in line with what they were wanting. One person said "On the odd occasion our carer is delayed because of traffic she always telephones us to say she'll be late." Other comments included "We're getting the care we want." And "The care workers are very good. They're very polite and respectful."

Staff who worked for the service understood their roles with regard to protecting people from harm, because the provider ensured that care staff were properly trained and supported.

The service provided very person-centred care. This meant that care was very flexible and focussed on what people wanted.

Care workers told us they felt well supported in their work. This meant they were given appropriate training and they had the opportunity to discuss their work with a more senior person.

The service had introduced systems so that they could get the views of the people using it. This gave people the opportunity to say whether or not the service was running well.

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

People expressed their views and were involved in making decisions about their care and treatment. We spoke with people receiving care and their relatives. They confirmed that care workers visiting them were always respectful and courteous. One person told us "They're always very polite. I hear them (the care worker and customer) laughing and joking together." Another person added "They never boss us about. They do what we want them to do."

We looked at the care records for those people receiving personal care. We found the individuals had been involved in determining what help and support they would like. We saw people had signed their consent to show they agreed with what had been written down.

We spoke with a care worker and she indicated that it was the customer who decided and agreed on the day-to-day support provided. She commented "We do entirely what the person wants. If they don't want the care then we have to respect their wishes."

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People we spoke with told us they were receiving care they had agreed to and which met their needs. They confirmed, when asked, that the care workers wore protective clothing when providing personal care.

People also told us they had care records in their homes and the 'daily log' was completed by their care worker each day. One person said they often read their care records and felt they were accurate.

We looked at the care records for those people receiving personal care. We found an assessment of their care needs had been completed before they started using the service. This included assessments of risk to the individual, and to the care workers who were providing care.

We saw moving and handling risk assessments didn't provide much detail. The provider may find it useful to consider whether the current moving and handling records provided sufficient information for an unfamiliar care worker, to enable them to provide this support safely.

We spoke with a care worker who demonstrated good knowledge about the people she was supporting. This matched the information in the care plan.

The care worker told us what she would do should she arrive at a person's house and find the person very unwell. The provider may find it useful to consider having clear written guidance stating how 'back-up care worker support' was to be managed, in the event of a care worker being delayed by an unforeseen emergency. This would minimise the risk of people's timed visits being delayed in those circumstances.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People we spoke with told us they trusted the care workers who visited them. People said they would report a concern to the office, although this had never arisen. All those asked said they thought their concern would be taken seriously and looked into properly.

The care worker we spoke with confirmed that they had attended recent safeguarding training and demonstrated that she was aware of her role in keeping people safe from harm. We saw training records which confirmed that attendance.

The registered manager of York Homecare was also the registered manager of a nearby care home, owned by the same provider. When we inspected the care home earlier this year we found she was knowledgeable about her responsibilities around reporting and managing potential safeguarding incidents. We did not check her knowledge and understanding on this visit. One care worker told us that the registered manager reminded her staff at all team meetings about the importance of reporting incidents promptly, in order to protect vulnerable people from harm.

Although the registered manager told us later that the local authority safeguarding guidelines were kept at the office, the care worker didn't know where they were. These guidelines needed to be available for staff to refer to, as having easily accessible information to hand could contribute to keeping people safe.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. People we spoke with told us they liked their care workers. They said they were polite and respectful. When asked people said they were competent and they felt safe in their care. The service used a very small group of care workers, because the customer numbers are also correspondingly small. All the care workers also worked as carers at the nearby care home. They attended training, staff meetings and had annual appraisals, which were organised from the care home.

We saw records which showed staff who work for York Homecare completed refresher training in areas like emergency first aid, moving and handling skills and safeguarding vulnerable adults. We saw that food hygiene training was planned for the following month. These records matched the training information provided by the care worker. Having well trained staff helped to ensure people receive safe, consistent care.

We saw some records to show that care staff were being supervised in their work but we were told some supervision and support was provided informally, on a day-to-day basis. We saw records to show that observation visits were carried out. These were when the manager observed care workers providing care in people's houses, so that she could check that her staff provided safe support, in line with what they had learned.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People told us they were very happy with the service they received from York Homecare. We spoke with a social care professional, who in their limited contact with the service, said that the office staff had been professional and responsive to their requests. They added that their client had specifically asked to receive extra support from York Homecare.

We found people's care needs were reviewed every three months to check that the service was still providing the care that people were wanting. We saw on one review the customer had recorded that they were very happy with the care they received.

We saw the service carried out a survey earlier this year to gather people's views about how the agency was operating. The one response we saw spoke positively about the service they received, though this person was receiving domestic help only. We did not see whether an action plan was drawn up, as a result of people's comments.

The registered manager needs to continue to develop these quality audit processes and determine how she can demonstrate that people were able to influence how the service operated.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
