Inspection Report

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: 14 January 2014

Date of Publication: February 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard
Records	✗ Action needed

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

Contents

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'.

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 14 January 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 carers and / or family members, talked with staff, reviewed information given to us by the provider and used information from local Healthwatch to inform our inspection.

What people told us and what we found

We spoke with four people who used the service and all provided positive comments about the care delivery and the staff who visited them. Their comments included "I don't have to ask them to do things for me. They just know," and "The general care is excellent. The staff are respectful and calm. The agency is good at keeping in touch with me to keep me updated about my relative."

Despite these positive comments we found some underpinning systems needed improving, both to demonstrate the service was running well and to minimise the risk of harm to people using the service.

Whilst people said their consent to care was being routinely sought by care workers the service could not evidence that this was happening.

People received safe, appropriate care that was in line with the support they were wanting.

Medication systems were not well managed. People may not be getting their medications safely and appropriately, which meant their health and well-being was being put at risk of harm.

Although recruitment processes overall were robust, there could be better records to evidence why some decisions had been made.

The service had a complaints process that was discussed with people however; there was no system in place to check that people remembered this process.

Whilst care staff knew people's care needs the records relating to people's care were not accurate or up to date, which meant people were at greater risk of receiving the wrong, or unsafe care.

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

What we have told the provider to do

We have asked the provider to send us a report by 07 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People we spoke with told us care workers were kind and friendly. They said workers always checked with them about the support they wanted. This ensured people stayed in charge of decisions about their care. One person said "They ask me – what would you like to do today? They never rush me."

We asked care workers to describe how they provided care to individuals. They explained they always checked with people about what care they wanted, before providing any help. One worker said "I always ask them what help they need. After all I'm in their house. People have the right to refuse care and we have to respect that choice."

We asked two care workers about their understanding of the Mental Capacity Act. Whilst both said they had attended some training in this area their responses indicated some lack of understanding how this law impacted on their work. The provider may find it useful to consider care worker's knowledge in this area.

We looked at four people's care records and found that written agreement to a 'care package' was not routinely gained. This meant that the service had no evidence to demonstrate the person's care plan had been discussed with them, or their representative. Nor did the service have a record that people agreed with the care that was being provided.

We also found little written reference in the care records stating that care workers needed to routinely gain consent from individuals before providing any care or support. Including this aspect of support in the care records would demonstrate that the service recognised that 'consent' was an important aspect of the service delivery.

Whilst people told us that care staff were respectful and routinely checked before providing care, the provider may find it useful to consider how the service can better demonstrate

compliance to this area of care provision.

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

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

York Homecare employed a small number of staff to visit a small number of people, so all care workers knew and were known by individuals who received the service.

We spoke with two people who received care from York Homecare and the representatives of two other people who received care. All said they were happy with the care and support provided by York Homecare and were receiving the care they wanted. People said "The care is going very well. The carers are all very good." And "I'm very satisfied. The carers are very kind." One person added "No-one bustles you along. It's very relaxed. If I didn't want to do something they certainly wouldn't make me."

People told us the service was reliable and no-one could recall any occasions when a carer had failed to visit. One person said the service had contacted them on one occasion to tell them the carer was going to be delayed. Another added "I've never been waiting and worrying whether they're going to come."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Those care records we looked at included an assessment of people's care and support needs. These were completed before the individual started using the service. One person we spoke with confirmed this process with us.

People we spoke with told us that carers were friendly and knowledgeable. They considered the staff team were competent and trustworthy. They confirmed that staff always wore protective-wear like gloves and an apron, when providing care. This helped to protect the well-being of both individuals and care workers. One person said the service was good at liaising with other agencies, like the family doctor or other specialist healthcare professional. This helped to ensure people received the most appropriate care and that other professionals involved in the individual's care were kept up to date about people's health and well-being.

Both people spoken with and care workers confirmed that care records were kept in the person's home and that staff completed these records at the end of each visit. These helped to evidence the care provided at that visit.

There were arrangements in place to deal with foreseeable emergencies. We asked a care worker about how the agency managed this. They explained that the manager and office worker could visit people if a care worker was unavailable. They added that the use of mobile telephones meant that communication between the office and the care workers ensured information could be shared and responded to quickly. They also explained the service operated an on-call system, so that senior staff could still be contacted, for advice, out of office hours.

Management of medicines ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Appropriate records were not in place in relation to the recording of medicine. Discussions with the registered manager and looking at people's care records indicated that medication processes were not well managed. We saw people's plans of care were not clear about whether care workers needed to give medicines (administer) to people, or to prompt people to take their own medicines. We saw one person's care plan made reference to the use of topical medicines like creams and ointments, but the plan of care did not say whether the individual or the care worker was responsible for applying this medication. We also did not see any written guidance about where or how often the cream was to be applied.

The provider sent us their medication policy following our visit. Although this policy referred to some aspects of medication support in people's homes, there was also reference to other processes, which only needed to be followed in a care home setting. This meant the service did not have a clear medication policy for care workers to refer to, when helping people with their medicines in their own homes.

We saw there was no guidance about what needed to be done if the person did not want their medicine, or the care worker was asked to administer the medication for them. We put this last scenario to a care worker we spoke with, and they were not sure what they would do in that situation. The lack of robust guidance for care workers to follow meant people were at greater risk of inconsistent or unsafe care.

We saw some records relating to medication management in people's care files, but there were some inconsistencies in these. For example one person's file included signed consent for receiving help with their medicines, but another record, for an individual requiring a similar level of support, did not contain this document.

Records about medication management must be accurate and kept under regular review, to evidence that people are receiving their medicines safely and appropriately.

During our visit to the office we did not look at any medication records relating to administering medication as the registered manager told us that none of the people currently receiving support required care workers to administer medication to them. However, we spoke with two care workers by telephone after leaving the office, and both told us (separately) of three people who currently required medication to be administered to them. One care worker described a process where they removed medicines from a blister pack and observed the individual taking them, before signing in the Medication Administration records (MAR) that these had been taken. It was therefore unclear whether the registered manager was unaware of these care needs, or whether care staff were providing the right support.

We asked about the medication training that care workers had undertaken. We were told that staff undertook basic medication training during induction and a care worker confirmed that this had happened. We also saw the provider had requested accredited medication training for recently employed staff. This helped to show that care workers were supported to undertake this training. However, it was unclear whether the service had a robust system to assess staff competencies once training had been completed, and before they administered, or prompted medication.

Whilst the service was small and care workers knew of people's individual care needs people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. We have asked the provider to address this, in order to safeguard the health and wellbeing of the people using the service.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at three worker's recruitment files. We found the service had a recruitment process that overall was robust, and the provider had carried out checks on the backgrounds of people before they were deployed. Police checks were carried out prior to deployment to check that recruits were suitable to work in a care setting. We saw evidence of the interview process and records to show the applicant's identity had been checked and verified.

However, we did note there was not always a record of why some recruitment decisions had been made. Whilst the registered manager was able to discuss individual recruitment processes with us, the provider may find it useful to consider the robustness of those records when demonstrating compliance in this area.

We spoke with a recently recruited care worker, who confirmed they had attended an interview and had not been able to start working for the service until all recruitment checks had been completed. Arrangements were in place for staff to complete an induction and the staff we spoke with confirmed this. They said they were well supported during this time by the manager and other members of the staff team. Whilst we saw that newly recruited staff had an individual induction and training plan set up, the records to confirm the individual's competencies, before starting to provide care, could be more robust. This would better help to show care workers had the skills and knowledge needed before providing unsupervised care and support to people.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We found the service had a complaints policy and information about 'How to make a complaint' was provided in an information pack. This pack was given to people as part of the assessment process, when deciding whether or not to use the service.

The service has not received any complaints in the past year, and no concerns had been raised in that time, with the Care Quality Commission (CQC).

We spoke with two care workers about their role, should a concern be raised with them about another care worker. Both told us they would pass on any concern immediately after leaving the individual's house, regardless of the time of day, as they recognised the importance of sharing this information as soon as possible. This showed that complaints were taken seriously and promptly reported.

We saw the 'How to complain' information was in a pictorial format, which made it easier for people to understand. We spoke with four people who used the service about their understanding of the complaints process. Two people told us they knew how to raise a concern with the agency, although both said they had never had the need. They each felt confident that concerns would be looked into properly by the service. The other two people told us they did not know about any complaints process and did not know what to do if they had concerns about the service. Both said though, that they had never had cause to complain about the service. The provider may find it useful to consider how people using the service could be kept informed and reminded about how to raise concerns, should they feel the need to do so.

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not well maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's personal records including medical records were not accurate and fit for purpose. We looked at four people's care records, whilst visiting the agency office. We found these were of variable quality. We saw two people's care plans provided overall good detail about the care and support people needed. However we saw these still included ambiguous information, such as one record stated the individual was independent when walking round their home, whilst elsewhere the records stated they needed assistance. This meant the person may be provided with inappropriate or unsafe care.

The other two records were poorly completed and provided insufficient information, or indeed records were missing from the file. We saw moving and handling risk assessments had been completed, but these lacked detail. Accurate assessments of risk were required to minimise the risk of harm to the individual and to the care worker supporting that person. At CQC's last inspection in October 2012 we commented on the quality of risk assessments and whether they needed to be improved.

Other records relevant to the management of the service were not accurate and fit for purpose. We asked to see records to show people's care had been regularly reviewed. These checks were needed so that the service could be satisfied that people were still happy with the care and support they were receiving and this care was in line with what they were wanting. We were unable to view any of these records as the provider told us these records were missing. We were told that the registered manager and office coordinator carried out some visits to people's homes, so checked informally with people on those occasions. However, there were no records to indicate that this kind of informal review took place.

We asked to see other records, to show that new workers had 'shadowed' and observed more senior staff providing care, before starting to provide this care on their own. A care worker confirmed she had completed these shadowing shifts, and other shifts had been completed where senior staff had observed her practice. However, there were no records relating to these visits, or to the care worker's competencies. More robust induction

records would help to evidence that new staff are well prepared for their caring role.

We noted the service provided personal care to just a small group of people, and those people spoken with said they received the right care from staff who were competent and knew what needed to be done. Nevertheless accurate and regularly reviewed records were required to evidence that the care provided was safe, appropriate, and in line with what the individual wanted.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.
Regulated activity	Regulation
Personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not well maintained.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 07 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will

This section is primarily information for the provider

report on our judgements.

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.

Contact us

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