

Your Care Services Brain Injury Specialists Limited

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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?	Good ●

Summary of findings

Overall summary

About the service

Your Care Services is a domiciliary care service providing personal care and support to people living in their own homes. People required support from the service because they had either complex physical health needs or were living with Dementia. They were providing a service to 18 people at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe using the service and staff understood what their responsibilities were in relation to keeping people safe. People had their risks assessed and managed to ensure they received personal care and support safely. Staff administered people's medicines safely and prevented people from the risk of cross infection. There were enough staff to provide people's care and the service had systems in place to review any incidents and learn when things went wrong.

People had their needs assessed and plans put in place to meet them including assessing and supporting people with specific health conditions and meeting nutritional needs. The service worked in partnership with people, relatives and other agencies to support people's good health and well-being and provide consistent care.

Staff were trained and competency was checked following an induction into the role to ensure staff had the skills to do their job well and effectively meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received a service which was personalised and met their individual needs and preferences. People were involved in decisions about their care and people and relatives were communicated with effectively. People and relatives told us they had regular staff who were kind, understood their needs and were competent in providing personalised care.

People received responsive care and support tailored to their individual needs and preferences. People were supported to go out into the community and do things they enjoyed. The provider had systems in place to manage and resolve complaints. People receiving end of life care were supported effectively.

People and their relatives spoke highly of the service and had opportunities to provide feedback and action was taken to address issues which were raised. Systems were in place to assess and monitor the quality and delivery of care to people. Improvements to the service were made when needed.

The registered manager was committed to providing good care to support people to achieve the best possible outcomes. The provider adopted a learning culture and worked in partnership with people, relatives and other agencies to ensure people had person centred care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Your Care Services Brain Injury Specialists Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 September 2019 and ended on 20 September 2019. We visited the office location on 18 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the provider and registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at a variety of records relating to the management of the service, including complaints files, accident records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and incident analysis.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt safe with the staff from the service.
- Staff knew how to protect people from abuse. One staff member said, " We receive training about different the types of abuse. If we see anything, we must report it to the manager and we can also notify the Local Authority directly."
- The registered manager could share examples of how they had responded to safeguarding concerns and knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).

Assessing risk, safety monitoring and management

- People's individual risks were assessed prior to care being provided. These assessments were included into care plans that described the actions staff should take to minimise the identified risks.
- Staff were knowledgeable about risks to people's safety and the measures taken to keep people safe. One staff member told us, "When we support someone with a specific risk to their safety we receive additional training on how to support them."
- Staff were able to share examples how they used this to support people safely. For example, one person used equipment to support them with transfers and staff could describe in detail how this was used to keep the person safe.
- Risk assessments and guidance for staff were documented in people's care records and reviewed on a regular basis. For example, one person had a health condition which placed them at risk of fainting. The risk assessment and plan told staff how to monitor the person, what actions to take if the person fainted and when to call for help from other health professionals.

Staffing and recruitment

- People were supported by a consistent staff group. One person told us, "The agency send me a weekly list, because I find it's easier for me to organise outings and when I'm going to be able to do things if I know who is going to be in from one day to the next." A relative told us, "We have a team of staff, there is never any problem when one of them is suddenly taken ill because they'll always be someone else from the team who can step in to cover."
- Staff confirmed there were no concerns with providing enough staff. One staff member said, "Staffing is good, we have cover for holidays, another staff member will cover the shift. If I was running late, we call the office and they let the service user know straight away."
- The registered manager confirmed there were systems in place to ensure people did not have missed calls and if calls were ever late people were informed. Relatives confirmed this, one commented, "We have never

had a shift when both staff have not been here. Occasionally it can mean one of the supervisors covering the shift, but at least it has been covered."

- Staff were recruited safely. The provider told us in the PIR there was a dedicated Human Resources department which ensured all legislative requirements on the recruitment of staff were carried out including checks to make sure staff were suitable to work within adult social care. The registered manager and staff confirmed checks were carried out prior to employing new staff.

Using medicines safely

- People received their medicines safely. One relative told us, "[Person's name] always gets their tablets on time every day. They come from the chemist in their DOSSET box and all the staff have to do is take them out, give them with a drink and then record in the paper notes."
- Staff told us about the training they received and how their competency was checked to ensure medicines were administered safely. One staff member said, "Training is given about how to administer medicines. Any new medicines we are told about, if we have any queries we call and make sure things are correct. When a new blister pack arrives, we check medicines are correct, we always check it's the right person, check dosage and then administer them. We record in care log and on the Medicines Administration Record."
- We saw people had their needs assessed for medicines administration and there was clear guidance for staff on how to administer medicines safely. There were checks in place to ensure people received their medicines as prescribed.

Preventing and controlling infection

- People were protected from the risk of cross infection. One relative told us, "I never have to remind them about washing their hands or changing their gloves."
- Staff told us about receiving training in how to prevent the spread of infection and could share examples of how they supported people safely. One staff member said, "We have access to a uniform, gloves and aprons when we support people."
- The registered manager confirmed they checked staff were following infection control procedures when they checked the quality of the service with people and relatives.

Learning lessons when things go wrong

- There were systems in place to learn when things went wrong. The registered manager told us they had a system in place to review incidents and accidents and they shared the learning from this across the service.
- Records showed when an accident had occurred this was analysed, and changes had been made as a result to practice ensuring this did not occur again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and care plans put in place which were reviewed on a regular basis. One relative told us, "There is an extremely complex care plan and extremely lengthy as well. The office come every three months to have a general check up with us and to make sure that things haven't changed so much that the care plan needs rewording. They also tell me that if I feel that these meetings are needed sooner than three months, I only have to pick up the phone and arrange for a visit."
- Staff told us the care plans were their guide to ensure they understood people's complex needs and how to meet them effectively. They could describe in detail how they supported people. One staff member told us, "First thing we do is look at the care plan, everything is individual, we will have specific plans for people and the office have a meeting with us to discuss the needs of people."
- One person had a surgical procedure which involved the person having to change equipment throughout the day and observe for any complications. This was detailed in the person's care plan, and although the person could manage the tasks themselves staff had received specific training and could describe how they could support the person if they needed it.

Staff support: induction, training, skills and experience

- Staff had received an induction and training which gave them the skills and experience to support people effectively. One relative told us new staff needed to be introduced slowly to their relative, they said, "The agency introduced new staff in a very carefully managed way only when they are absolutely needed."
- Staff had received specific training to meet people's needs. One relative told us, "[Person's name] has a Percutaneous endoscopic gastrostomy (PEG) which they can manage, but it is important staff know at least how to keep this clean and what to do in an emergency if it were to arise. The agency is very good at making sure all the staff working here have had additional training and we've had no problems relating to the PEG at all."
- Records showed staff had appropriate training which was up to date. One staff member said, "I enjoyed the training, we covered quite a lot, for example, medicines, hoist use, safeguarding and equality and diversity we also have refresher training. We come in and the trainer goes things with us face to face, we do practical tests, for example, we were hoisted to understand how it feels."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink and maintain a healthy balanced diet. One person told us, "I can be a bit forgetful these days, so the staff will just gently remind me every so often to have a drink in case I've got engrossed in something and haven't realised where the time has gone."
- Staff were knowledgeable about people's specific dietary needs and preferences. One staff member said,

"One person has a dysphasia, we have guidance from the Speech and Language Therapy Team (SALT) to use a thickener in fluids and prepare meals. Everything is documented in the care plan."

- People had a risk assessment and a care plan was put in place to meet their needs. For example, where people were at risk of malnutrition or dehydration there were assessments in place which were updated on a regular basis with guidance for staff on how to minimise the risk and escalate to other professionals where needed. Where required there were clear records of people's food and fluid intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received consistent support from staff and other agencies to maintain their health. One relative said, "Any concerns about [person's name] health or well-being, the staff will always let me know as well as writing it in the records."
- Staff told us most people had complex health conditions and they required support from a range of other health professionals. One staff member said, "One person has epilepsy. We monitor and record the length of seizure and recovery time". The staff member was also able to describe how and when they would administer medicines and seek medical help.
- Care records showed people had other agencies involved in their care when needed and advice was incorporated into care plans.

Ensuring consent to care and treatment in line with law and guidance

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and assumed people had capacity to make decisions, unless assessed otherwise.
- Staff sought people's consent, using appropriate communication where people lacked capacity to make decisions staff made them with support from family members in the person's best interests.
- The registered manager and staff understood their responsibilities under the Act. For example, where people were being deprived of their liberty this was done in line with the principles of the act and the law.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported by staff that were caring. One relative told us, "It has been vital that the staff have been given the opportunity to get to know [person's name] and they have been taught some skills in how to provide support."
- Staff understood how people wanted to be supported and could demonstrate an understanding of people's individual and diverse needs and how they support people. Staff told us they had received training in Equality and Diversity.
- Relatives described how the support had made a real difference to them, knowing their family members were treated well. One relative told us, "Without the staff coming in every morning, there is no way I would be able to get [person's name] ready for college alongside my other children. [Person's name] loves going out to meet friends and it has taken such a weight away from me since the staff have been coming to help me every morning. It's so important to me that [person's name] has the same life opportunities as their brothers and sisters."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care and support.
- Staff told us they involved people in all aspects of their care. One staff member said, "We make sure [Person's name] has a choice, for example I offer different bottles of squash and they choose by grabbing, this is important for them."
- The registered manager told us, and records confirmed people and relatives were involved in deciding how care is delivered. One relative told us, "We were asked about a preference of whether we had male or female staff and to be honest we've never minded who they send as long as they fit in with us as a family."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity was maintained. One relative told us, "I hear the staff when they're about to go in the room in the morning, they always knock the door, even when the door is open so that they can get [person's name] attention and let them know that they are there before they go in."
- Staff spoke about people with respect and could tell us how they protected privacy and supported people to stay independent. One staff member said, "One person really values their privacy, so I ask permission before they go to bed to go in during the night and check them."
- People were supported to maintain their independence. One person said, "The beauty of having 24-hour care is that you can lead a truly independent life within the means of your disability. I love doing lots of

different things so one night I might go to bed at 8 pm and the next night it could be 10 or 11 pm."

- Staff understood the importance and care plans were written to promote this. Another staff member said, "One person needs help with meals, they can eat themselves, but we do cut up the food when needed, this helps to make it easier for them to retain their independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support from staff that knew them well and understood their preferences. One person told us, "My staff all know that I like a nice warm shower in the morning, so they will usually run the water, so it is ready for me and then when I'm undressed I can get into water that's not going to give me a bit of a shock! They usually also remember to warm my towel so that it's ready for me when I'm finished. They know I hate getting cold once I've warmed up in the shower before I can get the chance to get totally dressed."
- People received flexible support to meet their changing needs. One relative told us, "Because of [person's name] condition you really have to take one day at a time with each one being extremely different to the next depending on how they are feeling, so for us the flexibility of having 24-hour care means that we are never having to worry about being in bed by a certain time because the staff are there."
- Staff told us they were able to get to know people well and understand their preferences for how care should be delivered, and they felt able to be flexible. One staff member said, "The way the company operates means we get to work with the same person which means we build up a relationship and a rapport with them and their families."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was following the AIS and supported people to receive information and communicate in a way they could understand.
- People had their communication needs assessed and plans were put in place to meet them. Care plans documented for staff how to ensure people and relatives were communicated with effectively. One relative told us, "I have to say that communication with me is faultless."
- Staff were able to demonstrate their knowledge of how people were supported. One staff member said, "[Person's name] can make their own decisions but sometimes finds verbal speech difficult so they use an iPad to make themselves understood."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support to maintain relationships and do the things that interested them. One relative said, "Staff take [person's name] out in an adapted vehicle. A couple of days a week they go to a meeting

and do some activities which they like doing and when the weather is nice they take [person's name] to one of our local parks which they enjoy."

- Staff demonstrated an understanding of what was important to people. One staff member said, "[Person's name] goes to church on Sundays, we read the bible together and we discuss religion which is very important to them."
- Care plans showed time had been taken to understand people's life histories and understand their interests and what was important to them. Preferences were documented in care plans and staff could describe how they ensured people were supported with their interests in line with their plan.

Improving care quality in response to complaints or concerns

- People and relatives understood how to make a complaint. One person said, "There is a leaflet contained within all the information sheets about the agency that tells you how to make a complaint but to be fair to them I've never had to raise a complaint with them because we tend to resolve any local difficulties with just a verbal conversation, which I find much more satisfactory than having to go to a more formal process."
- A relative commented, I do know how to make a complaint. I have raised concerns in the past and they have all been resolved very satisfactorily, extremely quickly."
- The registered manager was able to show how complaints were investigated and responded to and how learning was applied in line with the policy.

End of life care and support

- People were supported to consider their needs and wishes at the end of their life. One relative told us, "They will go out of their way to do all they can to make sure that the remaining time [person's name] has with us is as enjoyable and fulfilled as we can all make it."
- Staff understood what was important to people when they were receiving end of life care and could describe how they worked with other health professionals to ensure people were supported effectively. One staff member said, "One person has a palliative care diagnosis, when care needs change we can call the palliative care team out to help us."
- Care plans were written to support people to have care at the end of their life which supported them to be comfortable and have a pain free and dignified death. People had their advanced wishes considered and this was documented for staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary about the service, staff and management team.
- One person told us, "The management are very open and transparent about wanting to know how we honestly feel the service is. I very much believe in letting them know what they do well, as well as any areas where I have any concerns."
- A relative told us, "I cannot praise the management highly enough because they are always there whether you need to sort something out or just need somebody to talk to. They have provided as much emotional support to me as they have to our family and absolutely nothing is too much trouble for them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and their legal responsibilities. There was an open and transparent culture with appropriate information being shared.
- Where incidents had occurred, information had been shared with the appropriate people in an open and transparent way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities. They had sent us statutory notifications and had displayed their ratings.
- Policies and procedures were in place in line with the law and staff understood these. One staff member said, "The registered manager is always available, if we have any issues, we come in to the office, we don't have information transferred via phone due to data protection."
- There were systems in place to check the quality of the service people received. For example, care plans were audited, and medicines administration was checked monthly to ensure this was being managed safely. Other checks were in place including observing how staff delivered peoples care. One staff member told us, "The registered manager comes out to check what we are doing, and check we are doing things correctly."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were involved in the service and were happy with the contact they had with the service. One relative told us, "They will keep in contact with me regularly and I know they genuinely mean it"

when they say that it doesn't matter what time of the day or night, if I'm struggling I can lift up the phone."

- Staff told us they had regular opportunities to discuss things with the management team. One staff member said, "The supervisors come out after three months to check we are doing what we need. We have team meetings every month to update us on anything we need to know."
- We saw there were systems in place to gather feedback on the service. For example, there were surveys conducted with people, relatives and staff to gain their views about the service and we saw this was used to make improvements.

Continuous learning and improving care

- The registered manager told us they had systems in place to ensure the service continually improved.
- For example, where people had behaviours that challenged monthly analysis was completed to identify what may trigger the persons anxiety and this resulted in reviews of care plans.
- The registered manager told us they kept their systems and paperwork under review and shared examples of how some documents had their layout changed and more clinical style documents have been used where needed. They also told us about plans to introduce a new system which would enable electronic monitoring of calls.

Working in partnership with others

- The service worked in partnership with other agencies and families to deliver peoples care. One staff member told us, "Other agencies are involved in people's care. A psychologist and CPN are involved in one person's care. They keep us up to date, everything is recorded in the notes." Another staff member told us, "One person has a communication book, this helps us to remind them about things and for them to tell us things about what they want."
- The registered manager told us they had worked in partnership with other agencies to support people. For example, they worked with one agency to develop strategies which enabled one person to continue attending the centre and undertake activities which would help minimise the risk of behaviours that challenged.