

Youus Ltd

Youus Ltd

## Inspection report

71-75 Shelton Street  
London  
WC2H 9JQ

Tel: 02039115537  
Website: [www.youuscare.co.uk](http://www.youuscare.co.uk)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Youus Ltd is a domiciliary care agency providing personal care to people living in their own homes. The services they provide include personal care, housework and medicines support. At the time of our inspection the service was providing personal care and support to a total of 89 people. The Care Quality Commission (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:

Auditing systems in place were not sufficiently robust or effective in maintaining oversight of the safety and quality of the service. We have found a breach of regulation in respect of this.

Risk assessments were in place where risks to people had been identified. However, we noted that in some instances the information recorded in these was limited and did not always include instructions for staff about how to mitigate associated risks. We have made a recommendation in relation to this.

Feedback from people and family members indicated that they were not all given an opportunity to provide feedback in respect of the care and support they received. We have made a recommendation to relation to this.

Policies and systems were in place to help ensure people were protected from the risk of abuse.

Appropriate medicines management systems were in place. Medicines were managed safely.

Recruitment checks were carried out to help ensure care staff assessed as safe to work with people using the service, were employed.

Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

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.

Care plans were up to date and reviewed on a regular basis. Care staff supported people in line with their wishes.

The provider monitored aspects of the quality of the services through audits and checks.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for the service was good (11 July 2022).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement and recommendations

We have identified 1 breach of regulation in relation to governance and 2 recommendations in relation to risk assessments and quality assurance.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Youus Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 4 inspectors and 2 Experts 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

Youus Ltd provides personal care to people living in their own houses.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

Inspection activity started on 6 November 2023 and ended on 29 November 2023. We visited the office location on 6 and 15 November 2023 to see the registered manager and review records related to the service.

#### What we did before the inspection

We reviewed information we had received about the service. We took this into account when we inspected the service and made the judgements in this report. We used the information the provider sent us in the

provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection

#### During the inspection

We reviewed a range of records related to 22 people's care and support. This included people's care plans, risk assessments and medicines records. We looked at 26 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included quality assurance records, minutes of staff meetings and a range of policies and procedures.

We spoke with 18 people who received care from the service and 19 family members. We also spoke with 32 staff members. This included the registered manager and care staff.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Where risks to people had been identified, risk assessments and management plans were in place but these did not always include comprehensive information about how to mitigate the identified risks.
- Some people were at risk of seizures. We noted there was a lack of guidance in the risk assessments and management plans for care staff on actions to take to mitigate the risks associated with seizures. Another person was diabetic and their care plan included details about the symptoms of diabetes, however there was a lack of personalised information about how to mitigate the risks associated with diabetes. We also noted that another person used a zimmer frame and there but a lack of information about how to mitigate risks associated with using this equipment.
- We discussed risk assessments with the registered manager who explained that further detail would be included specifically in relation to how to mitigate associated risks.

We recommend the provider review their risk assessments to ensure all risk assessments include appropriate details of how to mitigate risks.

- Staff we spoke with knew people's needs and could describe the actions they would take to keep people safe and to mitigate risk.
- Care workers had completed training in moving and handling, basic life support, first aid and health and safety as part of their mandatory training.

### Staffing and recruitment

- There was a system in place for the recruitment of new staff. Checks were undertaken for each candidate. This included Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other employment checks, such as right to work in the UK and employment references, had been completed.
- At the time of the inspection, there were sufficient staff to safely and effectively meet people's needs and cover their agreed hours of support.
- We received mixed feedback about the punctuality of care staff. People living in rural areas commented on poor timekeeping. One person told us, "I should have a morning visit at 9.30am but sometimes it's not until 11am. We occasionally get a phone call to say that they are going to be late, I've told them about being late, but they don't take any notice." However, another person told us, "I have 1 carer who comes 4 times a week. [They] turn up on time, stays the time, [they] are polite and respectful." A family member said, "[My family member] has 3 visits a day and the carers are always on time, they did message me on the day of the storm

to say they would be late."

- We discussed the mixed feedback with the registered manager. They explained that some of the care and support provided was to people who lived in remote areas in Cornwall where public transport was limited and this caused delays. To try and help staff get to people's homes on time, the registered manager had organised a company vehicle to drop care staff to people's homes. However, the registered manager acknowledged that there was still room for improvement in terms of punctuality in remote areas and would look at other ways of doing this.
- An electronic homecare monitoring system was in place. This monitored care worker's timekeeping and punctuality in real time. The system would flag up if care staff had not logged a call to indicate they had arrived at the person's home and were running late.

Learning lessons when things go wrong.

- There was a process in place to monitor any accidents and incidents and to learn lessons.
- We looked at a sample of incident/accident records. These included information about the nature of the incident/accident and action taken following this. However, they did not include details of lessons to be learnt to mitigate the incident/accident from occurring again. We raised this with the registered manager who confirmed that in the future this information would be recorded.

Using medicines safely

- Medicines management systems were in place. At the time of this inspection, the service assisted 17 people with medicines support. People's medicine support needs were documented in their care plan.
- The service recorded medicine administration electronically on Medicine Administration Records (MARs). We looked at a sample of these and found that these were completed appropriately by care staff with no unexplained gaps.
- Staff received training to administer medicines and competency checks were carried out to ensure they had the appropriate knowledge and skills.
- The registered manager carried out monthly MARs audits to check whether people receive medicines appropriately.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Systems were in place to help safeguard people from harm and abuse.
- The majority of feedback we received indicated that people felt safe in the presence of care staff. A person told us, "I feel very safe with the carers." Another person said, "I feel safe with the carers although I see a lot of different carers, they are all lovely and friendly, it's a bit like a relative coming in as I feel relaxed when I have my visits." A family member told us, "[My family member] feels safe and the carers are marvellous, brilliant." Where we received specific individual concerns by people and family members about safety, we informed the registered manager who advised that they would discuss concerns with people individually and carry out an investigation where necessary.
- Documents confirmed that staff completed safeguarding training. Care staff we spoke with were able to describe their role in keeping people safe and reporting safeguarding concerns. Some staff were not aware that they could report safeguarding concerns to the local authority. We raised this with the registered manager who said that they would arrange refresher training for staff and discuss the procedures during supervision sessions.
- All staff we spoke with, with the exception of 1 said they felt comfortable to whistle blow should they witness poor or abusive practice. They were confident that management would take appropriate action when required.



### Preventing and controlling infection

- Systems were in place for managing and controlling infection, including COVID-19. The service managed risks associated with infection control and hygiene.
- An infection prevention and control policy was in place.
- People and family members said that care staff washed their hands and wore gloves and aprons whenever appropriate.
- Staff completed relevant training and followed current guidance to keep people safe from risks associated with poor infection control and hygiene.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their roles. Staff received ongoing training and management support to help them fulfil their duties and to meet people's needs. They had completed training in areas which included moving and handling, safeguarding adults, infection control, medicines and first aid. Staff also received specialised training in supporting people with a learning disability, autism and epilepsy. Newly recruited staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Feedback we obtained from people and family members indicated that care staff understood people's needs and responded to these. When asked if they thought staff had the skills and knowledge to carry out their role effectively, a family member said, "Yes we do. It is the personal connection what we value." A person told us, "The carers are very conscious of my needs and know what to do, they are respectful." A family member said, "The [care workers] are very alert and attentive."
- Concerns around staff knowledge of using a hoist were raised by 4 people we spoke with. We reported this back to the registered manager who said that further training would be provided.
- Documentation we viewed indicated supervisions took place quarterly and this was confirmed by care staff we spoke with. We looked at a sample of supervision notes and found these were detailed and included a record of what was discussed during these sessions. It was evident that supervision sessions were tailored to individual care staff.
- Staff we spoke with told us they were supported by the registered manager and they were able to contact the office when needed.

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

- The provider monitored people's health and nutrition.
- Feedback we obtained about the support people received with their meals was mixed. There were some concerns that care staff were unable to prepare some foods. A family member said, "They can't cook to save their lives and don't seem to be able to read and follow instructions even with ready meals." Another family member said, "They help [my family member] with food preparation, [they] say they didn't know how to fry sausages, so [my family member] had to teach them, but they are okay at making toast." However, another family member said, "They are good with [my family member's] food as well, they always give them an option and suggested to me that getting salad items in to go with a meal may be a good idea. I buy them fruit and often see that it has been peeled and chopped up like they like it." We discussed the feedback with the registered manager who said that they would do some further training with staff around food

preparation.

- Care plans included information about people's dietary needs and requirements, likes and dislikes and allergies. This helped care staff ensure that people's needs and wishes were respected and met.

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

- The service had a system in place to ensure compliance with the requirements of the MCA. A MCA policy was in place. Care plans we looked at included some information about people's mental health and their mental capacity to make decisions and provide consent to their care.
- Staff received training on the requirements of the MCA. Staff we spoke with told us that they sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.

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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and family members were involved in these assessments to enable them to make an informed choice about their care. Details such as people's healthcare background, mobility, personal care and safety requirements and considered their protected characteristics under the Equality Act 2010, such as a person's age, gender, religion, marital status and ethnicity formed part of the assessment.
- A care plan was created following the assessment process. Care plans were in an electronic format. These included information about what care people needed. Details of people's preferences were documented. The format of these enabled changes to people's care to be recorded promptly so that information was up to date.

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

- The service worked with other agencies including social care and healthcare professionals. Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people].
- Family members gave us examples of situations where care staff had been vigilant and identified potential health concerns and alerted them so that they could seek professional medical advice.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits and checks were not always effective. The provider completed checks and audits in areas such as training, supervisions, punctuality and completion of MARs. However, there were instances where checks and audits failed to identify issues raised during this inspection. For example, the lack of detail in risk assessments, the inconsistencies in obtaining feedback from people and family members and effectively analysing this and failure to send all necessary notifications to the CQC.
- It is a legal requirement that certain incidents that occur at a service must be notified to the CQC. At the time of the inspection, the registered manager provided us with a spreadsheet tracker detailing safeguarding allegations. However, we noted that the CQC had not received formal notifications in respect of all incidents. We discussed this with the registered manager who advised that they would send the outstanding notifications to the CQC without delay.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence staff meetings took place monthly. This enabled staff to share ideas and discuss updates and important information.
- Spot checks on staff were carried out to monitor how they were providing care, their timeliness and professionalism.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider did not have robust processes to ensure people, relatives and staff were always involved and engaged in the way the service was provided. Some people and family members told us they had not been asked for their feedback. A person said, "I don't get asked for feedback." Another person told us, "I did complete a questionnaire but heard nothing back." A family member told us, "The office doesn't really keep in touch with us and we don't get asked for feedback but would give." Another family member said, "I have confidence that they are caring and do a reasonable job, but I never get asked for feedback."
- We raised the feedback with the registered manager who advised that a survey was last carried out between September and October 2023. We looked at a sample of questionnaires sent to people. However, it was not evident that this was sent to all people or their family members. We were shown analysis of the most recent survey and found that the detail recorded in this was limited. The analysis documented that a

percentage of feedback indicated that people were 'nearly satisfied' with the care provided. However, there was no further detail about what the reasons for this were and what the service should do to make improvements.

We recommend the provider review their system for obtaining feedback to ensure it gives all people and family members an opportunity to share their opinions.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- During this inspection, the registered manager was receptive to our feedback and indicated a willingness to make improvements.
- Care staff we spoke with told us that staff morale was positive. The majority of care staff told us they felt supported and valued with the exception of 1 care staff. A care staff said, "I receive great support, the company is very helpful, I love the company and will continue to work with them for as long as I can."
- The service had appropriately displayed their previous inspection rating on their website.
- We saw documented evidence that the service communicated with external parties which included local authorities and healthcare professionals.

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

- There were systems in place to promote person centred care with the objective of achieving good outcomes for people.
- The provider had policies in place to help guide staff and ensure that they were clear about their responsibilities.
- When asked about management of the service, the feedback we obtained from people and family members was mostly positive. A family member said, "I would recommend them, they are kind, professional, very compassionate and listen to [my family member] and let them do things as long as it is safe for them to do." Another family member said, "They are brilliant people and provide the help that we need, they lead in the right direction, they encourage [my family member] and don't take over. We are over the moon with the service."
- People and family members told us that they were able to contact the office and did so without hesitation.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The current systems in place were not always effective enough to assess, monitor and improve the quality and safety of the services being provided to people.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>