

Youus Ltd

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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

Youus Ltd is a domiciliary care service. It provides personal care to people living in their own homes and flats in the community. The service supports people with a range of physical, sensory and learning disabilities as well as older people including those living with dementia. At the time of this inspection there were 18 people using the service.

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 and relatives of people receiving care and support from Youus Ltd, spoke positively about the care and support that they received. People's privacy, dignity and independence was promoted.

Risks associated with people's health, care and medical needs were identified and assessed. The registered manager and care staff understood people's identified risks and how to minimise them to keep people safe. However, some care plans lacked detailed information on how to minimise risk for people and to enable the delivery of safe, effective and responsive care.

People and relatives told us that they felt safe and confident with the care staff that supported them. Care staff knew the signs to look for if abuse was suspected and told us of the actions they would take to protect people from abuse.

Policies and processes were in place to support safe management and administration of medicines. Only those staff assessed as safe to work with vulnerable adults were employed by the service.

People were supported to maintain good health and had access to a variety of healthcare services where required. People were supported with eating a healthy and balanced diet where this was an assessed need. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care staff received the required training and support to ensure safe and effective provision of care.

Care plans were person centred and gave information about each person, their needs and how they wished to be supported. People and relatives knew who to speak with if they had a complaint or concern to raise and were confident their concerns would be addressed.

Checks and audits in place enabled the service to monitor, learn and improve the quality of care and support people received. However, where we had identified some minor concerns with care plan records, this had not been identified through the providers internal audit processes. The registered manager was

also unable to evidence that they reviewed and checked audits that had been completed by other staff members to ensure these were effectively completed.

We have made a recommendation about ensuring that comprehensive records are maintained to support the delivery of good quality care.

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

#### Why we inspected

This was a planned inspection. This service was registered with us on 31 August 2021 and this is the first inspection.

#### Follow up

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?

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 ●

# 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

This inspection was carried out by two inspectors and one Expert by Experience who made telephone calls to people and relatives of people using the service. 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 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.

#### What we did before the inspection

We reviewed information we had received about the service since the service was registered with the commission. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the

service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection we reviewed one person's care plan and risk assessments. We looked at five staff files in relation to recruitment, training and staff supervision. We also spoke with the registered manager and reviewed other records relating to the management of the service, including complaints records and management audits.

Following the onsite visit, we spoke with three people using the service and nine relatives of people receiving personal care and support about their experience of the care provided. We also spoke with four care staff. We reviewed three people's care plans and medicine administration records. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Policies and systems were in place to protect people from abuse.
- People and relatives told us that they felt safe and that the care staff that supported them ensured their safety. One person told us, "Yes, I feel very safe with them." One relative said, "Yes, they do well, and phone me if any problems. I'm happy with them."
- Policies and procedures in place gave direction and guidance to staff on how to safeguard people from the risk of abuse. Staff demonstrated a good understanding of the different types of abuse, how to recognise potential signs and the actions they would take to report their concerns.
- The registered manager demonstrated a good understanding of safeguarding and the actions to take to report all concerns. Where concerns were raised, learning and improvements were reviewed and shared with all staff.

Assessing risk, safety monitoring and management

- Risks associated with people's health and care needs had been identified, assessed and documented within their care plan.
- Guidance was available to staff detailing the actions to take to minimise and mitigate risk to keep people safe. Assessed risks included risks associated with falls, mental health, self-isolation and moving and handling.
- However, we did identify examples of where care plans lacked detail on risks associated with people's health needs, how staff were to manage this and actions to take to keep this person safe. We highlighted this to the registered manager who following our feedback, sent us updated care plans and risk assessments.
- Care plans and risk assessments were reviewed monthly or as and when required, especially where a change in people's support needs was noted.
- Accidents and incidents were reported and recorded with details of the accident/incident, immediate actions taken, the outcome and any follow up actions to be taken.
- The registered manager explained that following any incident or accident, information would be shared with the staff team to consider further learning or improvements and to prevent any future re-occurrences.

Staffing and recruitment

- Recruitment processes in place enabled the provider to appropriately assess care staff as safe to work with vulnerable adults. Policies and systems in place supported this.
- Pre-employment checks completed included the completion of an application form, criminal record checks, evidence of conduct in previous employment, right to work in the UK and proof of identity.
- People and relatives told us that they did not have any concerns with care staff timekeeping and

confirmed that they were supported by a team of regular care staff. One relative when asked about staff timekeeping told us, "Yes, on an odd occasion they were late, but I got a phone call from them, so that was helpful."

- The registered manager told us that going forward they planned to introduce an electronic call monitoring system which would enable them to monitor and review staff timekeeping and missed visits.

#### Using medicines safely

- People received their medicines safely and as prescribed.
- People's support needs in relation to medicine administration was documented in their care plan including the list of medicines prescribed, how and when they should be administered.
- However, for one person we found a lack of detail on how medicines were to be administered and the reasons for specific routes of administration as agreed with relatives and involved healthcare professionals.
- The registered manager acknowledged the shortfalls in recording and the care planning process and following the inspection, updated the care plan and sent us the updated version.
- Medicine administration records were complete and no gaps in recording were identified.
- Care staff received medicines training and their competence was assessed to ensure staff had understood their training and administered medicines safely.
- Monthly audit processes enabled the service to monitor and identify related issues to ensure people received their medicines as required.

#### Preventing and controlling infection

- Policies and procedures were in place to support good infection control and prevention practices and included specific information and guidance in relation to COVID-19.
- Care staff had access to the required PPE including gloves, aprons and masks.
- Care staff told us that information and guidance on infection control and the correct use of PPE was exchanged with them regularly including all relevant updates.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager confirmed that people's needs were assessed upon referral to determine whether the service was able to meet the person's needs effectively. The assessment involved the person's relative of representative and health and social care professionals.
- Information collated included people's specific health and care needs, how they wished to be supported and their protected characteristics under the Equality Act.
- Care plans and risk assessments were developed based on the information gathered at assessment.

Staff support: induction, training, skills and experience

- Care staff received the required training and support to meet people's assessed needs.
- People and relatives told us that care staff were suitably skilled and knowledgeable in their role. One person told us, "Do you know, they sometimes pop in to see me if they're passing, they are lovely." A relative explained, "Yes, they are not rushed, they know what needs to be done and they are patient."
- Care staff confirmed that they had received an induction prior to starting work which included training and a period of working alongside a more experienced member of staff. One care staff told us, "We got inducted for about three days. We had training also. A lot of online training which is ongoing. I am still going through quite a lot. I have been shadowing other staff that have already been here."
- Care staff stated that they were regularly supported through supervisions and annual appraisals. Care staff also said that the registered manager was always available when required to support them in their role. One care staff said, "Yes I do supervisions every three months, she asks questions about everything, where we are falling short, what we can do to improve. I get good supervision."

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

- People were supported to eat, drink and maintain a healthy diet where this was an assessed need.
- People's likes and dislikes about food, drink and the support they required, had been documented within their care plan.
- Where people had specialist dietary requirements or cultural and religious preferences these had also been clearly recorded.

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

- People were supported to access health care support to enable them to live a healthier life where required.

- Information contained within people's care plans included their health and medical conditions and how care staff were to support with these.
- Relatives confirmed that care staff were attentive to people's needs and acted promptly in response to change in need. One relative explained, "They are particularly careful with [Person's] pressure sores, and they recently printed out something that I had to follow up with the district nurse."
- Care staff recorded details of the care and support provided to people at each care call. This ensured effective communication exchange between the care staff team, involved relatives and healthcare professionals where required.

#### 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 MCA 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 was currently not supporting anyone who was subject to a Court of Protection application in relation to the deprivation of their liberty.
- People or relatives where required, had signed the care plan consenting to care and support provisions.
- Care staff understood the MCA and explained the importance in involving people in all aspects of their care delivery, in line with the key principles of the MCA. One care staff told us, "Working with people with learning disabilities, the one thing I have to make sure is to assume everyone has capacity. If I am making decisions that these are in their best interest. Always using the least restrictive option."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and relatives told us that they were happy with the care they received and that the care staff that supported them were kind and caring. Feedback from people included, "They are all very good. Excellent. They're very nice and friendly" and "She [care staff] is an absolutely lovely person, we do gel very well." Relatives told us, "[Person] thinks they [care staff] are top notch!" and "They [care staff] are happy people with smiling faces who care a lot."
- People's diverse needs, as defined under the Equalities Act 2000, were respected. For example, people's religious and cultural needs had been documented in their care plan and staff were aware of these. One care staff said, "Caring for someone wholly, with respect to everything about them, their religion, their views. It's about their holistic care. It's about them." Another care staff explained, "As much as possible we respect the principle of equality. [Person's] background doesn't matter, we have a duty to be fair. Accept people as they are."
- Care plans were person centred and documented people's wishes and choices on how they wanted to be supported.

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

- People and most relatives confirmed that they had been involved in the care planning process. One relative told us, "I met with the agency and sat with them to do a care plan, they were here for around an hour. No problems with that. I felt fully involved." However, another relative commented, "There is no care plan or care package in place. There was a meeting between social services and the agency, but I wasn't there."
- The registered manager was informed of the comments made by some relatives about the lack of involvement that they felt. The registered manager gave assurance that this would be addressed going forward.
- Care plans documented people's needs, preferences, likes and dislikes on how they wished to be supported.
- Care staff understood the importance of person centred care, listing ways in which they made sure people received care that was individualised and personal to them. One care staff explained, "I will say is individual care, not trying to generalise, respecting their own personality and decisions. Treating each person as the way they are not the same as any other person."

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. Relatives also confirmed the same.
- Care staff understood the importance of respecting and promoting people's privacy and dignity and

independence and gave specific examples of how they achieved this. One care staff told us, "Respect dignity. It comes down to choices. Care should be person centred. Do everything for the person and their choices should be respected. Always seek permission before you do things for them. If they say no respect that as long as it's not harmful to them. How people want to be addressed respects their dignity."

- Care plans promoted people's independence and guided staff on areas where they were able to do things for themselves.

- Care staff told us and explained how they encouraged people to do as much for themselves as they were able and comfortable in doing. One care staff said, "By giving them a listening ear, helping them where necessary, by letting them make their own decisions. I can promote their independence by not forcing them to do what they don't want to do."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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's care plans were person centred and detailed their care needs, likes and dislikes and how they wished to be supported.
- Care staff confirmed that people's care plans were accessible to them which gave them detailed information about the person they were supporting.
- Care plans were reviewed monthly or sooner in response to any change in needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where people had specific needs relating to the way in which they communicated or the support required around their communication, this was recorded within the person's care plan. This included information about any support aids that the person may use to support them with their hearing or their eyesight.

Improving care quality in response to complaints or concerns

- A complaints policy was in place which gave clear direction on how to raise a complaint and how the service would deal with the complaint.
- Where complaints had been received, these had been documented and responded to.
- Relatives knew who to speak with if they had any concerns and felt confident that their concerns would be addressed. One relative told us, "If I did have issues, I'd call the office, no problems."

End of life care and support

- The service was not currently supporting any one with end of life care. The registered manager stated that this was an area of care provision that they would begin to provide going forward, ensuring care staff were suitably trained in end of life care provision.
- However, we did see that for some people, their end of life wishes and advanced care planning had been recorded within their care plan.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and care staff demonstrated a good understanding of their responsibilities when managing risks and the requirements around meeting the regulations.
- Periodic audits and unannounced spot checks were completed by nominated care staff to monitor the quality of care and support people received. Checks looked at records, care delivery and medicines administration. However, we were unable to confirm that the registered manager had reviewed or held oversight of any of the checks and audits completed. The registered manager stated that they reviewed all audits and checks, however, this was not recorded.
- We also found that some records relating to care planning and risk management were not always detailed and comprehensive as required to minimise risk and ensure the delivery of effective and responsive care. These had not been identified by any of the audits that had been completed. The concerns we identified were immediately addressed by the registered manager.
- Safeguarding concerns, complaints and accidents/incidents were also periodically reviewed to implement improvements and promote further learning and development of the service.
- There was a clear management structure in place and all staff clearly understood their roles and expectations placed upon them.
- An on-call system was in place for any out-of-hours issues that may arise. Care staff told us that the registered manager was always available when needed.

We recommend the provider ensure that people's care records are comprehensive and detailed and that systems are effectively implemented so that gaps in recording are identified to minimise risk and support safe and effective care delivery.

- The registered manager was positive about the inspection and welcomed the opportunity to receive feedback. The service was keen to focus on further learning and development to continually improve the quality of care people received.

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

- People and relatives told us that they received the required care and support that met their needs. People and relatives also told us that care provision initially had been inconsistent but that over time improvements

had been made. One relative told us, "The first couple of weeks were a bit dodgy, setting things up, but [person] is happy now."

- Care staff also told us that they felt well supported in their role and that the registered manager was always available to support and guide them when required.
- The registered manager understood their statutory responsibilities around notifying the CQC and the local authority of any significant events, when required.

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

- People and relatives knew the registered manager and felt able to contact them when required. Feedback included, "Brilliant, no problems" and "They're always on the end of a phone if I need to call."
- However, some relatives told us that the communication between them and the service had not been great and that this needed to improve. One relative stated, "There is a complete lack of communication."
- Feedback from relatives was provided to the registered manager who in response told us that they felt certain feedback was unfair as they had made every effort to ensure effective communication with certain relatives. However, the registered manager gave assurance to address these concerns and implement improvements where required.
- In April 2022, people had been asked to complete satisfaction surveys so that they could give feedback about the quality of care that they received. Completed surveys seen were positive.
- Care staff told us that the registered manager was supportive, approachable and listened to their ideas and suggestions. Regular staff meetings, supervision and ongoing communication enabled staff to receive regular updates, share experiences and review practices.
- The service worked in partnership with a variety of health care professionals such as GPs, district nurses and social workers, to maintain the health and wellbeing of the people they supported.