

Youth Graces UK 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

Youth Graces UK Limited is a domiciliary care service providing personal care and support to people living in their own homes. At the time of our inspection, there were 59 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

The service had safeguarding procedures in place. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections. People's medicines were managed safely.

People's care and support needs were assessed before they started using the service. Staff were supported through induction, training, supervision and appraisals. 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. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them.

People's privacy, dignity and independence was promoted. People and their relatives told us staff were kind and caring.

People and relatives spoke positively about the quality of service they received. People received person centred care which met their needs and preferences. The service had a complaints procedure in place.

There were systems in place to monitor the quality and safety of the service. The service worked in partnership with health and social care providers to plan and deliver an effective service. The service took the views of people and their relatives into account to drive improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 November 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Youth Graces UK 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 Health and Social Care Act 2008.

Inspection team

The inspection team on site consisted of two inspectors. After the site visit, an expert by experience made telephone calls to people and relatives. 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 as we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity took place on 30 June 2022.

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 (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 spoke with four people using the service and seven relatives about their experience of the care provided. We spoke with two staff, the registered manager and deputy manager. We reviewed a range of records. These included five people's care records, staff files in relation to recruitment and training and a variety of records relating to the management of the service, including the quality monitoring systems and audits.

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 requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were kept safe from the risk of avoidable harm. Risks to people had been identified and assessed. Risk assessments contained guidance for staff to ensure people were safe in areas such as moving and handling, mobility, skin integrity and specific health conditions such as diabetes and catheter care. Staff understood where people required support to reduce the risk of avoidable harm.
- A relative told us "Everything is fine with [person's] safety." Another relative told us "[Person] doesn't go out at all, but they can walk with aids. The carers support them with this."

Staffing and recruitment

- There were enough staff deployed to meet people's needs. The provider had an electronic system in place to review and monitor staffing levels and timekeeping to ensure that staff attended their calls in a timely manner.
- People and relatives told us care workers were on time and stayed the full duration of their visits. A person told us, "My carer is very good and comes on time and is very reliable. I've never had missed calls. The carer always stays the full duration of time and always ask if I'm ok. I'm more than satisfied that all my duties are covered." A relative told us, "The carers come on time. They are very good, and they have time to speak without seeming rushed. If the carers are going to be late, they always let us know."
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks including Disclosure and Barring Service (DBS) checks were completed satisfactorily before care workers were employed. DBS checks provide information including details about convictions and cautions. The information helps employers make safer recruitment decisions.

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 using the service. A person told us, "I'm safe and protected with the care I get." A relative told us, "I feel safe with the care my

[person] gets at present."

- There were safeguarding and whistleblowing policies in place to report potential abuse. Staff had completed safeguarding adults training.
- The registered manager and staff understood their responsibilities in relation to safeguarding. Records showed safeguarding concerns were logged and monitored which included working with relevant health and social care professionals such as the local authority safeguarding teams.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed. There was guidance in place for the administration of medicines that were prescribed to be given 'as required' (PRN).
- Medicines checks were carried out to ensure any discrepancies and/or gaps in recordings were identified and followed up.
- Records showed staff had completed medicines training and their competency was checked to ensure they administered medicines safely.
- People and relatives spoke positively about the support they received with their medicines. A person told us, "The carer always reminds me to take my medication." A relative told us, "[Person] takes their medication and the carers check and remind them."

Preventing and controlling infection

- People were protected from the spread of infection. The service had an infection control policy in place and staff had received training and were aware of safe infection control practices.
- People and their relatives told us staff always wore personal protective equipment (PPE) when providing them with personal care. A person told us, "The hygiene standards are good, and they wear protective clothing." A relative told us, "They [staff] have good hygiene standards."

Learning lessons when things go wrong

- Systems were in place to respond and monitor accidents and incidents if and when they occurred. Records showed actions were taken in a timely manner and included notifying relevant healthcare professionals and the CQC if needed. Measures were put in place to minimise the risk of reoccurrence of incidents.
- Accidents and incidents were monitored and analysed. Any lessons learnt were used to improve the quality of service which were relayed to staff through staff meetings and guidance to embed good practice and improve service provision.

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 inspected but not rated. At this inspection the rating has changed to 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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care.
- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans. A person told us, "I have a care plan and it was actively discussed with my involvement."

Staff support; induction, training, skills and experience

- Staff had the relevant skills and knowledge to support people with their individual needs. People and their relatives told us staff had the skills to carry out their roles effectively. A person told us, "They [staff] definitely have the right skills for sure." A relative told us, "[Person] has had their main carer for years and she knows where everything is in the house. I've no doubt the carers are well trained to cover all [person's] needs."
- Care workers had completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care.
- Records showed care workers had completed training the provider considered mandatory in areas such as safeguarding, infection control, moving and handling and first aid. Care workers received formal supervision and appraisals to monitor and review performance and development.

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

- People were supported to eat, and drink based on their individual preferences and needs. Where people required support with eating and drinking, this was recorded in their care records. People's care plans also contained guidance on how to manage identified areas where they had swallowing difficulties or had any specific dietary requirements.

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 and social care services when required. The provider worked in partnership with professionals such as the local authority, district nurses, occupational therapists, GPs and pharmacies to deliver effective and timely care. A relative told us, "If [person] needs any medical support, the carers will make sure they get the appropriate support from the nurses."

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. We checked whether the service was working within the principles of 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.

The service worked within the requirements of the MCA. A person told us, "I am well respected by the carer and I'm not afraid to say exactly what I need doing in my care". [Staff member] is on the ball straight away to any of my requests, I can trust her."

- The registered manager was knowledgeable of the requirements of the MCA and aware that if a person lacked capacity to make specific decisions, they would ensure the best interests decision making process was followed which would include involving relatives and healthcare professionals where required. Where people had capacity to make their own decisions, records showed the service obtained their consent about their care and support.

Is the service caring?

Our findings

compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained 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 their relatives spoke positively about the care they received and told us care workers were kind and caring and positive relationships had developed between them. A person told us, "It's nice to have someone to sit and chat to, they [staff] are good company. They are caring and always interested in getting to know me and what I'm about". A relative told us, "They have a very friendly personality and they often lift up the spirit in the home. They are very caring and show a lot of empathy to [person] and make them feel comfortable."
- People's diverse needs were detailed in their care plans such as their religious and cultural beliefs and people were supported where needed. Staff had received training on equality and diversity and the service had equality and diversity policies in place to support this practice.

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

- Records showed people and their relatives were involved in decisions about their care. A person told us, "[Staff member] doesn't just come and do things, she communicates very well throughout her visit. We communicate well together." Another person told us, "The carers sit down and discuss my needs with the care plan in mind and they try to keep it accurate to my needs."
- People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and independence promoted. A person told us, "I'm always treated with respect and dignity at all times." Staff were able to tell us how they maintained people's privacy and dignity, and ensure people were comfortable when providing people with personal care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider's system for receiving, recording, handling and responding to complaints was not managed effectively. This was a breach of regulation 16 (Receiving and Acting on Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- There were procedures for receiving, handling and responding to comments and complaints. The service had a complaints policy and procedure and complaints log in place. Records showed complaints had been investigated and responded to promptly. A person told us, "I've never had to raise any formal complaints." A relative told us, "I've never had any complaints about any aspect of the care."

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 provided staff with guidance on how their needs should be met. Care plans included details of people's health conditions, preferences and the level of support they required. They were reviewed and updated when people's needs changed.
- People and their relatives spoke positively about the service they received which met their needs and preferences. A person told us, "I have a care plan and it's an ongoing assessment of my care which is kept up to date to my satisfaction." A relative told us, "We have a care plan and as a relative, I have been involved and it is kept up to date."

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.

- People's care plans contained information which showed how they communicated and how staff should communicate with them.

- The registered manager told us that no-one required information that needed to be tailored to their needs. However, if they did, this documentation would be provided in the form of large print or in a pictorial format as needed.

End of life care and support

- No one at the service currently received end of life care. The registered manager told us, if people required this support they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.

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 requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider's systems for monitoring the quality and safety of the service were not effective in identifying issues or driving service improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a system in place and audits were completed to assess and monitor the quality of the service. Where issues were identified, action was taken to improve on the quality of the service.
- The provider took action to address areas identified at the last inspection and made improvements in relation to identifying and assessing risk and handling and responding to complaints.
- Regular audits were completed to review timekeeping and any areas for improvement were followed up. For example, with further supervision with staff members and discussions in staff team meetings. Records also showed that people and relatives were routinely asked about staff punctuality and timekeeping through surveys. Generally, feedback was positive and where issues were raised by people or relatives, care reviews were put in place to address the issues and ensure call times were appropriate for them.
- A person told us, "My carer is pretty good at arrival times. Only occasionally I've had to report to the office for missed calls and they apologised, and this has never happened since." Another person told us, "I've had missed calls in the past, but it's better now." A relative told us, "I have raised complaints in the past about carers not turning up, but this has been much better now."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a registered manager in post who knew of their regulatory responsibilities and had notified the CQC of any significant events at the service. Management staff understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong.
- People and relatives spoke positively about the service. A person told us, "The management is generally

good and helpful. I think the service is well managed." A relative told us, "The management and office staff are very good. You can call them, and they are on hand to help. I think they do try and do a good service with the resources they have."

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

- Regular staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had.
- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care such as the district nurses and GPs.