

Yani Care Solutions Ltd

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Inspection report

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Date of inspection visit:
17 June 2021
21 June 2021

Date of publication:
16 July 2021

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

Yani Care Limited is a domiciliary care agency providing supported living to adults with learning disabilities and/or autism in their own homes. Everyone who used the service received personal care. The organisation was also funded to provide social care, and support people in all aspects of daily living, such as meal preparation and household chores.

At the time of the inspection the service was supporting two people aged under 65 who lived in their own accommodation within their local community, which was not shared with anyone else.

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

Systems were in place to recruit staff safely. Recruitment processes were robust and helped to ensure staff were of suitable character and had relevant experience to work with vulnerable people. Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risks where possible. Risks to people's health and well-being were identified and monitored. Guidance was in place for staff on how to support people with these risks. People's needs were comprehensively assessed before starting with the service; people and their relatives, where appropriate, had been involved in the care planning process.

People were supported by regular and familiar staff, which provided continuity of care. Staff had developed supportive relationships with people and knew them well; people received person-centred care as a result. Staff supported some people to access healthcare professionals when required and supported some people to manage their medicines safely. Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively and received regular supervisions, competency checks and appraisals; staff we spoke with confirmed this..

Staff promoted people's independence and treated them with dignity and respect. People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes. Staff supported people to access the community. People and their relatives were complimentary about the staff and their caring attitude. People's care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences.

People knew how to make a complaint. There was an effective complaints process in place to deal with any complaints that might be raised in the future. The registered manager and staff were committed to providing high quality care and support for people. The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

The provider and registered manager followed governance systems which provided effective oversight and

monitoring of the service. These governance systems and processes were robust and identified areas of the service where improvements were needed. The registered manager completed a range of audits to ensure the service provided to people was safe and effective and to drive improvements in the service. 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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People's choice and control was maximised, and their independence promoted. Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service lead confident, inclusive and empowered lives.

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

Rating at last inspection

This service was registered with us on 29/11/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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 ●

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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.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with CQC. 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 17 June 2021 and ended on 21 June 2021. We visited the office location on 17 June 2021 to see the registered manager, to review care records and other records related to the running of the service. We looked at a wide range of information we had requested to be sent to us on 18 and 21 June 2021. We spoke with the relatives of people who used the service on 21 June 2021 to seek their feedback and opinions of the service provided. We spoke to staff on 21 June 2021.

What we did before the inspection

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 reviewed information we had received about the service since it first registered with CQC. We used all of this information to plan our inspection.

During the inspection

We spoke with the relative of one person who used the service about their experience of the care provided. We spoke with five staff members including the registered manager who was also the provider. We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and governance records, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two professionals who regularly work alongside the service.

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 for 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

- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and demonstrated they were confident about what they had to report and to whom. One staff member said, "We always discuss any issues with the team leader or manager and then if this has triggered a safeguarding, we would refer to the safeguarding authority using their processes." We saw any relevant incidents had been reported correctly and investigated when required.
- The service had a safeguarding policy which was available to staff and covered key areas, for example, how to identify and report abuse or neglect.
- People's relatives were sure their family members were safe. One relative said, "I feel [my relative] is one hundred percent in safe hands at all times, and staff are consistent."

Assessing risk, safety monitoring and management

- Staff carried out detailed risk assessments of every activity that people were involved in, both in their own home and in the community. Risk assessments included any factors that might affect the success of an activity, with actions for staff to take.
- Risks to people's safety were identified and managed well. The provider's auditing process included a system to ensure checks were completed and any safety issues had been identified.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments outlined measures to help reduce the likelihood of people being harmed.
- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition. We found no evidence of any serious injuries having occurred.
- The service had a system for recording and monitoring accidents and incidents.
- The service had emergency fire procedures in place in the event of the need to evacuate the office premises.

Staffing and recruitment

- Staff and relatives told us there were enough staff to enable people to do what they wanted to do and to keep people safe.
- The provider's recruitment process included pre-employment checks such as references from previous employers, a criminal record check and thorough interview process. This ensured that only staff suitable to work at this service were employed.

Using medicines safely

- People's medicines were managed safely, and people were encouraged to take their own medicines where appropriate. The service had a policy in place relating to the safe administration of medicines.
- Records confirmed staff were trained to administer medicines and were observed to ensure their competence. One staff member told us, "I have done training in medicines and have had a competency check prior to administering any which was done as part of my induction."
- People who required support to take medicines had a care plan and risk assessment which described the support they required to take them safely.
- No-one we spoke with expressed any concerns regarding their medicines, and people's medicines administration records we checked were all completed correctly. These included records for the administration of creams and medicines taken 'as required'.

Preventing and controlling infection

- Staff supported people to keep their home as clean, tidy and hygienic as possible. All staff had undertaken health and safety courses and knew how to prevent and control the spread of infection
- Staff had received additional training and guidance on the use of personal protective equipment since the start of the COVID-19 pandemic.
- Staff were tested for COVID-19 and the registered manager and provider had a system in place to access regular testing. The provider had an up to date and detailed COVID-19 business continuity plan in place. The registered manager carried out audits of infection control and any issues were discussed in shift handovers and at team meetings.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- The provider had a system in place to facilitate the analysis of incidents and no accidents had occurred since first registering with CQC.

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

- People's needs were assessed and regularly reviewed as and when required if a change occurred. The assessment process was very thorough, holistically assessing all aspects of the person's needs.
- Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life. People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation.
- People's relatives commented positively about the service provided and told us they were involved in developing their care plans. One relative told us, "Staff always keep in touch all the time if anything changes or if they need advice on [my relative]."

Staff support: induction, training, skills and experience

- Staff told us they had received appropriate training, support and induction to enable them to meet people's needs. One staff member told us, "The induction covered detailed information on each person being supported, policies and procedures, record keeping, safeguarding and how to record well. We firstly shadow other staff and get checked by the manager to ensure we are competent."
- Records of audits and spot-checks demonstrated the provider had considered staff competence, learning and support needs. Staff had been trained in all the areas necessary to ensure safe care was provided to people.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain a diet of their choosing; support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals.
- Detailed records were kept of the support provided to people each day. Staff had received training in nutrition and hydration, food hygiene and diabetes awareness.
- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs. Professional's contact details were included in people's care records.
- A relative told us, "The staff are amazing; the right staff are working in the right environment with the right qualifications. [My relative] would previously not wear a face mask and didn't want to go out; now [my

relative] is happy to wear a mask and likes to go out all the time."

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

- Staff knew how the MCA applied to their work. One member of staff said, "I've done training on the MCA and this exists to protect people who may struggle to make decisions, and so we need to give people all the relevant support to enable them to make the decision and the person must be at the centre of the decisions process." People had mental capacity assessments in place.
- Peoples relatives and other appropriate professionals, such as social workers, were involved in the best interest decision making process; one relative said, "This goes on all the time. We have all the meetings necessary with Yani Care, the clinical commissioning group and the safeguarding authority. We have held calls on Skype during the COVID-19 period."
- Staff talked to each person about the care and support they wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.
- A relative told us, "Yani Care are so good we have asked the Court of Protection if [my relative] could stop with this company permanently, because it's that good."

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

- Staff communicated with each person in the way that person preferred. Different communication methods were used depending on the needs of the person. One staff member told us, "We use communication boards for activities and for care plans as they have pictures in them, or we may use picture cards for communication so the person can decide themselves what they want to do."
- Staff treated people equally and without discrimination. Staff had received training in equality and diversity and people's individual needs were recorded in their support plans.
- Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.
- People and their relatives were fully involved in making decisions about their care and support. Relatives told us staff involved them fully in all decisions about their family member's care; records we saw confirmed this.
- Discussion with staff showed they knew the people they supported well and knew their likes and dislikes and how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private. One staff member told us, "We try to have gender specific staff supporting people, for example male on male support, and at the same time we would close doors, ensure no other family were in area and close curtains to ensure no onlookers." Care plans identified how people wished to be supported with personal care.
- Staff encouraged and supported people to do as much as they could for themselves. People helped staff with household chores and shopping.
- Most staff had worked at the service for a long time and were very familiar with the people they supported; this helped in developing long term lasting relationships. A relative told us, "[My relative] is like a different person; this is because staff know what they are doing. They have done an amazing job and [my relative] is happier now than [they] have ever been."
- Feedback forms received from people who used the service showed they were happy with the care they received; Responses included; 'All the staff are kind, helpful and they support me in every way,' and, 'Yes I am very happy in my home.'

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

- Staff worked hard to ensure people's holistic needs were met, resulting in the best possible outcomes for people. Each person had a fully personalised support plan, which detailed their preferences about the way they wanted staff to give them care and support. Support plans included goals for each person to work towards, and the staff support needed to help achieve them.
- Staff had developed ways to look in depth at people's behaviour, to break it down and to work out how to do something differently to support the person better. They applied this to any given situation, recording what had gone well, what they had learned and what they were concerned about. This led to staff working out what they should do next to ensure the person got the best out of their life.
- One person had a history of anxious behaviour which had led to a high number of aggressive behaviour incidents prior to being supported by Yani Care. Since being supported by Yani Care these instances had reduced to practically none at all. The relative of this person confirmed this was entirely as a result of the person-centred approach provided by Yani Care.
- Care records held information on people's current health and support needs, such as nutrition and hydration, and personal care. There was clear information for staff on how best to support the person to meet these needs.

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 registered manager was aware of the AIS and the service could provide adapted information for people, and information in different formats such as large print or in pictorial format.
- People's communication needs were assessed, recorded and highlighted in their care plans which helped ensure staff understood how best to communicate with each person. Care plans were developed with people and contained detailed information on how people preferred to communicate.

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

- Where appropriate, people were supported and encouraged by care staff to undertake activities and maintain their social relationships to promote their wellbeing. One staff member told us, "I have worked closely with one person who didn't want to do anything, so we have worked with [them] and found out what [they] wanted to do and then built it up from there and have improved the situation over time so that [they]

now do more activities. We have encouraged [them] to be with other people and avoid isolation by going into the community. People generally have a planned programme of activities that they have chosen but this can change if they want to."

- We saw examples of people's activities planners which were posted in their homes so they could choose what to do each day, either independently or with staff support. Picture cards were used, where appropriate, to help people choose. Yani Care had provided a sensory room in one person's home to help them relax.
- We saw the service had received positive feedback from a health care professional in relation to people's activities, the feedback stated, 'Your service has enabled [person name] to have opportunities that [they] were previously denied. [Their] quality of life has undoubtedly improved considerably. It is very reassuring leaving [person name] in your professional and caring support.'
- The registered manager and staff gave us numerous examples of the ways in which staff supported people to do a very wide range of activities so that they led full and meaningful lives. Activities were based not only on people's known preferences and interests, but also on introducing people to new things. New activities were always fully risk assessed, introduced very gradually and each step recorded in detail.
- Where appropriate, people had positive behaviour support plans in place, which were used to help people lead a meaningful and fulfilling life. By supporting people to have a positive quality of life, staff also supported them effectively in relation to their behaviour.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this, for example through comments and suggestions, care plan reviews and the complaints process.
- The service had a complaints policy in place and any issues had been responded to in a timely way. People received a customer handbook which held details of different organisations they could contact to make a complaint such as CQC, the local authority and local government ombudsman. A relative said, "I've got the details on how to complain, all I have got to do is phone [registered manager name] and she gets straight back to me. I have no issues at all."

End of life care and support

- No-one was receiving end of life care at the time of this inspection. Staff told us they would work with local healthcare services such as the GP, district nurses and local hospice if a person was reaching the end of their life.

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.

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

- The service promoted openness and honesty in all its policies and procedures. Staff had close contact with people's relatives. Relatives felt staff were always open and honest with them about everything, including if things had gone wrong. One relative told us, "I can't say enough; the manager is amazing, and I couldn't ask for anyone better. Now [my relative] is in a so much better place than [they] were before."
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements.

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

- Staff at all levels understood the importance of their roles and responsibilities and were held to account for their performance when required. The provider recognised and valued the hard work and commitment of staff.
- Effective governance systems ensured the registered manager and provider had clear oversight of the service. Auditing systems were in place to monitor and maintain a high standard of care for people.
- Staff we spoke with felt valued and supported by the registered manager; they were clear about the culture of the organisation and what was expected from them. One staff member told us, "The registered manager is really approachable, we have supervisions and have contributed our ideas on how to improve the service and the registered manager listens to us and implements these where appropriate." A second staff member said, "I feel the manager is very supportive and fair and is doing a great job; she is close to the staff and keeps in touch daily."
- Staff received on-going guidance and training, and records confirmed this.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.

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

- The registered manager encouraged everyone involved with the service to express their views on a day to day basis about how it was operated. Each person being supported had a small number of familiar and regular staff who ensured as far as they were able, that the person's views were considered.

- The whole staff team worked continuously to improve and develop the quality of the service provided to each person.
- Records showed a multi-disciplinary approach in meeting people's needs and responding to any changes.